



# The Tennessee Pediatrician

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

## Pediatricians Impacting Policy

### Tennessee AAP President's Letter

#### Deanna Bell, MD, FAAP, TNAAP President

The first quarter of 2019 has been busy and productive for your Tennessee Chapter board and staff. We were unsure of what the year might bring with many newly elected legislators in the Tennessee General Assembly. It proved to be an active session with many bills introduced that were relevant to child health and pediatric practice. TNAAP board, staff, and legislative committee members spent hours explaining intricacies of pediatric practice and child health issues to legislators. Specifics are explained in our legislative update.

### Annual Leadership Forum

The American Academy of Pediatrics Annual Leadership Forum was held this year in March. Dr. Anna Morad and Dr. Carlenda Smith represented the Tennessee Chapter this year. The format was changed so that all reference committees discussed proposed resolutions remotely. This allowed more participants to attend discussions and offer opinions than was previously possible when the committees were held in person. This also allowed the leadership to spend in-person meeting time advising AAP board and staff on action plans and details concerning resolutions. The top 10 resolutions this year were as follows:

1. Eliminating Non-medical Exemptions to Vaccinating Children
2. Family Separations at the Border: Safeguarding Children's Health
3. Limitations of Prior Authorization Requirements for Medications
4. Continuity of Medicaid Benefits When Recipients Move
5. Access to Evidence-based Treatment for Children and Adolescents with Neurodevelopmental Disorders Beyond Autism
6. Affordable Insulin Access for All Children with Diabetes
7. Revising the AAP Bright Futures Guidelines on Gun Safety Anticipatory Guidance
8. Drowning Prevention Recommendation Statement and Education
9. Providing Guidance on School Response to E-Cigarette Use by Students
10. Public Education About Intramuscular Vitamin K Administration at Birth



Deanna Bell, MD, FAAP  
TNAAP President

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## EXECUTIVE DIRECTOR

*Ruth E. Allen*

These will help guide the National AAP policy and action over the next year. Your TNAAP leadership will meet with other leaders from District IV in June where there will be more discussion on how to move these topics forward.

## TennCare Quarterly Meeting

TNAAP continues to represent pediatricians and pediatric sub-specialists across the state in our quarterly meetings with each Medicaid payer and in our quarterly meetings with TennCare Bureau and Department of Health leaders. There were several important updates from our latest meeting.

- **The Department of Health** is making changes to several home visiting programs that are currently available for pregnant women and children ages 1-21. The Community Health Access and Navigation Team, or CHANT, will combine three care coordination programs (HUGS, CSS, and TennCare Outreach) into one overarching care coordination program to provide services to children and pregnant women in need. It is anticipated services will be available state-wide by July 2019.
- **The Hepatitis A outbreak** continues to affect Tennessee citizens. There were 1242 cases in Tennessee 2017-2018, up over an average of 13 per year. The Department of Health has immunized over 100,000 people in high risk populations. They ask that pediatricians be on the look-out for affected children < 1 year of age who are too young to be immunized. These children can also be asymptomatic and can transmit active disease to caregivers. Another at-risk pediatric population is the > 13 year age range, who were not routinely immunized as infants.
- **The State Immunization Program** Reports the ProQuad vaccine (Combined MMR and Varicella) will soon be available through VFC.
- **Tennessee HPV** vaccination rates continue to be some of the lowest in the U.S. Interestingly, HPV and Tdap rates are not 1:1. The Tennessee Immunization Program urges providers to immunize for both at the same time.
- In November 2018, a surveillance report from **Drug Overdose Reporting signaled a high frequency of opiate overdoses in children 1-2 years of age.** The Department of Health investigated and found most of these ingestions occurred in the primary caretaker's home, 50% of ingested opiates belonged to the parents of the child, and only 10% were previously stored in a safe location. The most common substance ingested was Suboxone. Researchers encourage providers of children presenting with opiate ingestion to contact the poison control center, obtain a urine drug screen, and consult social work, as these were steps lacking in many evaluations. Children with suspected buprenorphine ingestion should be admitted and monitored a minimum of 23 hours. Not all urine drug screens identify semisynthetic opiates such as buprenorphine, so pediatricians should familiarize themselves with functionality of the assays available at their facilities. Finally, primary prevention is key, so providers caring for children with opiates in the home are urged to discuss safe storage as part of routine anticipatory guidance.
- Federal government officials raided 60 provider practices known to be contributing significantly to the opiate epidemic. Twenty-four of these 60 were located in Tennessee. Guidance on how to help patients of these practices access appropriate mental health services and addiction treatment can be sought at the following:
  - Tennessee REDLINE for referral to addiction treatment services: 800-889-9789
  - Statewide Crisis Line for people experiencing a mental health crisis: 855-CRISIS-1

### Issues with Payers?

Don't forget – TNAAP has a Pediatric Council that meets with payers to discuss various claims payment policies, child health quality indicators and systemic issues impacting pediatricians. If you are having a problem or concern with any of the TennCare plans or Tennessee's BlueCross or United HealthCare commercial plans, please let us know by contacting Janet Sutton via email at [Janet.suotton@tnaap.org](mailto:Janet.suotton@tnaap.org). TNAAP meets quarterly with the payers to bring these issues to the table for you!

