



The Tennessee Pediatrician

A Publication of the Tennessee Chapter of the American Academy of Pediatrics (TNAAP)

When Continuing Medical Education Works

TN AAP President's Letter

Gail Beeman, MD, FAAP, TNAAP President

For some reason that I can't quite put my finger on, I chose to attend a talk entitled Failure to Thrive, a "growing" body of evidence (Joyce G. Vachani, MD, M.Ed) at the AAP National Conference and Exhibition (NCE) in Chicago. When I arrived at the published room number just a few minutes before the lecture began, I was told to go to the next room where the lecture would be live streamed. The first room was full, standing room only. When I arrived at the second room, I was told to go to a third room. The third room was packed too, so I decided to arrive early for a repeat of the talk that was scheduled later that afternoon. Was there something new on an old topic? The speaker discussed the challenges of a recurring problem. She gave tried and true advice - take a thorough history and do a complete physical. If nothing revealed, no need to hospitalize or order laboratory tests even a urinalysis to check for symptomless urinary tract infection. I wonder how many other professionals in the audience changed their usual practice?

Another memorable talk at NCE was entitled Successful Approaches to Challenging Cases: conversion disorder, psychosomatic illness and medically unexplained

symptoms (Emily Katz, MD, FAAP). We have all seen a school-aged patient who has a conversion disorder involving a neurologic deficit and fits the profile of a high functioning student who does not have any other way to cope. We always want to bring up psychiatric or counseling referrals at some point. Dr. Katz recommended making this referral



Dr. Gail Beeman presenting Dr. Gerald Presbury (Memphis) with the 2017 Senior Pediatrician of the Year Award.

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Deanna Bell, MD, FAAP presenting Amy Vehc, MD, FAAP (Nashville) with the 2017 Pediatrician of the Year Award

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Welcome 2018/2019 Board Members

Ruth E. Allen, TNAAP Executive Director

Please join me in welcoming the following new board members (or those changing roles) effective January 1, 2018:



Deanna Bell, MD, FAAP
President

Dr. Bell has served since 2008 as the Medical Director of TNAAP's Medical Home Implementation Program and advisor for EPSDT services. Dr. Bell spent 10 years as the Chief Medical Officer of a not-for-profit pediatric care facility that provided care for all

children, regardless of ability to pay, where she developed chronic illness and integrated mental health medical home programs. She subsequently served as the Senior Medical Director for Quality Improvement for Cigna/HealthSpring where she gained experience with navigating systems of care and transition for Dual Eligible Medicare/Medicaid populations. She now serves as an NCQA PCMH content expert and is well-versed in pioneering new systems of service delivery for challenging populations. Dr. Bell obtained her Doctor of Medicine degree at East Tennessee State University, Quillen College of Medicine and performed her residency program at Vanderbilt University Medical Center. She is currently on clinical faculty at Centennial Medical Center.



Anna Whorton Morad, MD, FAAP
Vice President

Dr. Morad is an assistant professor of pediatrics at Monroe Carell Jr. Children's Hospital at Vanderbilt and is the Director of Newborn Nursery. Prior to this position, she spent 7 years in private practice in Murfreesboro, TN. Her training was completed at the University of Alabama

and the Children's Hospital of Alabama.

Dr. Morad is a member of the Academy of Breastfeeding Medicine, the Academic Pediatric Association and is a fellow

in the American Academy of Pediatrics. She has represented TNAAP as the Co-Chapter Breastfeeding Coordinator for the past 5 years and assisted with the development of the PHiiT breastfeeding sustainment project. She is on the steering committee for the Tennessee Breastfeeding Coalition and served as a consultant for the Tennessee Hospital Association breastfeeding campaign. Dr. Morad was a state and project leader for the Tennessee Initiative for Perinatal Quality Care (TIPQC) Hospital Breastfeeding Promotion project. Dr. Morad is a member of the Fetal and Infant Mortality Review Committee for Davidson County.

In addition to her inpatient duties, she also sees patients and teaches general pediatrics in the Primary Care Clinic at Monroe Carell Jr. Children's Hospital at Vanderbilt. She has co-authored comparative literature reviews on ankyloglossia, tonsillectomy, and infantile hemangioma.



Jason Yaun, MD, FAAP
Secretary – Treasurer

Dr. Jason Yaun was born and raised in Memphis, Tennessee. He completed his medical school and pediatrics training at the University of Tennessee Health Science Center. He is currently a general pediatrician on staff at Le Bonheur Children's Hospital in

Memphis and is an assistant professor on faculty at UTHSC. He has been involved with TNAAP since his residency, attending nearly all board meetings and numerous TNAAP Days on the Hill and other events. Dr. Yaun currently serves as a West TN Fellow At-Large on the TNAAP Board, he is the Co-Chair of the Legislative Committee and he is one of TNAAP's Screening Tools and Referral Training (START) Trainers. He is the medical director of the outpatient academic pediatric practice at UTHSC, is also an assistant program director there, and has a research interest in early literacy. Dr. Yaun is involved with Reach Out and Read and also serves his community through involvement in early literacy initiatives and by serving on a local school board.



