

Tennessee Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



The Tennessee Pediatrician

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

Having A Strong Foundation...

TNAAP President's Letter

Anna Morad MD, FAAP, TNAAP President

As I write this message, I am multitasking moving around a submersible water pump and air movers to drain my flooded basement. I knew that over 7 inches of rain in less than 24 hours would be problematic for my 1930's era home on the Richland Creek watershed and that certainly proved true. Now it is drying out and proving that a strong foundation can withstand a downpour. A year into this pandemic, that message holds true for TNAAP. The team has been tested by all the changes required along the way, maybe sometimes feeling a little under water, but with the solid foundation of our organization, we will get back to normal.

I never think about the heater, electrical boxes, and other critical infrastructure in my basement until the water starts to rise. It is then that I recognize that the most critical parts of my house are working hard behind the scenes. As we wrap up the legislative session, I see how this is analogous to the TNAAP advocacy team. Jim Schmidt and Melanie Bull, TNAAP lobbyists, spend hours speaking to legislators on our behalf and coordinating our members for testimony - weekends, nights, holidays...

Our Legislative Committee Co-Chairs, Drs. Hunter Butler, Dee Sinard, and Barb Dentz are hard at work on our behalf as well. Hunter represents us on the Coalition for Collaborative Care which is organized by TMA and works

to negotiate scope of practice requirements for NPs and PAs. Dee and Barb have provided hours of testimony to educate legislators on why bad legislation can adversely impact vaccine confidence. Our TNAAP members are working hard as well including Dr. Cassie Brady and Dr. Kristin Rager who led the effort to provide feedback on the harmful anti-transhealth bills as TNAAP remains committed



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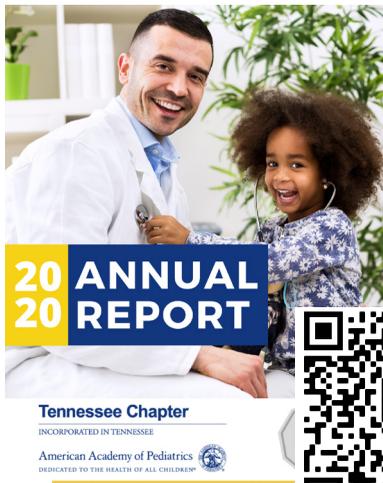
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to the protection of all children and the pediatricians who serve them.

Finally, there is our Executive Director, Ruth Allen who coordinates all the fast moving pieces, communicates changes, and links us to other professional groups. This is the critical infrastructure supporting TNAAP advocacy.

It is a testament to this foundation that TNAAP was named a 2020 Chapter of Excellence by National AAP. Please take a minute to read through our annual report and this newsletter to see all the activities that led to this honor.

**Have you seen TNAAP's 2020 Annual Report?
View it now using the QR Code on the left.**

TNAAP Executive Director's Report

Ruth E. Allen, TNAAP Executive Director

TNAAP is happy to remain strong following the unprecedented year of 2020! We were so proud to witness the amazing vigor and stamina of our members who found solutions time and time again during these most extenuating circumstances. The chapter was in “lock-step” with our members providing support and resources. The graphic to the right (an excerpt from our annual report) gives you a sense of the significant revenue reduction many of our members faced early in the pandemic, and some of the support the chapter was able to help provide.

As we launched into 2021, the legislature convened in January and took little of the usual time to get situated in offices, etc. Legislators jumped right into business, approving the controversial TennCare III Waiver, and then deliberating various pieces of legislation, many of which we opposed (See pages 4-5 for more details on the legislative session).

In April, several TN pediatricians (many sponsored by TNAAP) attended the AAP virtual legislative conference with over 700 attendees. We addressed The Strengthening The Vaccines for Children Act of 2021 (HR 2347) with numerous lawmakers including meetings with Senator Blackburn's and Senator Hagerty's teams. This Act will make key improvements including Medicaid and CHIP vaccine administration being paid at 100% of Medicare for the next two years.

TNAAP is currently wrapping up our four-part virtual advocacy education series with the last session addressing children's access to health insurance and mitigating barriers with families, featuring a nationally recognized speaker,

Cindy Mann, JD. If you missed them, you may view the recordings www.tnaap.org > legislative advocacy.

We have two conferences coming up with great speaker line-ups (members receive discounted registration).