As always, TNAAP is here to represent pediatricians and their concerns. We value the expertise and involvement of all our pediatricians and pediatric sub-specialists. Please check to make sure your membership stays current and encourage those in your practice who may not be members to join and to become involved. Please feel free to contact us with comments or questions at [ruth.allen@tnaap.org](mailto:ruth.allen@tnaap.org).

### Chapter Elections

TNAAP elections will take place in November 2019. Open positions include: Vice President, Secretary-Treasurer, and one Fellow At-Large for West and Middle Tennessee.

Interested in serving?  
Email [ruth.allen@Tnaap.org](mailto:ruth.allen@Tnaap.org)

### Dates to have on YOUR Calendar!

September 13, 2019	TNAAP Board Meeting
September 13, 2019	Excellence in Pediatrics Awards Reception
September 14, 2019	Tennessee State Pediatric Conference
October 25- 29, 2019	AAP National Conference (New Orleans)

## Remember TNAAP when making charitable contributions!

TNAAP is making great strides in children's healthcare in Tennessee! From payer and legislative advocacy to ongoing, relevant training, TNAAP is consistently working to improve the physical, mental and social welfare of infants, children and adolescents, as well as the pediatricians who care for them. There has never been a better time to donate!

Ways to give: Annual Gift, Monthly Contributions, Honorariums, & Estate Bequests. Contact us with any questions!

**Donate today! [www.tnaap.org](http://www.tnaap.org)**





# 2019 Legislative Session

**Jim, Schmidt, President, Schmidt Government Solutions LLC**

This has been a busy year at the Tennessee General Assembly. TNAAP has been actively watching hundreds of pieces of legislation that impact the lives of children and families across our state. The General Assembly concluded its business on May 2, 2019. Below is a recap of the major bills we worked on over the legislative session.



*TNAAP had another great Day on the Hill with more than 40 pediatricians from across the state joining us to meet with legislators on March 27!*

**Waiver Soliciting Block Grants**--Legislation that would petition the federal government to create block grant funding for Medicaid passed in the final days of session. The final version of the bill accounts for indexing of inflationary costs as well as potential funding shortfalls caused by state emergencies or disasters. The bill also requires another vote of the General Assembly if CMS ever grants approval to such a proposal. Governor Lee has also indicated that he will pursue block grant funding but vowed to "never negotiate a deal with the federal government that would be bad for Tennessee." TNAAP will be active in communicating about the needs of children and families with the Administration as they develop the request to CMS.

**Criminalization of Pregnant Women**--Throughout the session, TNAAP has worked jointly with many advocacy

groups that were concerned over the possible passage of a law that would criminalize pregnant women who use illegal substances during their pregnancy. With much work, we were able to head off the bill and instead it was amended to address a completely different issue.

**Raw Dairy Products**--There was an inordinate amount of discussion this year relative to raw dairy products and an attempt to provide some restrictions around what has become known as "cowshares." Under current law, there is a personal use exemption that allows small farms to sell shares of a cow then the owners may use the milk for personal use. This is clearly a loophole in the prohibition on sales of raw milk and dairy products. Senator Richard Briggs (R-Knoxville) attempted to pass a regulatory restriction on this to ensure some public health reporting and oversight. Unfortunately, the Senate Commerce committee delayed the measure until next year for further review. There was a bill passed that would allow licensed dairy producers to sell raw butter with a strong warning label.

According to the Department of Agriculture, there is unlikely to be any licensed dairies who wish to sell the product.

**Katie Beckett Waiver**--In the final days of the session, the House and the Senate came to an agreement to fund \$27 million for a potential Katie Beckett waiver program through the TennCare Bureau. The program would allow for additional services and support for families who are caring for chronically and severely ill or disabled children. This was a huge win for families across TN.

**Tobacco and Vaping Restrictions**--A major effort was made to restrict tobacco and vaping access and usage by youth this year. A number of advocacy groups including TNAAP pushed for the purchase age to be raised to 21 for tobacco and vaping products. The bill was held up over an estimated negative fiscal impact of \$7M to the state's budget but the sponsors have indicated they will

continue to press for the bill next year. Legislation to create a penalty for persons who smoke or vape in a car with children present also failed in the Senate Commerce committee. Efforts to allow local governments more authority to regulate tobacco and vaping usage on city-owned property was stalled in the House committee. On the final day of the session, legislation that would allow for local decision making on prohibiting smoking or vaping at city-owned playgrounds ended up getting moved to 2020. Advocates will continue the push next year.