Elisha McCoy, MD, FAAP
Fellow At-Large West Tennessee

Elisha McCoy, MD, FAAP is an Associate Professor of Internal Medicine and Pediatrics at The University of Tennessee Health Science Center in Memphis, TN. She boarded in both Internal Medicine and Pediatrics and serves as an inpatient attending at both the VA Medical Center and Le Bonheur Children's Hospital. She is a strong believer in the importance of quality processes in driving measurable

improvements in the health outcomes of individuals and populations. She currently directs the Quality Improvement program for the Department of Pediatrics, teaching residents and faculty and supervising various academic quality projects. Additionally, she oversees the Maintenance of Certification Portfolio Program at Le Bonheur Children's Hospital, allowing physicians, residents, and fellows to obtain MOC credit through their involvement in quality improvement projects.



Suzanne Berman, MD, FAAP
Fellow At-Large East Tennessee

Dr. Berman was appointed by the board to assume this position in mid-June of 2017 when the previous FAL was not able to complete the term. Dr. Suzanne Berman received her medical degree with high honors from the University of Tennessee and completed her pediatric residency at Southern Illinois University. She is co-founder and managing partner of Plateau Pediatrics, the

first NCQA-recognized level 3 patient centered medical home in Tennessee. She is an East Tennessee Fellow-at-Large in TNAAP and also the chair of the Tennessee Pediatric Council.

She serves the American Academy of Pediatrics in a variety of roles, including the executive committee of the Section on Administration and Practice Management and the Committee for Child Health Financing. Dr. Berman frequently contributes to AAP projects and publications regarding medical home practice transformation, rural health, coding, data mining, and policymaking. She and her husband have three sons.

Dates to have on YOUR Calendar!

January 13, 2018	TNAAP Board Meeting
March 13, 2018	TNAAP Day on the Hill
April 8-10, 2018	AAP Legislative Conference (Washington, DC)
April 21, 2018	TNAAP Board Meeting
June , 2018	Practice Managers Network Conference
September 14, 2018	TNAAP Board Meeting
September 14, 2018	Excellence in Pediatrics Awards Reception
September 15, 2018	Tennessee State Pediatric Conference
November 2- 6, 2018	AAP National Conference (Orlando)

TNAAP Board of Directors

PRESIDENT

Gail Beeman, M.D.

VICE-PRESIDENT

Deanna Bell, M.D.

SECRETARY-TREASURER

Jon Boroughs, M.D.

FELLOWS AT-LARGE

Blake Bergeron M.D. (West TN)

Hunter Butler, M.D. (Middle TN)

Neil Feld, M.D. (East TN)

Carlenda Smith, M.D. (Middle TN)

Suzanne Berman, M.D. (East TN)

Jason Yaun, M.D. (West TN)

LOCAL PEDIATRIC SOCIETY REPRESENTATIVES

Jason Yuan, M.D.

NOMINATING CHAIR

Michelle D. Fiscus, M.D.

MEMBERSHIP CHAIR

Lindsey Wargo, M.D.

CHAIR, COUNCIL OF PAST PRESIDENTS

Michelle D. Fiscus, M.D.

Ex-Officio Members

PEDIATRIC DEPT CHAIRS

Xylina D. Bean, M.D., Meharry

Jon McCullers, M.D., UT Memphis

David Wood, M.D., MPH, ETSU

Alan E. Kohrt, M.D., UT Chattanooga

Steven Webber MBChB, MRCP

PAST PRESIDENTS (*Deceased)

Michelle D. Fiscus, M.D. (2014-2015)

R. Allen Coffman, Jr., M.D., (2012-13)

Eddie D. Hamilton, M.D. (2010-11)

John R. Hill, M.D. (2008-2009)

Quentin A. Humbert, M.D. (2006-07)

David K. Kalwinsky, M.D. (2004-2005)

John C. Ring, M.D. (2002-2003)

*Joseph F. Lentz, M.D. (2000-2001)**

Iris G. Snider, M.D. (1998-1999)

*Russell W. Chesney, M.D. (1995-97)**

*Harold F. Vann, M.D. (1992-94)**

*Hays Mitchell, M.D. (1989-91)**

Bobby C. Higgs, M.D. (1986-88)

*Luthur A. Beazley, M.D. (1983-85)**

*George A. Zirkle, Jr., M.D. (1980-82)**

*Walton W. Harrison, M.D. (1977-79)**

*Felix G. Line, M.D. (1974-76)**

*George S. Lovejoy, M.D. (1968-73)**

EXECUTIVE DIRECTOR

Ruth E. Allen

Our Role in the Opioid Crisis

Michelle Fiscus, MD, FAAP, TNAAP Immediate Past President

As we're all aware, opioid addiction in Tennessee is a tremendous problem, affecting all aspects of our population. Four adults (~1,600/year) in Tennessee lose their lives to opioid overdose every day. Last year, 116 of them were between the ages of 15 and 24 years.¹ As of October 2017, 845 babies in Tennessee were born opioid-dependent this year, compared to 846 for the same period in 2016. In the majority of these cases (72.2%) at least one of the opioids contributing to NAS was prescribed to the mother by a health provider.²