The virtual **Practice Management Conference on July 16** is offered for both physicians and



LEFT: TNAAP members meeting with two of Senator Blackburn's staff during the 2021 AAP Legislative Conference.

practice staff covering pertinent topics related to practice management and administration. (See page 12 for more information.)

We are so excited to offer our Annual **State Pediatric Conference IN PERSON on August 27 and 28 in Cool Springs, TN.** (See page 5 for more details.)

Our training programs continue education on EPSDT and coding, developmental and behavioral screening, referral, and treatment alternatives, and associated MOC Part IV QI projects. We have also been offering a 4-part webinar series on immunizations covering COVID vaccines, vaccine storage and handling, vaccine hesitancy, and the VFC program. Sessions are recorded for free viewing by chapter members. Hopefully, you have also seen communications around new educational tools released by CDC on infection prevention and control.

Thank you to all our members. You continue to inspire us with your undaunted dedication to children. TNAAP is proud to be a resource to you.

Obtaining Financial Relief for Pediatricians



Federal Relief

TNAAP and other state chapters worked with national AAP to support CAREs Act Funding for pediatricians who were eligible for the Provider Relief Fund. There were three phases of funding offered resulting in pediatricians being eligible to apply for up to 2% of the total patient care revenue from the most recent tax filing year. Additional funds were also made available through the paycheck protection program.

State Level Funding

TNAAP Successfully lobbied the Governor's office and TennCare for funding totaling \$12.2 million in provider relief for Tennessee primary care providers during the pandemic; this combination of state and federal funding resulted in an average of roughly \$20,000 per private practice physician.

EPSDT Visits Paid at Parity for Telehealth Visits

After meeting with TNAAP, TennCare agreed to direct the MCOs to pay for the full EPSDT visits via telehealth even when all components could not be completed. Tennessee was one of the first states to achieve this.

TNAAP conducted a survey of TN pediatricians in the spring of 2020:

- More than 30% reported a revenue reduction of 25% - 50%
- More that 40% reported a revenue reduction of 50% - 75%

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EXECUTIVE DIRECTOR

Ruth E. Allen

TNAAP Legislative Advocacy

Melanie Jane Bull

Schmidt Government Solutions LLC

2021 was another busy year at the General Assembly. Despite rising COVID cases in the last part of 2020, the General Assembly resumed in person, with some restrictions. Many bills were filed to limit the public health initiatives that have been in place for the past year, including limiting mask wearing, removing the Governor's authority to close businesses and churches, and bills that attempted to increase vaccine hesitancy and limit access to the COVID vaccine. TNAAP has been actively watching

requires all schools, nurseries, day care centers, and public institutions of higher learning to include vaccine exemption information on all notices that go out regarding vaccines. Bills that would prohibit private employers from mandating COVID vaccines, that place additional restrictions on schools ability to vaccinate employees, and that take adding any new vaccinations to school requirements outside of the Commissioner of Health's authority all failed.



Scope of Practice

TNAAP along with the Coalition for Collaborative Care (made up of TMA specialty groups) worked to fend off bills that would allow both nurses and physicians assistants to practice independently. Through a compromise brokered with the Coalition for Collaborative Care and the Physicians Assistants, HB1080/SB671 passed, which allows strictly for the establishment of an independent board for PA's. The Nurses' independent practice bill was taken off notice for the year.

hundreds of pieces of legislation that impact the lives of children and families across our state. The General Assembly concluded its business on May 5, 2021. Below is a recap of the major bills we worked on over the legislative session.

Vaccinations

At least 15 bills were filed this legislative session designed to increase vaccine hesitancy and limit access to the COVID vaccine - all actively opposed by TNAAP. In the end, thanks to TNAAP and its partners, we were able to stop the majority of bills filed. HB13/SB187 was one of the bills that passed. It prohibits schools and public institutions of higher learning from mandating the COVID vaccine. It also prohibits governments or political subdivision (excluding public hospitals) from mandating the COVID vaccine. HB1403/SB1175 also passed, which

Gender-Affirming Care

A couple bills were filed this year to limit access to general-affirming care for transgender youth. A tremendous amount of work was done by TNAAP members to educate lawmakers on the importance of gender-affirming care, and mitigate the final versions to do the least amount of harm. While HB1027/SB126 eventually did pass the legislature, the language was modified to restate the current standard of care which is not starting pubertal blockers before puberty. We expect to continue to work on this issue as simply the introduction of these types of legislation are harmful to transgender youth.