*Tennessee pediatricians from the Chattanooga area meeting with Senator Bo Watson during TNAAP's annual Day on the Hill.*

**Scope of Practice Battles**--A few bills were introduced this year that would affect physician's scope of practice including the Doctor of Medical Science Act and the Graduate Physicians Act (both opposed by TNAAP). The Doctor of Medical Science act would have created a new licensure for physician assistants who meet certain criteria. Despite major advocacy efforts in 2018, this bill did not move during this legislative session. The Graduate Physicians Act which would allow people who graduate from medical school but did not match in a residency to practice as a physician under the supervision of a licensed physician received some discussion in committee this year, but despite the repeated efforts of the sponsor, we were able to stave this bill off for the year.

**Budget Wins**--Governor Bill Lee included a number of key funding priorities in his budget and in his supplemental appropriations amendment. Among the highlights are \$11M in new funding for the graduate medical education program; funding for 65 new positions for the TEIS program in the Department of Education; restoration of \$2M to the Department of

Health for tobacco cessation programs and outreach; and additional grant funding for the TN Suicide Prevention Network. The final budget also included \$27M of funding for the Katie Beckett waiver and \$24M to start eliminating the professional privilege tax. Unfortunately, physicians and several other higher income professions are still included but there will be efforts to remove their tax next year.

## Meet TNAAP Lobbyists



TNAAP Is excited to be working with Jim Schmidt and Melanie Bull of Schmidt Government Solutions. Their team of Tennessee natives has over 35 years of combined experience working with state government and know the ins and outs of maneuvering through the legislature and departments alike.

Schmidt began his career in state government during his college years as an intern of the staff of State Senator Jim Kyle in 1995. Since then he has worked with other firms including Baker, Donelson, Bearman, Caldwell & Berkowitz where he was a Senior Public Policy Advisor. He continued to expand and build their state public policy practice in Tennessee throughout his tenure. In September 2011 he left to start his own firm. He is very active in the Nashville community and has served on several community and non profit boards.

Bull is a seasoned policy professional with almost a decade of experience working with Tennessee State Government. She has served in a variety of positions starting with a legislative internship at the Tennessee General Assembly and immediately prior to becoming Associate at Schmidt Government Solutions, Melanie was the Public Policy Director at the Tennessee Disability Coalition.

**Make plans to join us next  
year on the hill!**  
**[tnaap.org/advocacy](http://tnaap.org/advocacy)**

# TENNESSEE STATE PEDIATRIC CONFERENCE

## September 14, 2019 • Cool Springs Marriott, Franklin, TN

### CONFERENCE PROGRAM

7:30-8:00 a.m.	<b>BREAKFAST</b>
8:00-8:15 a.m.	Activity Medical Director Welcome <i>Gail Beeman, MD, FAAP</i> <i>Immediate Past President, TNAAP</i>
8:20-9:05 a.m.	Newborn Myths <i>Bryan L. Burke Jr., MD</i> <i>Department of Pediatrics University of Arkansas for Medical Sciences and Arkansas Children's Hospital</i>
9:10 - 9:55 a.m.	Update on Molecular Diagnostics for Infectious Diseases in Children <i>Ritu Banerjee, MD, PhD, FAAP</i> <i>Pediatric Infectious Diseases, Vanderbilt University Medical Center</i>
9:55 - 10:25 a.m.	<b>MORNING BREAK/ EXHIBITOR SESSION</b>
10:25 - 11:10 a.m.	Hypertension in the Clinic . . . Little Help, Please <i>Noel DeLos Santos, MD</i> <i>Pediatric Nephrologist, UTHSC, Memphis</i>
11:15 a.m - 12:00 p.m.	What Do Your Patients Expect You to Know About Vitamin D? <i>Amit Lahoti, MD, FAAP</i> <i>Assistant Professor, Pediatric Endocrinology, Le Bonheur Children's Hospital</i>
12:00 - 1:30 p.m. -	<b>LUNCH, TNAAP Annual Meeting and Quiz Bowl</b>
1:30 - 2:15 p.m.	State Health Round Table <i>Facilitator: Michelle D. Fiscus, MD, FAAP</i> <i>Medical Director, Tennessee Immunization Program</i>

2:20 -2:50 p.m. **AFTERNOON BREAK/ EXHIBITOR SESSION**

2:55 - 4:00 p.m. **Workshop Session 1**

4:00 - 5:05 p.m. **Workshop Session 2**

**AFTERNOON WORKSHOP TOPICS** - Participants choose two of the three choices below when registering

**Option 1 - Kids and Screen Time: What Do We Do Now?**

*David Hill, MD, FAAP*

*Adjunct Assistant Professor of Pediatrics, UNC School of Medicine*

**Option 2 - Sleep Matters: Helping Children (and Families) Get a Good Night's Sleep**

*Beth Malow, MD, MS*

*Director, Vanderbilt Sleep Division*

**Option 3 - Approach to School Concerns in Medical Office**

*Paul Bernard Dressler, MD, MPH*

*Developmental-Behavioral Pediatrician, Assistant Professor of Clinical Pediatrics, Division of Developmental Medicine, Vanderbilt University Medical Center*