Pediatricians don't often find themselves in the position of prescribing opioids to their patients. Ibuprofen and acetaminophen, alone or in combination, are often sufficient to control pain in the majority children. The FDA warns that codeine is **contraindicated** for the treatment of pain or cough in children younger than 12 years and has instituted a **warning** against its use among "adolescents between 12 and 18 years who are obese or have conditions such as obstructive sleep apnea or severe lung disease, which may increase the risk of serious breathing problems."³ However, a study

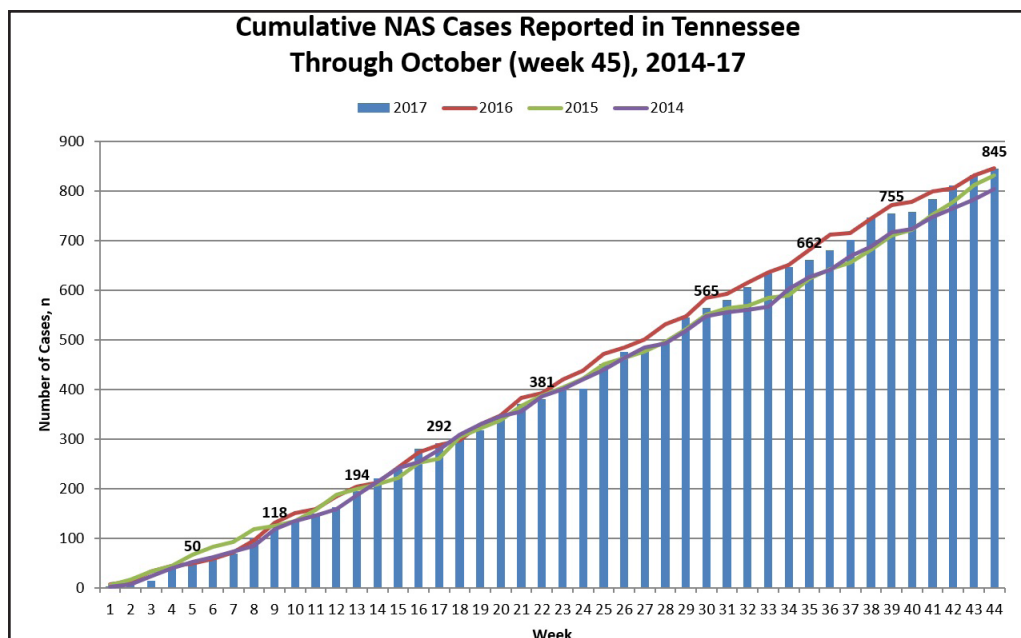
published in the December 2017 issue of Pediatrics found that "1 in 20 children were prescribed codeine after having a tonsillectomy and/or adenoidectomy at the end of 2015, despite a warning by the Food and Drug Administration regarding the opioid's significant safety risks."⁴ Opportunities still exist to keep opioids out of our communities and out of our patients.

So what is the role of the pediatrician when it comes to opioid misuse? How can we move from bystanders to champions?

There are a number of simple ways in which we may contribute to the solution:

- **Use the Controlled Substance Monitoring Database:** The CSMD tracks every schedule II, III, IV and V prescription dispensed in Tennessee. If you have a DEA number, you're registered in the CSMD and are "required to check before prescribing an opioid or benzodiazepine to a human patient as a new episode of treatment—and at least annually when said controlled substance remains a part of the

treatment". If you've forgotten your login and password, they're easily recovered through the website (www.tncsmd.com) or by calling 615-253-1305. If you haven't done it lately, run a report on the prescriptions that have been attributed to you—there may be some that you don't recognize and may need to be reported. You might also find it interesting to compare your prescribing habits to those of your peers—another report quickly generated for you by the CSMD.



Source: Neonatal Abstinence Syndrome Surveillance System, Tennessee Department of Health

- **Facilitate Disposal of Prescription Opioids:** Consider starting a conversation with the parents you see about disposing of prescription opioids. Explain to them the hazard of keeping them in a home when there may be children, visitors, and contracted help who may be able to access them for their own use or that of others. Every county in Tennessee has a controlled substance drop box. You can find the one closest to you by visiting <https://tn.gov/behavioral-health/article/Prescription-Drug-Take-Back-Boxes>.
- **Implement “Screening to Brief Intervention”:** The “S2BI” is a brief screening tool that can be used to identify the likelihood of a DSM-5 substance use disorder (SUD) in adolescents, discriminating between no use, no SUD, moderate SUD, and severe SUD. Each of these classifications corresponds to an