Budget

The final budget for FY 21-22 included a number of key funding priorities. Highlights include \$5.5M

for additional Graduate Medical Education spots; \$250M in a Mental Health Trust Fund that would fund mental health programs in schools through interest earned on the trust and 12 month postpartum coverage extension for new mothers in the TennCare program.

2021 Day on the Hill

Despite all the challenges facing our legislative season, TNAAP managed to host a successful virtual advocacy day! We had over 60 pediatricians from across the state join us for meetings with 12 Tennessee legislators.

LEFT: Speaker Sexton met with participants of TNAAP's virtual day on the hill.

RIGHT: TNAAP Members from East TN meeting with Representative Sam McKenzie (Knoxville) during the virtual day on the hill.



TENNESSEE STATE PEDIATRIC CONFERENCE

August 27 - 28, 2021
Cool Springs Hilton, Franklin, TN



Because a pediatrician's toolbox is never full... join us for important sessions on: telehealth, impacts of COVID-19 in children, managing depression and anxiety in youth, dealing with common behavioral problems, holistic and integrative medicine and the state health round table

www.tnaap.org/tspc

Perinatal Exposure to Hepatitis C Virus in Tennessee!

**Lindsey Sizemore, MPH, CPH; Laura Price, RN; Cynthia Brooks, RN, BSN;
Heather Wingate, MPH; and Pamela Talley, MD, MPH
Tennessee Department of Health, Viral Hepatitis Program**

Hepatitis C virus (HCV) infection is the most common bloodborne pathogen reported in the United States yet reported cases are likely the tip of the iceberg due to recommended testing not being consistently performed and under-reporting of known cases to public health. During 2013–2016, an estimated 4.1 million adults were HCV antibody (anti-HCV) positive, indicating past or current infection, and of those, 2.4 million were ribonucleic acid (RNA) positive, indicating current infection.¹ Nationally, it is estimated that more than 40% of persons living with HCV infection are unaware of their status, which can have serious health consequences and increase risk for transmission to others.² Since 2006, the incidence of HCV infection has



been on the rise in Tennessee among young adults living in non-urban areas with a history of past or present injection drug use.³ Use the following QR code to see a general HCV fact sheet, developed by the Centers for Disease Control and Prevention (CDC).



The U.S. Preventive Services Task Force (USPSTF) recommends HCV testing in all adults aged 18 to 79 years (Grade B)⁴ and the American Association for the Study of

Liver Diseases (AASLD) and Infectious Disease Society of America (IDSA) recommends one-time HCV testing for all individuals aged 18 years or older, one time testing for persons less than 18 years old with increased risk of HCV infection, and prenatal testing as part of routine prenatal care with each pregnancy.⁵ In April 2020, the CDC released updated HCV testing recommendations which includes: one time testing for all adults, testing pregnant women during each pregnancy, and ongoing testing of persons who currently inject drugs and share needles, syringes, and other drug preparation equipment.⁶ A summary of the updated CDC HCV testing recommendations can be found online via the QR code.



Dramatic increases of HCV infection among reproductive-aged women over the last decade has resulted in high rates of perinatal exposure to HCV. Despite this, perinatally exposed infants are not being tested consistently or appropriately for HCV in Tennessee. Most infants infected with HCV are asymptomatic, but if untreated, HCV can lead to cirrhosis and liver cancer. The AASLD and IDSA recommend HCV testing for children perinatally exposed in addition to siblings of children with HCV infection if born to the same mother. Testing recommendations include HCV RNA testing as early as 2 months of age and HCV antibody testing on or after 18 months of age. Anti-HCV is not recommended prior to 18 months of age as positive results are likely to reflect maternal antibodies. Children who are anti-HCV positive after 18 months of age should be tested for HCV RNA at age 3 to confirm chronic HCV infection and be referred for curative treatment if positive.⁷ The AASLD and IDSA testing recommendations for children can be found at: <https://www.hcvguidelines.org/unique-populations/children>. Check with your laboratory about the availability of heel stick microtainer or dried blood spot testing options that may be done at the same time as other routine testing performed at well-child visits.

1 - <https://pubmed.ncbi.nlm.nih.gov/30398671/>

2 - <https://www.cdc.gov/mmwr/volumes/69/wr/mm6914a2.htm>

3 - <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a2.htm>

4 - <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/hepatitis-c-screening>

5 - <https://www.hcvguidelines.org/evaluate/testing-and-linkage>

6 - <https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

7 - <https://www.hcvguidelines.org/unique-populations/children>

Transmission of HCV occurs at the time of birth and no intrapartum or newborn prophylaxis is currently available; however, treatment is now approved starting at 3 years of age. If you are interested in learning to treat HCV, the following free resources are available online via the QR code below.