**Find more information and register online at:**

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

**Register by August 20 for the discounted rate!**

AMA Credit Designation: The University of Tennessee College of Medicine (UTCOM) designates this live activity for a maximum of 6.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing Education for Non-Physicians: The UTCOM will issue Certificates of Participation to non-physicians for participating in this activity and designates it for a maximum of .575 CEUs using the national standard that 1 hour of educational instruction is awarded .1 CEU.

Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the UTCOM and the Tennessee chapter of the American Academy of Pediatrics. The UTCOM is accredited by the ACCME to provide continuing medical education for physicians.

ABP MOC Points: Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 6 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.



**THE UNIVERSITY OF  
TENNESSEE**  
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**OFFICE OF CONTINUING  
MEDICAL EDUCATION  
CHATTANOOGA**





# TNAAP Sponsors Residents to Attend AAP Legislative Conference

## TNAAP Executive Director Report

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

As part of TNAAP's commitment to legislative advocacy and resident engagement, the Chapter sponsors two residents to attend the AAP Legislative Conference each year. This year Dr. Elizabeth Oddo (Memphis) and Dr. Kathleen Doherty (Nashville) attended the April conference in Washington, D.C. Each has shared a little about their experiences below. (Read their full stories at [www.tnaap.org/resources/blog](http://www.tnaap.org/resources/blog).) You can help TNAAP continue to offer these valuable opportunities by making a contribution to the chapter today!

*I attended a variety of sessions on child health policy issues including vaccinations and prioritizing children in the opioid epidemic. I got advice from fellow pediatricians on making time for advocacy in my career and learned about some of the challenges of advocating in the federal government. One of the highlights of the conference was hearing Dr. Marsha Griffin speak about the work she is doing on the border caring for immigrant children.*

*On the final day of the conference, the AAP arranged meetings for us in the offices of Tennessee Congressional Representatives to discuss gun violence. I joined 6 other pediatricians from Tennessee in meetings with the offices of Senator Lamar Alexander, Senator Marsha Blackburn and Representative Jim Cooper. In each meeting, we began the conversation by sharing several personal stories in order to frame gun violence as a public health crisis. We emphasized how we deal with the effects of gun violence regularly in the hospital, both in treating victims of gunshot wounds and in discussing gun safety with families.*

*--Katie Doherty, MD (Second Year Resident at Vanderbilt University)*

*The 2019 AAP National Legislative Conference was a very educational and rewarding experience for me. The first day involved workshops with discussion on important topics in pediatrics and politics today, such as vaccination and the opioid epidemic. We then learned skills that would improve our advocacy efforts, including how to tell our advocacy story and advocacy for subspecialists. The next day we focused more on the main issue for the conference – gun violence prevention. We learned about the impact that this issue has had on our patients across the U.S., and worked together with other providers from Tennessee to formulate our message to our legislators. Finally, we attended a meet-and-greet with Senators Alexander and Blackburn, and then spoke with aides from their offices about gun violence prevention. I was also able to meet one-on-one with the aide from Representative Cohen's office about how this issue has affected the Memphis area in particular. In all, I learned a great deal about advocacy topics important to pediatrics and about the legislative process in general. It was great to be a part of a group of highly motivated pediatricians with the common goal of speaking up for our patients who can't speak for themselves. I truly enjoyed the experience and hope to attend again next year!*

*--Elizabeth Oddo, MD (Second Year Resident at The University of Tennessee Health Science Center, Memphis)*

Pictured right: TNAAP sponsor recipients with fellow Tennessee pediatricians meeting Tennessee legislators and their staff during the 2019 AAP Legislative Conference.





# Heeeeere's.....Measles

**Michelle Fiscus, MD, FAAP**

**Medical Director Tennessee Immunization Program**

It was only a matter of time before we were going to identify Tennessee's first case of measles. The US has seen more cases in the first four months of 2019 than it has in any year since 1994. The highly infectious nature of measles results in an exponential rise in case counts as each infectious individual is capable of infecting 12-18 other susceptible individuals through a single exposure. At the current rate, the US will likely surpass the 1994 count of 963 cases by late May.

Tennessee's first case of this outbreak exposed hundreds of people across Mississippi, Alabama, and Tennessee, resulting in tremendous use of public health resources to identify, contact, educate, quarantine, monitor and advise contacts, hospitals, public health staff, and the media. Anyone who says "measles is no big deal" hasn't spent a day in the shoes of someone chasing down hundreds of potential exposures.