“actionable category” as distinguished by AAP, which recommends a distinct type of brief intervention for each one, including positive reinforcement, brief advice on the problems associated with substance use, brief intervention, and referral to counseling or treatment. Use CPT codes 99408 (>15min) and 99409 (>30min) for payment by TennCare and commercial insurance plans. The screening tool can be found at https://www.mcpap.com/pdf/S2BI_postcard.pdf

- **Participate in “Count It! Lock It! Drop It!”:** The Count It! Lock It! Drop It! program is designed to reduce prescription drug abuse by engaging educators, law enforcement, physicians, pharmacists, and other medical professionals to reduce the dispersion of prescription medication. The goal is to create a consistent message in communities to monitor, store and properly dispose of medication. The Tennessee Department of Health has partnered with the Coffee County Anti-Drug Coalition and the Prevention Alliance of Tennessee to promote

this program in counties across the state. To see if your county is involved, visit: <http://www.countitlockitdropit.org/#clients/ctzx>. If it isn't, contact the Tennessee Department of Health's Division of Family Health and Wellness at (615)741-7353 to learn how to participate.

- **Discuss Voluntary Long-Acting Reversible Contraception:** Published in October, 2014, the AAP's Committee on Adolescence's policy statement, Contraception for Adolescents, states “Pediatricians should be able to educate adolescent patients about LARC methods, including the progestin implant and IUDs. Given the efficacy, safety, and ease of use, LARC methods should be considered first-line contraceptive choices for adolescents. Some pediatricians may choose to acquire the skills to provide these methods to adolescents. Those who do not should identify health care providers in their communities to whom patients can be referred.”⁵ The unintended pregnancy rate in opioid-abusing women is over 80 percent⁶. Providing young women with long-term and effective contraceptive options is one primary prevention effort that may decrease the rate of NAS. Physicians interested in receiving training on VRLAC insertion should email LarcTraining.Request@tn.gov for information.

Pediatricians may not be the primary prescribers of opioids in Tennessee, but we can still work together to reduce the impact of opioids upon the families and children we serve.

1http://tn.gov/assets/entities/health/attachments/Fact_Sheet_-_2016_Drug_Overdose_Data.pdf

2https://www.tn.gov/assets/entities/health/attachments/NASsummary_Week_4317.pdf

3<https://www.medpagetoday.com/pediatrics/generalpediatrics/64673>

4<http://pediatrics.aappublications.org/content/early/2017/11/14/peds.2017-1765.full>

5<http://pediatrics.aappublications.org/content/134/4/e1244>

6<http://pediatrics.aappublications.org/content/early/2017/02/16/peds.2016-4070>



Michelle D. Fiscus, MD, FAAP
TNAAP Immediate Past
President and National AAP
Nominating Committee
Member

TNAAP is Speaking out on Behalf of You and Your Patients with Payers and Government Entities.

Deanna Bell, MD, FAAP, TNAAP Vice President

One of TNAAP's main roles is provider representation to payers and government entities. Every quarter TNAAP leadership meets with TennCare leadership to discuss upcoming changes in the healthcare landscape in Tennessee. This is a vital opportunity for TNAAP members to advocate for evidenced-based practice and payment for evidence-based services, as well as to discuss overarching challenges with plan administration. Representatives from each MCO, the Division of TennCare, the Department of Health, and the dental plan administrators are usually present. The impact of these meetings extends beyond the Medicaid space and widely impacts commercial payers as well. Our last meeting was in October.



TennCare and the MCO Medical Directors provided updates from their perspective in terms of priorities for the upcoming year. Priorities include:

- TennCare is developing a new system to perform TennCare eligibility. It is called TANS and will be implemented in early 2019.
- Payment reform and administration of episodes of care continue to be a focus. Over \$250,000 were returned to 42 practices in shared savings under the PCMH program this year. Several more episodes will be launched with a 3-year lag between creation and financial accountability. TNAAP shared the difficulty some providers have noted with the episodes, reconciliation of patient panels, and utility of the care coordination tool developed for the PCMH program.

There has also been some feedback from providers involved in the Technical Advisory Groups (TAGs) concerning the length of time appropriated to discuss these very important matters and the ability of providers to impact the structure anticipated by TennCare once the TAGs meet. This was shared.

- MCOS will now be able to use their own algorithms to approve or deny ABA therapy for autism. They would like feedback if there is additional provider difficulty in obtaining medically necessary services in this area.
- Management of opiate over-utilization continues to be a large focus. Prior authorizations for opiate prescription approval will soon be enacted. The CURES act will provide resources for addiction treatment for patients without insurance. All 3 TennCare MCOs will be subcontracting with Axial to obtain better data on their population's opiate use.
- All MCOs are excited about the quality improvement initiatives TNAAP has enacted through our Pediatric Health Improvement Initiative (PHiT), which have very promising results on population health levels. Particularly, the MCOs are interested in supporting TNAAP on the upcoming PHiT module focusing on well child visit tracking and recall.