- Southeast AIDS Education and Training Center
- Hepatitis C Toolkit and Resources
- Hepatitis C Consultation Services Free!



HCV antibody (positive) and HCV RNA (positive and negative) laboratory results for all individuals tested for HCV are reportable to the Tennessee Department of Health by laboratories. Please ensure that the laboratory you use is reporting required information to the Tennessee Department of Health. Information on reporting requirements is available online at the link in the QR code to the right.

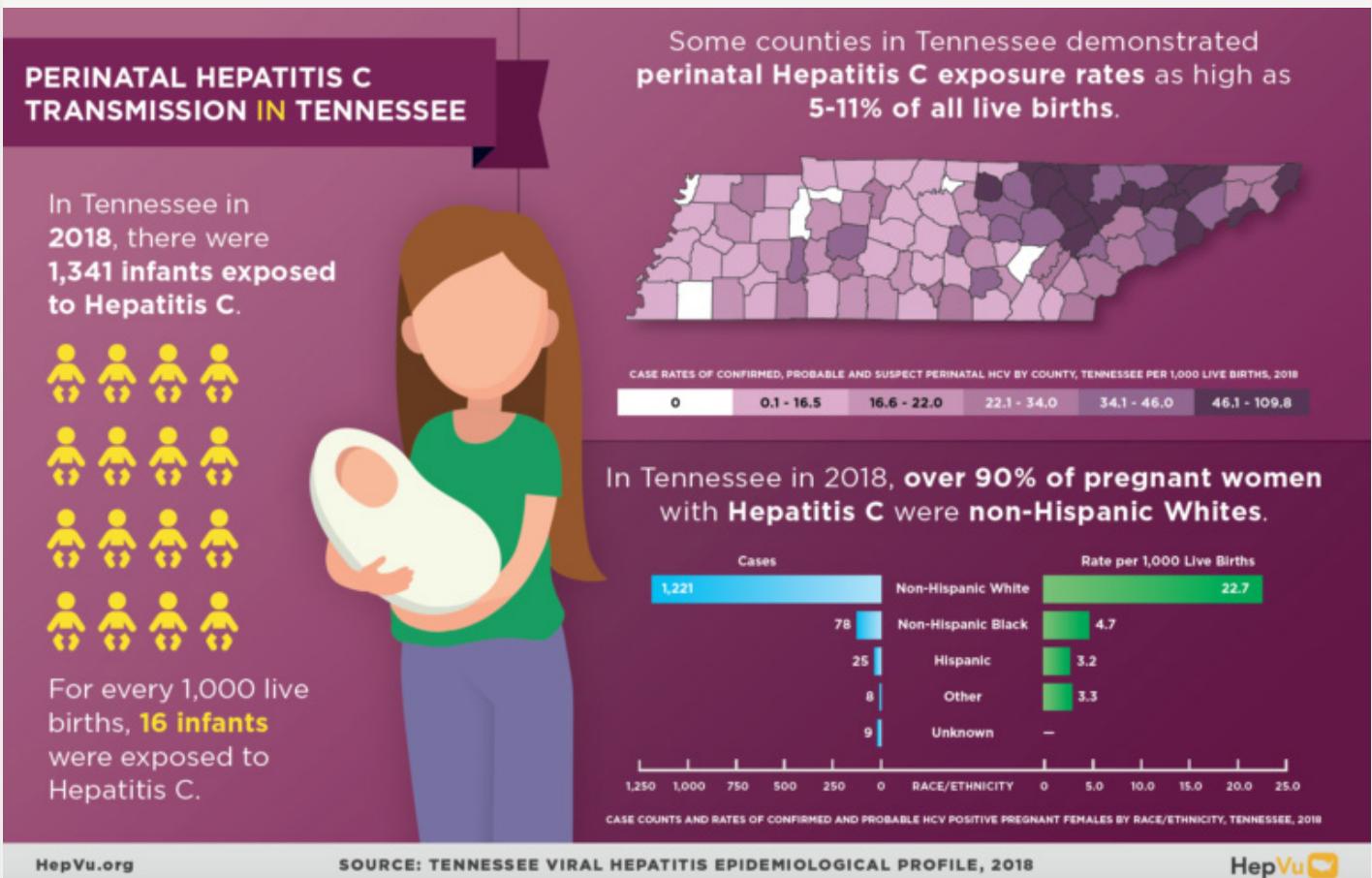


The Tennessee Department of Health developed a Hepatitis C and Pregnant Women brochure, which is available in English, Spanish, and Arabic. To facilitate increased testing among infants perinatally exposed to HCV, the Tennessee Department of Health developed a Infant Hepatitis C Testing Recommendations One-Pager, which outlines testing recommendations for children born to a HCV-positive mother and frequently asked questions. To request a copy of the Tennessee Department of Health-developed brochure or one-pager, email Laura.Price@tn.gov.

If you would like to learn more about the Tennessee Department of Health's efforts to monitor infants exposed to HCV and increase infant testing, additional information is available online at the hepvu.org website included in the QR code to the right.



Did you know? You can use the camera of any smart phone on QR codes to open links



Pediatricians are the backbone of immunizations in the US...WE NEED YOU!



Tennessee has the 3rd highest rate in the country for children who have been diagnosed with COVID-19

Tennessee has one of the highest case counts in the country of multi-system inflammatory syndrome in children (MIS-C)



Please help protect Tennessee's children by becoming a COVID-19 vaccinating partner!



- Step 1: Complete the CDC Covid-19 Provider Agreement (See QR Code below)
- Step 2: Register with the Tennessee Immunization Information System (TennIIS) to report administered doses
- Step 3: Get a digital data logger and have your vaccine refrigerator/freezer approved
- Step 4: Complete required training on COVID-19 vaccines
- Step 5: Order vaccines
- Step 6: Get vaccines
- Step 7: GIVE VACCINES!



For more information, visit www.tn.gov/health/cedep/ncov/covid-19-vaccine-information.html

Millions of COVID-19 Vaccines in Arms in Tennessee, but We're Still Behind

Michelle Fiscus, MD, FAAP

Medical Director, Tennessee Vaccine-Preventable Diseases and Immunization Program

How can Pediatricians Help?