## **As pediatricians, there are several ways we can help to contain this outbreak:**

1. **VACCINATE:** First MMR at 12 months, 2nd dose as soon as 28 days later.
2. **EDUCATE:** Keep talking about the science. Put it on social media. Share TN Department of Health, AAP, and CDC social media messages. Put messages on the walls of your office. It's exhausting and

frustrating but you never know when the 1,000th time you say "Vaccinate your kids" might be the time it sticks.

3. **DON'T PANIC!!!** Kids got rashes that weren't measles before we had a case of measles. They still get rashes that aren't measles. A well-appearing kid with a rash probably doesn't have measles. Most kids (statistically about 19 out of 20) don't need to be hospitalized. Don't lose your head just because someone you're evaluating might have measles. Put a mask on them and isolate them in a room with a closed door while you figure it out.

## **Here's what you need to know:**

1. One dose of MMR is 93% effective at preventing measles. Two doses are 97% effective. It's one of the best vaccines we have! Measles in someone who is fully vaccinated is not impossible, but it IS rare.
2. If you see someone with a fever and a cough, put a mask on them NOW, get them to a room with a closed door (or into negative pressure if that's an option) and ask questions later.
3. Classically, the clinical course is this: malaise, fever, cough, coryza, and conjunctivitis for approximately 4 days BEFORE onset of a rash that starts on the face

and then generalizes downward and out to the extremities. The fever typically gets WORSE with the rash. A healthy looking child with a rash probably doesn't have measles. An afebrile child with a rash probably doesn't have measles. A child with a rash that started on the trunk probably doesn't have measles. If you've never seen measles before, I liken



## **CONSIDER MEASLES**

in patients presenting with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis)



**Ask patients about recent travel** internationally or to domestic venues frequented by international travelers, as well as a history of measles in the community.

[www.cdc.gov/measles/faq/index.html](http://www.cdc.gov/measles/faq/index.html)



it to being pregnant and thinking you're in labor—you'll wonder a hundred times if what you're feeling is labor. When you finally actually go into labor, you say "OHHHHHHH!!! THAT'S labor"! Same for measles—you look at people for years and think "maybe that's measles..." Then you SEE measles and say "OHHHHHHH!!!! THAT'S measles"!!! These kids are sick. (I realize that analogy was completely unhelpful for people who have not experienced childbirth. Apologies.)

4. If you have a child who you really think has measles, grab a throat swab (synthetic swab, not cotton), put it in viral transport medium, and call Tennessee Department of Health (we're available 24/7). If the child is stable, send them home to be isolated and tell them to CALL BEFORE seeking medical care. If the child is sick enough to be hospitalized, there are things to consider:

A. Call the receiving hospital IN ADVANCE and work out how the child will enter the hospital and immediately be moved to isolation. Tracking down possible hospital exposures because proper precautions weren't taken is a public health nightmare and puts lives at risk.

B. If the child must be transported by ambulance, notify EMS that they will be transporting a patient who may have infectious measles. The ambulance may need to be decommissioned for two hours after the patient leaves the vehicle. That can be a problem for a small county EMS service.

C. If the child must be transported by ambulance, notify EMS that they will be transporting a patient who may have infectious measles. The ambulance may need to be decommissioned for two hours after the patient leaves the vehicle. That can be a problem for a small county EMS service.

C. Only hospital staff with proof of vaccination (2 doses of MMR) or immunity (rubeola IgG) may care for the child. You'd be surprised to know how many hospital staff are inadequately immunized.

#### **For those working in healthcare:**

1. Proof of immunity consists of the following (NO EXCEPTIONS):
  - a. Written documentation of a positive rubeola IgG OR
  - b. Written documentation of TWO doses of MMR vaccine given AFTER 1967 AND AFTER the first birthday AND spaced at least 28 days apart
2. Failure to demonstrate immunity as above will result in a work furlough if exposed to measles

3. If exposed and without proof of immunity, give MMR vaccine within 72h or immune globulin within 6 days if vaccine is contraindicated and patient is at high risk (pregnant, immune compromised)

#### **For non-healthcare workers:**

1. Proof of immunity consists of the following:
  - a. Birth prior to 1957
  - b. Written documentation of a positive rubeola IgG
  - c. Written documentation of ONE dose of MMR vaccine given AFTER 1967 AND AFTER the first birthday (two doses is preferred but one is still 93% effective)
2. If exposed and without proof of immunity, give MMR vaccine within 72h or immune globulin within 6 days if vaccine is contraindicated and patient is at high risk (pregnant, immune compromised, under 12 months of age)

#### **Lastly, the answer to the "Do I need a booster?" question:**

The answer is "NO!" if:

1. Born before 1957 (except healthcare workers) OR
2. Have documentation of at least one dose (two doses if in healthcare) of MMR vaccine AFTER 1967 AND AFTER the first birthday (two doses must be spaced at least 28 days apart) OR
3. Have written documentation of a positive rubeola IgG (DO NOT CHECK A TITER ON SOMEONE WITH TWO APPROPRIATE DOSES OF MMR VACCINE! THE TITER MAY BE NEGATIVE BUT THE PERSON IS STILL CONSIDERED TO BE IMMUNE)

The answer is "YES!" if:

1. Born after 1956 AND
2. No documentation of at least one dose (two doses if in healthcare) of MMR vaccine AFTER 1967 AND AFTER the first birthday (two doses must be spaced at least 28 days apart) AND
3. No written documentation of a positive rubeola IgG

Questions? More information is available in the resources below.