The Director of the Tennessee Immunization Program gave an update of vaccine preventable infectious diseases in children and vaccination rates:

- There were 24 cases of newborn pertussis this calendar year to date. 17 were in non-immunized patients and families. There will be a program on population awareness of the need for Tdap booster in mothers and close contacts at 27-36 weeks of gestation. We discussed strategies for pediatricians to help with this, including reminding pregnant mothers who have not been immunized and production of exam room posters for pediatricians.
- 100% of VFC influenza vaccine has been distributed.

- The VFC provider report card for Tennessee was reviewed. The 7th grade/kindergarten religious exemption rate for Tennessee is 1.2%, which compares favorably with other states.

The update from DentaQuest included:

- >32,000 patient received fluoride varnish through the program in Tennessee last year.
- They will have 6 annual trainings on administration of fluoride varnish and use of their program.
- Their fee schedule for dental varnish increased slightly July 1, 2017.

TennCare's PCMH program has:

- Recruited 41 new practices for Wave 2 of the PCMH program. Fifteen of these are pediatric practices. Ten are from West Tennessee, 21 are from Middle Tennessee, and 10 are from East Tennessee.
- These practices will undergo NCQA PCMH Recognition applications under the 2017 standards at no cost to them.

We encourage you to reach out to your TNAAP leadership to share questions and concerns. We passionate about advocating for children AND pediatricians throughout Tennessee

Payer Advocacy: TNAAP's Pediatric Council Can Help Your Practice

Suzanne Berman, MD, FAAP

In the current payment environment, it's more important than ever that pediatricians optimize their coding and billing operations. With an increasing portion of revenue coming from alternative payment models like pay-for-performance, practices must understand the rules of these systems to thrive financially. Without appropriate payment, practices are at risk of closing their doors and ending their mission to serve Tennessee's children.

The Tennessee Pediatric Council can help you get paid for the work you do!

- Having trouble figuring out why you're getting unexpected claim rejections?
- Need help appealing a denial?
- Want to change an insurance company policy that's not kid-friendly?
- Can't figure out NDC numbers?
- Hit a brick wall getting a new provider credentialed?
- Trying to make sense of why your HEDIS scores are so low?
- Need clear direction on which insurance company pays for what CPT code?
- Just can't get through to anyone at a particular insurance plan?

The Pediatric Council has relationships with local Tennessee payers as well as large national payers through its liaisons on the AAP's Private Payer Advocacy Committee. We've also provided lots of feedback to the Bureau of TennCare around its episodes of care and PCMH programs.

The Tennessee Pediatric Council has been successful in getting hundreds of thousands of dollars to practices that they wouldn't have seen otherwise. We provide individualized coaching for practices around optimizing their coding and payment systems, as well as one-time coding Q&A.

If the Pediatric Council can help your practice, please contact Janet Sutton (janet.sutton@tnaap.org) or Suzanne Berman (sberman@plateaupediatrics.com).



A Weekend of Pediatric Excellence

It's a wrap! Our 2017 Excellence in Pediatrics Awards and the Tennessee State Pediatric Conference were held October 6 & 7 in Franklin, TN. Physicians and child advocates from across the state were recognized during the annual awards event. Guests heard amazing and heartwarming stories from patients, peers and friends in celebration of the 2017 honorees.

The Tennessee AAP awards event has become a time honored tradition we would love to see grow! Look for the nomination process to open this April and engage your staff and patients to participate.

The Tennessee State Pediatric Conference featured sessions focused on infectious disease. Topic experts from across the country discussed the zika virus, cutaneous infections, pediatric pandemic and bioterrorism preparedness and pediatric diarrhea. There were also sessions offering TennCare updates and a state health round table.

This year we had our second annual resident presentation session and were happy to award certificates to three residents who presented on the following topics: "A Unique Case of Neonatal Syphilis, masquerading as unilateral Osteomyelitis," "Virulent Bacteria in Northeastern Tennessee Waters," and "Factors Associated with Maternal Drug Use and the Severity of Neonatal Abstinence Syndrome."



Kara Adams, TN Voices, and friends during 2017 Excellence in Pediatrics Reception

In addition, we had our first annual resident quiz bowl. Three teams of residents partnered with some seasoned veterans and battled it out for the winning title.

We are so grateful for our title sponsors: Vanderbilt Children's Hospital, Lebonheur Children's Hospital and The Tennessee Department of Health! This event continues to grow each year and we are already so excited for next year. Put these dates on your calendars now and join us for another fun weekend in Franklin, TN!

September 14, 2018 - Excellence in Pediatrics Awards

September 15, 2018 - Tennessee State Pediatric Conference

2017 TNAAP Honorees

(Left to right)

Pictured below: Dr. Gail Beeman, Dr. Quentin Humberd, Rep. Kevin Brooks, Dr. Amy Vehec, Dr. Jason Yaun, Dr. Gerald Presbury, Dr. Joani Jack, Dr. Andrea Goins, Dr. Kelly Arnold, Kara Adams, Dr. Dawn Tuell, Dr. Hunter Butler, Dr. Deanna Bell





Top Left: Conference participants visiting exhibitors.
 Top Right: Dr. Meg Fisher giving her presentation on Zika .
 Middle Left: State Health Roundtable presentation during the conference.
 Middle Right: Dr. Shelley Fiscus and Ruth Allen, TNAAP Executive Director in the conference photobooth.
 Bottom Left: Dr. Gail Beeman and Dr. Dennis Black at the TSPC photobooth.