As of May 12, anyone age 16 years and older is eligible to receive a COVID-19 vaccine in Tennessee! Tennessee pediatricians have a long history of vaccinating parents and caregivers in their practices, be it against influenza or pertussis. There's no better time for pediatricians to offer their support than now!

If you're not already an approved COVID-19 vaccine provider, please consider signing up! If you're already a Vaccines for Children practice, you're already more than halfway there! You can begin the process by completing the CDC Provider Agreement and Profile online at <https://redcap.link/pandemicproviders>. Then the Tennessee Department of Health's Vaccine-Preventable Diseases and Immunization Program will make sure you are set to report vaccines into TennIS (hopefully you already do that!) and have your storage equipment reviewed (you need an approved refrigerator, at least, as well as an approved digital data logger). Once that's done, you can request vaccines and begin providing them to patients!

There are still a few logistical struggles: Pfizer vaccine—the only vaccine authorized for use in those ages 12-17 years—still comes in minimum quantities of 1,170 doses and is only stable for two weeks in an approved freezer and only five days in the refrigerator. It's stable in the shipping container it comes in for 30 days, so you would have a total of 49 days to exhaust all of those doses. Fortunately, that means you can provide first and second doses out of the same shipment, but that still means getting at least 585 patients vaccinated twice within 49 days. If you can do that, please sign up! If you can't, you may want to consider sticking with the other vaccines and only providing vaccinations to those 18 years and older. Pfizer is hoping to offer minimum shipments in more manageable quantities soon, but we're hearing it may be June before that happens.

The Moderna vaccine comes in quantities of 100 doses and is stable in the freezer for 6 months. You can keep it in the refrigerator for 30 days. It's much easier to manage, but people younger than 18 years are ineligible and it does require two doses.

And, finally, the Janssen/Johnson & Johnson vaccine comes in a minimum quantity of 100 doses and is refrigerator-stable for three months. With just one dose, this vaccine is in high demand and short supply. It's also not authorized for use in individuals under age 18 years.

Pediatricians are amazing at overcoming challenges and we know you can make this work for your families! Tennessee needs you to help vaccinate Tennesseans! Please consider signing up so you can provide vaccinations to those who request it and we'll get one step closer to getting back to the life we love. Thanks for all you do every day to protect Tennessee's kids!