<https://www.tn.gov/health/cedep/tennessee-measles.html>

<https://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html>

<https://www.cdc.gov/measles>



**Janet Sutton, CPC, RHIT, TNAAP EPSDT Program Manager**

For the second consecutive year, we have seen an increase in EPSDT screening rates! The 2018 overall screening rate for Tennessee was 77 percent. The State has been working with TNAAP, the TennCare MCOs and the provider community over the last few years on strategies to increase rates, including targeted outreach to underperforming areas of the state, training collaborations, special events and other concerted efforts. The goal of 80 percent beneficiary participation in EPSDT has been established for each state. And while we are thrilled to see that the state's combined efforts have moved the needle even closer to that goal, we still have work to do.

States are required to report annually to CMS certain data about their delivery of services under the EPSDT benefit. The CMS-416 report calculates how many children were eligible for EPSDT services vs how many screenings were provided. The data is collected through claims, so it is important that we report EPSDT services correctly on claims by coding accurately so that all EPSDT services performed are captured and reported to CMS.

The map below illustrates the average compliance rates for EPSDT screenings in Tennessee by county. Many counties in west Tennessee and other rural counties are still falling behind the rest of the state.

The next graph below illustrates the average compliance rates for EPSDT screenings by age group in Tennessee year over year from 2015-2018. We are doing a fantastic job with members through age 5. As you might expect, the rates begin to drop at age 6 and continue to plummet from adolescence through age 20. While rates have still improved in these age groups over the last couple of years, again, there is much work to be done to reach this population. (see chart to right)

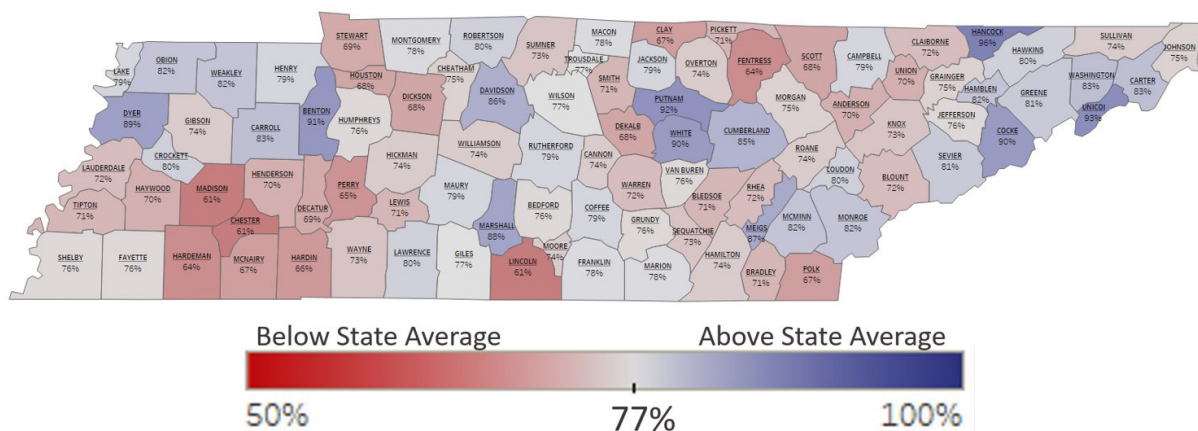
TNAAP continues to work with the provider community, TennCare and the MCOs to collaborate on outreach activities and strategies to improve EPSDT rates across the state.

TNAAP's PHiiT<sup>®</sup> (Pediatric Health Improvement Initiative in Tennessee) Well Care Project can assist pediatric and family practices in improving annual, well care visit completion rates. These rates will increase through the implementation and sustainment of several process changes.