SAVE THE DATE!



Tennessee State Pediatric Conference September 15, 2018 Franklin, TN

Are you
concerned
about the...

2015-2020 Dietary
Guidelines for Americans

“Nutrients of Concern?”

Consider This
FACT:

THOSE WHO
CONSUME
3 DAIRY SERVINGS
PER DAY MAY HAVE
LOWER RISK OF
**HEART
DISEASE,
OBESITY
AND DIABETES.**⁴

Underconsumed and misunderstood

The message is clear in the 2015-2020 Dietary Guidelines for Americans: We all need more calcium, potassium, vitamin D and fiber, especially growing children. But do your patients know how to close this nutrient gap? The answer is easy – add milk to every meal! **Milk is a powerful source for three of the four critical nutrients for students.**

Calcium

Essential to build and maintain strong bones and teeth, contributes to metabolic functions and helps reduce the risk of osteoporosis. Children age 9 and older to adults should have three dairy servings, every day.¹

Potassium

Important for healthy nerve response, cellular growth, muscle contraction and heart function. High potassium foods—like milk—have been shown to help reduce blood pressure and are part of the popular DASH diet.²

Vitamin D

Works with calcium to grow and maintain strong bones and bodies. Vitamin D plays a key role in the health of the nerve, muscle and immune system.³

Fiber

Found in whole grains, fruits and vegetables—fiber helps regulate digestion.

Add a serving of milk, yogurt or cheese to any fiber-rich food and you have a great meal or snack.

Researchers recognize dairy as a nutritional powerhouse, not only for supplying three of the four nutrients of concern, but also as an effective source of protein, vitamins A and B12, and other crucial contributors to good health.

Read more about the powerful benefits of milk and dairy at www.choosemyplate.gov or www.southeastdairy.org.

1 - US Dept. of Health & Human Services, National Institutes of Health, Office of Dietary Supplements website: <https://ods.od.nih.gov/factsheets/Calcium-HealthProfessional/>

2 - American Heart Association website: http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Potassium_UCM_306021_Article.jsp#.Vt8ePvR0M9

3 - US Dept. of Health & Human Services, National Institutes of Health, U.S. National Library of Medicine, 8600 Rockville Pike, Bethesda, MD, website: <https://www.nlm.nih.gov/medlineplus/vitaminD.html>

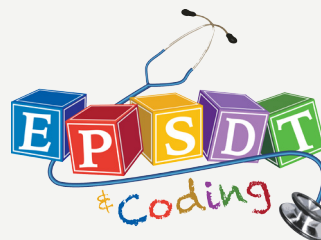
4 - 2015 Dietary Guidelines Advisory Committee. Scientific Report of the 2015 Dietary Guidelines Advisory Committee. Advisory Report to the Secretary of Health and Human Services and the Secretary of Agriculture. First Print, Feb. 2015.

2018 Regional EPSDT and Coding Workshops

This program is FREE to pediatricians, family physicians and their staff. Providers are strongly encouraged to attend! Lunch is provided for all workshops.

Topics covered will include:

- EPSDT Update and Coding for Related Services
- 2018 CPT Coding Updates
- 2018 ICD-10 Updates
- TNAAP Services and Resources



Dates and Locations

- Nashville - January 12, 12:00 - 3:00 pm, Baker Donelson Event Center (Co Sponsored with Cumberland Pediatric Foundation; Presentations by Joel Bradley, MD, FAAP and Janet Sutton, RHIT, CPC)
- Memphis - January 19, 11:30 - 1:30, Lebonheur Children's Hospital
- Johnson City - January 25, 11:30 - 1:30, Niswonger Children's Hospital
- Chattanooga - February 8, 11:30 - 1:30, T.C. Thompson Children's Hospital
- Knoxville - February 9, 11:30 - 1:30, East Tennessee Children's Hospital

Advance Registration is required for all workshops. Please visit www.tnaap.org for additional information and registration links. All times listed are in local time.

16th Annual TN AAP PEDIATRIC PRACTICE MANAGERS' NETWORK CONFERENCE 2018

Your place to learn, network and have fun!!

June 8, 2018 • Belmont University

Our conference is built for practice managers by practice managers. If you have a passion for a particular topic or maybe ideas on how we should design the day, we want to hear from you! Email Laurel.Dorman@tnaap.org.



Pictured right: Participants at the 2017 Pediatric Practice Managers' Network Conference

2017 PHiIT Learning Collaborative

Rebecca Robinson, MPH, Quality Coach, PHiIT



Pictured above: Participants of the 2017 PHiIT Learning Collaborative

On Sunday, October 8th, 2017 the Pediatric Healthcare Improvement Initiative for Tennessee (PHiIT) hosted the 2017 Learning Collaborative. Sixteen practices from across the state joined PHiIT to share their successes, challenges, and lessons learned from the past year's work in quality improvement.