AMA Clarifications to 2021 E/M Coding Guidelines

Janet Sutton, CPC, RHIT
EPSDT and Coding Program Manager

On March 9, 2021, the American Medical Association (AMA) released an errata and technical corrections by the CPT Editorial Panel that included revisions to the Evaluation and Management (E/M) Introductory Guidelines related to Office or Other Outpatient Services Codes 99202-99215. These revisions clarify many questions for providers and coding staff that arose from the original guidelines benefitting providers in capturing the work that is performed during an office-based E/M service. These clarifications were made, in part, due to the advocacy work done by AAP CPT and RUC representatives on behalf of our members. The updates are retroactive to January 1, 2021.

The revisions include many welcomed clarifications. A few of the highlights particularly welcomed include guideline revisions under the data element of medical decision making (MDM) which allow providers to count certain labs and other tests ordered and reviewed toward the MDM and clarifications to the risk element which can both be used in selecting the appropriate code level for an office visit that were not included in the original guidelines. Please use the QR code to view complete details released from the AMA.



Guidelines Common to All E/M Services

Services Reported Separately

- Any point of care lab and other services that do not

include physician work or “interpretation and report” in the code descriptor, including developmental and behavioral screenings or health risk assessments, ordered can be counted under data. Examples include, strep tests, glucose, hemoglobin, flu, etc.

- Only the order **or** review may be counted under data. For example, if you order a urinalysis on the date of service and review the results on a different date of service, you can only count the order at the initial service. The review is included in the order.
- If a test is ordered outside of an E/M service and the patient then has a visit for review of the results, you may count the review at the time of the E/M service you review the results because you have not previously counted the order in an E/M service.

Guidelines for Office or Other Outpatient E/M Services

Number and Complexity of Problems Addressed at the Encounter

- When risk is discussed as part of the presenting problem, it is considered under “problems addressed”. When risk is considered in determining management options, it should be considered under the “risk of complication of morbidity and mortality” category.

Instructions for Selecting a Level of Office or Other Outpatient E/M Services

Medical Decision Making

If after discussion and consideration with the patient/parent a test is not carried out that is not medically necessary, the risk outweighs the benefit, or is declined, you can receive credit for the order as long as the documentation clearly states the discussion of the consideration and the reason for not carrying out the test.

Additional information and resources can also be found at the AAP website

Please contact Janet Sutton at janet.sutton@tnaap.org or 615-447-3264 for questions.

Behavioral Health Services Available for Uninsured Children

Katie Lee, LMSW | Director, Behavioral Health Safety Net and Older Adults, Division of Mental Health Services

Since 2005, the Behavioral Health Safety Net (BHSN) through the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has provided essential outpatient mental health services for uninsured adult Tennesseans. Through a statewide provider network of Community Mental Health Agencies, services like case management, therapy, medication management, and transportation are provided to BHSN enrollees. In addition to lacking behavioral health insurance, adults must have a qualifying mental health diagnosis, a household income of 138% or below, be a Tennessee resident, and a US Citizen/qualified alien status. In FY20, over 39,000 unique Tennesseans received services through the Behavioral Health Safety Net.



In 2020, TDMHSAS received additional funding from Governor Bill Lee and the TN General Assembly to expand the BHSN to uninsured children in September 2020.

The program offers an array of essential mental health services for uninsured Tennessee children age three to 17. Services are available for families of any income.

“The Behavioral Health Safety Net is a foundational program to meet the mental health needs of uninsured Tennesseans, and we are so grateful to Governor Lee and the General Assembly for investing and expanding this program to our children. Uninsured children in any county will have the ability to get services through our community mental health providers, and that is amazing,” said TDMHSAS Commissioner Marie Williams, LCSW.

Services available through the Children’s BHSN include assessment and evaluation, individual therapy, group therapy, family therapy, case management, transportation, family support services, medication management, and pharmacy assistance and coordination. A total of 14 community mental health centers with 136 locations statewide are participating in the program.

The creation of the Children’s BHSN complements the state’s investment in the TDMHSAS School-Based Behavioral Health Liaison program. Gov. Lee and the General Assembly appropriated more than \$3 million in new state funding to expand the program to cover all 95 Tennessee Counties.

To find a Children’s BHSN provider in your area or learn more, visit this link: www.tn.gov/bhsn



Tennessee Chapter

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TNAAP Pediatric Practice Management Conference

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This conference is intended for physicians, practice managers, and other members of the practice team!