The evidence-based process changes include:

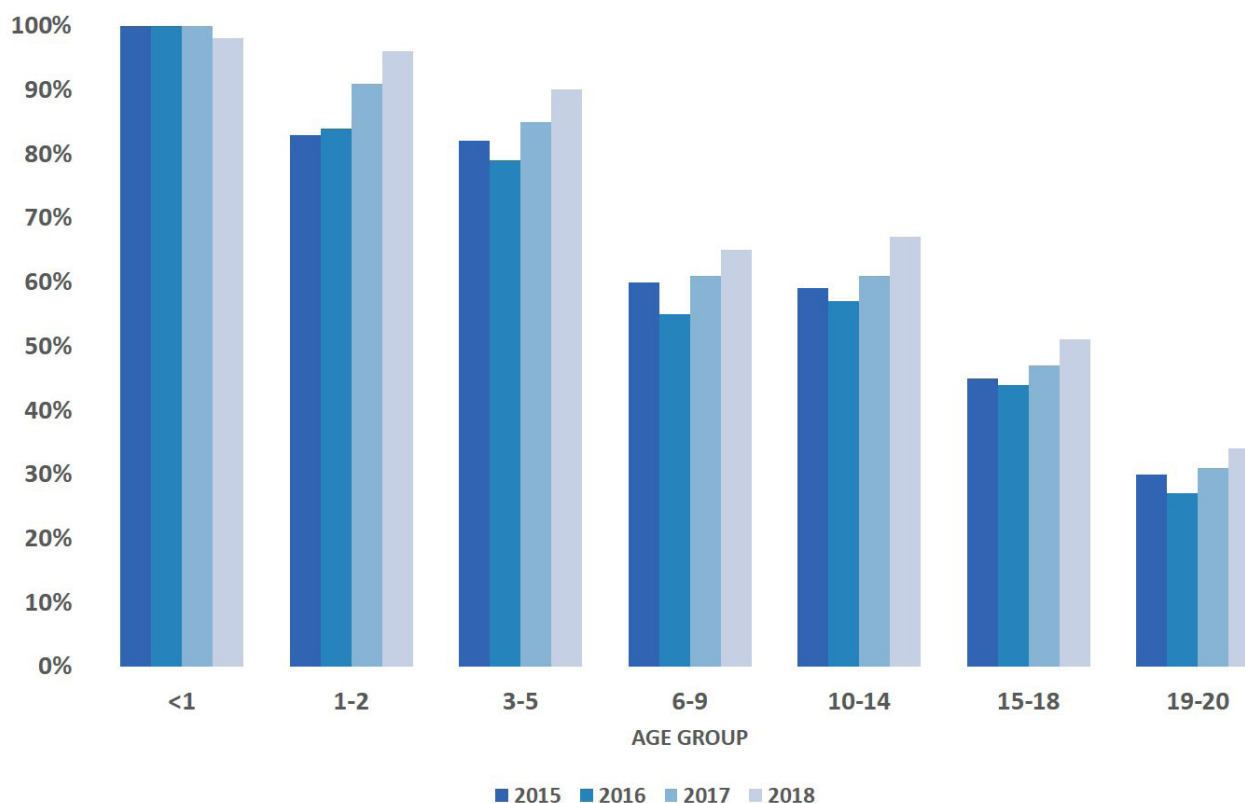
- Process mapping of patient work flow for acute and well visits
- Using practice billing data to identify active patients not completing annual well care

## Tennessee Counties EPSDT Rates FFY18





## 2015-2017 Screening Rates by Age Group



- Create a monthly recall system
- Assess the well child visit completion status at each acute visit
- Scheduling next well care at each visit
- Perform well care elements at acute visits
- Other process developed by practice leadership
- Annual learning collaborative session

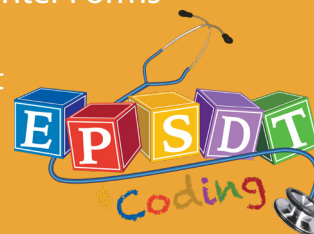
For more information on the PHiIT Well Care Project, please contact Becky Brumley at [becky.brumley@tnaap.org](mailto:becky.brumley@tnaap.org).

TN AAP provides free comprehensive EPSDT training, including documentation and coding instruction. The Bright Futures/AAP Recommendations for Preventive Services Webinar and other various EPSDT resources are available on our website at [www.tnaap.org](http://www.tnaap.org). Please contact Janet Sutton for more information or to schedule a training at [janet.sutton@tnaap.org](mailto:janet.sutton@tnaap.org).

Check out the TNAAP website for these EPSDT resources:

- AAP/Bright Futures Recommendations for Preventive Service Webinar
- Periodicity Schedule
- TNAAP EPSDT Coding Guide
- Well Child Encounter Forms

Still need help? Contact Janet Sutton ([janet.sutton@tnaap.org](mailto:janet.sutton@tnaap.org)) to schedule an office training!



# ARMED & DANGEROUS



**FLU**



**HPV**



**MEASLES**



**PERTUSSIS**



**MUMPS**

**Calling all doctors!** Ensure Tennessee families have up-to-date vaccination histories! Record all immunizations in the Tennessee Immunization Information System at the website below.