Dr. Peggy Stemmler from the FrameShift speaks to participants about the importance of quality improvement work.

Keynote speakers included Dr. Peggy Stemmler, Director of FrameShift in Phoenix, Arizona, and Dr. Suzanne Berman, Pediatrician at Plateau Pediatrics in Crossville, Tennessee. A number of statewide stakeholders also attended the meeting including the Chief Medical Officers from BlueCare and

UnitedHealthcare, representatives from the Bureau of TennCare, and leadership from Tennessee Department of Health.

- 11 Community Pediatric Offices
- 5 Residency Programs – 4 Pediatric, 1 Family Medicine
- 53 Attendees

Practices and residency programs shared successes, lessons learned, and project overviews during presentations and

poster sessions. Some highlights include:

- Morning huddle checklist to use each day
- Social determinants screening
- Private lactation consultant room
- Asthma follow-up campaign for refills - "Give'em 5, See'em in 6"
- Posters for clinic rooms and diaper tag to educate parents about Well Child schedule
- Parent survey to assess barriers to breastfeeding
- Teen vaccine clinics
- Screenings for postnatal depression, developmental delays, adolescent depression, substance abuse, suicide
- EHR modifications and training

The participating practices have been involved in the PHiIT program and Quality Improvement Projects for at least a year, some for 2 years. Many of the practices shared how PHiIT has helped their practice over the past year:

- "PHiIT started the QI conversation and journey for us to the extent that it is now part of our routine activities."
- "PHiIT has helped our practice move toward PCMH readiness."

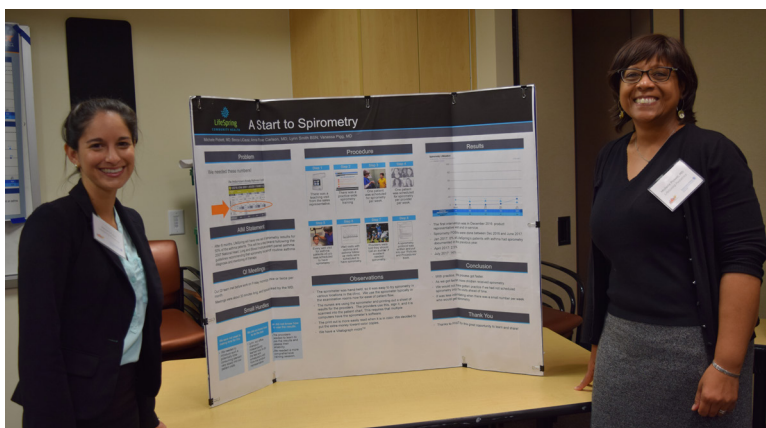


Representatives from Quillen ETSU Pediatrics review Mountain States Medical Group Pediatrics' poster on early well care.

- “PHi iT has allowed us to determine areas needing improvement in the practice, and a way to communicate with the whole practice to discuss solutions.”
- “PHi iT introduced us to and empowered us by the quality improvement process. PHi iT helps us to fulfill our mission to provide high quality pediatric care.”
- “PHi iT has caused us to become organized in our approach to evaluating problems with the intent to FIX problems. We are able to implement permanent changes versus complaining.”

2018: Using Quality Improvement to Increase Well Child Visit Rates

PHi iT is recruiting for the Well Child Project to assist ambulatory pediatric practices in improving annual, well care visit completion rates. Practices will be provided education and coaching to increase specific rates through the implementation and sustainment of several process changes. PHi iT will continue to engage practices in the other current Quality Improvement Projects: Best Practice Provider Resource, Asthma, Breastfeeding, Tobacco Exposure, HPV, and Behavioral Health.



Dr. Michele Pickett and Office Manager Becca LiCausi for LifeSpring Pediatrics displaying their poster on asthma care.



Dr. Stephanie Shults and Nurse Rebekah Reid shared the work they have done to improve early well care, asthma, and adolescent health.

Join the Well Child PHi iT Project!

If you or your practice is interested in joining the Well Child or any of the above projects, please contact Becky Brumley at becky.brumley@tnaap.org.

The Safe Stars Initiative: Promoting Safety in Youth Sports

The Tennessee Department of Health and The Program for Injury Prevention in Youth Sports (PIPYS) at the Monroe Carell Jr. Children's Hospital at Vanderbilt launched the Safe Stars initiative July 13, 2017. PIPYS recognizes youth sports leagues throughout Tennessee for providing the highest level of safety for their young athletes. The purpose of this initiative is to standardize safety in youth sports leagues across the state and ensure young athletes are in the best care possible while on the field. Dr. Alex Diamond, Assistant Professor of Orthopaedics and Pediatrics at Vanderbilt University Medical Center and the Director of PIPYS, equates the lack of standardized safety in youth leagues to "dropping a child off at a pool with no lifeguard." The Safe Stars Initiative's goal is to change that.



Safe Stars consists of three levels: Gold, Silver and Bronze, and involves implementation of policies around topics such as concussion education, weather safety and injury prevention. Bronze level requirements consist of basic safety policies that all sports leagues should have including sudden cardiac arrest recognition training, concussion training, an allergy emergency plan, automated external defibrillator or AED on site for all practices and games, two coaches AED/CPR certified, an emergency action plan and a severe weather policy. If a league chooses to achieve Silver or Gold level it must complete the Bronze level and two or four additional requirements, respectively. Examples of standards to meet the Silver or Gold level include implementing the "Young Lungs at Play" tobacco policy, requiring pre-participation physicals for all athletes and completing additional injury prevention training.

For a complete list of requirements and to apply please visit: <https://tn.gov/health/article/the-safe-stars-initiative>. Participation in Safe Stars is free and voluntary. A Safe Stars League will receive recognition on the TDH website, a certificate signed by the TDH Commissioner, Dr. John Dreyzehner and a Safe Stars logo that can be placed on promotional materials such as jerseys or banners.

Getting children involved in sports is beneficial to both physical and mental growth; however, young athletes can be at risk for a wide range of injuries. To reduce the number and severity of sports injuries in children, parents can make sure their child's league prioritizes safety with the Safe Stars standards.



Schedule your no cost START training with TNAAP today!

Contact Susan Rollyson at
susan.rollyson@tnaap.org

The Tennessee Chapter of American Academy of Pediatrics is offering **COMPLIMENTARY AGES and STAGES KITS!**

Through a grant offered by the Tennessee Department of Health, we are pleased to offer **the Ages & Stages Questionnaires® (ASQ) and Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™) FREE to the first 15 pediatric or family physician practices** who schedule a Screening Tools and Referral Training (START).

These trainings are offered free of charge by the Tennessee Chapter of American Academy of Pediatrics. Kits will be delivered after the training is complete. Hurry, this offer will go FAST!

This project is funded through a collaboration with the Tennessee Department of Health and the Tennessee Department of Education.



New Behavioral Health in Pediatrics (BeHiP) Program Manager

We are pleased to introduce Elaine Riley, MA, our new Program Manager for our Behavioral Health in Pediatrics (BeHip) educational program.



Elaine has a BS in Psychology and MA in Education. Prior to joining TNAAP, Elaine was supervising a team of Case Managers in a Mental Health Agency. Part of her direct work with patients included performing parenting assessments and alcohol and drug assessments. Elaine also has experience working with state officials for children in state custody (interacting with courts, conducting child and family team meetings, visitation with birth families, etc.) She is looking forward to working with all of you!

The BeHiP program is offering in-office trainings across the state. They have FIVE pediatricians trained to give a 2.5 hour session on combined BeHiP I and II content. The training session also includes: navigating the DCS System, psychopharmacology, discussing behavioral health concerns with families

and coding and payment. Please contact Elaine at elaine.riley@tnaap.org to set up a training in your office!



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sooner rather than later. She recommended establishing universal connections between mind and body with a statement like this: All diseases are part physical and part stress/emotional. The ratio may be 1% physical and 99% stress/emotional or 1% stress/emotion and 99% physical. Don't you want to get 100% well? I wonder how many other professionals in the audience now use this explanation?

At the Tennessee State Pediatric Conference (TSPC) in Franklin, one of the keynote speeches was on Zika virus one of those new infections we need to learn about. We all have images of the babies' small heads in our minds. The mosquitoes that carry Zika may be in Tennessee soon. How do we advise pregnant women and those planning parenthood? These questions may be moot. The speaker (Meg Fisher, MD) revealed that the Zika virus epidemic seems to be waning, incidence of infections decreasing dramatically. Wow! I wonder how many professionals in the audience knew that?

Other things I really enjoyed during TSPC were the two sessions when the state's pediatric residents participated. Three residents presented abstracts and closing the day was a resident team competition, a "knowledge bowl". What fun! The energy in the room was so positive and collegial. I think all the professionals in the room felt the same. I am excited about all the things the chapter is doing to engage Tennessee Residents!

I love that after being a pediatrician for many years, I can still learn new things from CME. I'm looking forward to all the AAP CME next year and I hope you are too! As a chapter, we are already discussing topics most valuable at the fall conference. Is there something you really want to have covered? Reach out! Let us know what you session topics you want to see! Also, if you have not already taken advantage of these free educational opportunities, go to www.tnaap.org and click on the icons for BEHIP, START, EPSDT & Coding and PHiT.



Gail Beeman, MD, FAAP presenting certificates to two residents during the resident presentation session during the Tennessee State Pediatric Conference October 7, 2017.

American Academy of Pediatrics

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Tennessee Chapter

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Happy Holidays from the Staff and Board of
The Tennessee Chapter of the
American Academy of Pediatrics!

Join us on the Hill!
Tuesday, March 13, 2018



Let your voice be heard!!

Register Now at www.tnaap.org