# TNAAP's START Program Celebrates 15 years and Continues to Evolve

**Susan Rollyson, M.Ed, Program Manager**

TNAAP's Screening Tools and Referral Trainings (START) program, helps pediatric providers learn skills and strategies to implement routine developmental screening using standardized screening tools and facilitate appropriate referrals. As we celebrates it's 15th year, the program is one year in to a five-year grant period from the Tennessee Department of Education and Tennessee Early Intervention System (TEIS). As of May 31, we have completed 28 trainings, exceeding the required 26 trainings for the year and already have trainings scheduled for the upcoming grant year. Over 968 providers throughout Tennessee have been trained this year alone.

This will also be a year of changes for the START program. The creator and developer of our START program, Dr. Humberd, will officially be retiring as the Medical Director of the program in June. We are grateful for his leadership, expertise, and passion for training thousands of providers throughout Tennessee and improving services available for children.



**SCREENING TOOLS AND REFERRAL TRAINING**

We are pleased to announce our new leadership for the program as part of the transition process. Dr. Toni Whitaker, Professor of Pediatrics and Division Chief of Developmental Pediatrics at UTHSC, will serve as the START Medical Director. Dr. Whitaker also serves as the CDC's Ambassador to TN for the Learn the Signs. Act Early program that provides education on developmental monitoring and screening. Dr. Jason Yaun, Assistant Professor of Pediatrics at UTHSC and Division Chief of Outpatient Pediatrics at UTHSC, as well as a long-time START trainer, will serve as the START Training Director. Drs. Humberd, Whitaker, and Yaun have worked for the past 6 months in conjunction with Susan Rollyson, START Program Manager, to update the presentation and materials for the training.

We are currently looking for new START trainers. If you are interested, please contact Susan Rollyson for more information at [susan.rollyson@tnaap.org](mailto:susan.rollyson@tnaap.org).

## **We will miss you Dr. Humberd!**

Dr. Humberd has been active in the Chapter for years and has been a fierce advocate for children. In addition to serving as Medical Director for START for 15 years, Dr. Humberd served as President of both TNAAP and the Tennessee Pediatric Society Foundation. He has presented and published on autism in young children in numerous venues across the country and has co-authored a statewide autism screening and diagnosis model (STAT-MD) training adopted by pediatric providers and organizations in Tennessee, Oklahoma, Arizona, South Carolina and Puerto Rico. He maintains a clinical faculty appointment as Associate Clinical Professor in Pediatrics, Vanderbilt University School of Medicine.



Toni Whitaker, MD, FAAP



Jason Yaun, MD, FAAP



Quentin Humberd, MD, FAAP

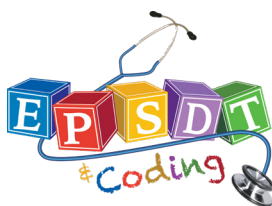
# TNAAP's Quality Improvement Movement

**Becky Brumley, RDH, MPH, PCMH CCE, Program Director/Quality Coach**

TNAAP's Pediatric Health Improvement Initiative in Tennessee (PHiIT) program is the quality improvement arm of TNAAP. Each of TNAAP's educational programs now offer QI projects with MOC part IV credit. Becky Brumley, TNAAP Program Director and Quality Coach, is coordinating each of these new QI projects. Information on each of these projects is listed below.

## The EPSDT and Coding Program QI Project

The QI project will assist ambulatory pediatric and primary care providers in improving annual, well care visit completion rates. These rates will increase through the



implementation and sustainment of process changes around patient recall, scheduling, and identifying opportunities for well exams at acute visits.

## START (Screening Tools And Referral Training Program QI Project

**start**

SCREENING TOOLS AND REFERRAL TRAINING

The QI project assists healthcare providers to increase screening for the identified developmental and behavioral health

concerns (developmental, ADD/ADHD, Autism, Depression or Substance Abuse) by 10% over at least a 6 month period using a validated tool. It allows practices to compare the percentage of patients screened using chosen tools as well as also reviewing well care screening rates for associated ages. Practices use quality

improvement science to implement process changes and effective communication tools for the practice to visualize performance, value the process improvement work and better serve patients.

## Behavioral Healthcare in Pediatrics (BeHiP) Program QI Project



The QI project assists healthcare providers implement process changes to incorporate validated screening tools for depression and substance for children ages

11-21. Practices compare screening rates using chosen tools to the overall patient population for that age group seen during the select time frame. Practices also have the opportunity to compare screening rates to the percentage of 11-21 year-olds that received a well visit within the past 12 months.



**Becky Brumley, RDH, MPH, PCMH, CCE**  
**Program Director and Quality Coach.**  
**[becky.brumley@tnaap.org](mailto:becky.brumley@tnaap.org)**  
**615.417.7638**

Contact Becky with questions about the above QI projects or any of the other PHiIT QI projects.

## TNAAP's Pediatric Health Improvement Initiative (PHiIT) featured in the American Board of Pediatrics (ABP) Annual Report!

TNAAP and Sewanee Pediatrics were featured in an article entitled "Reaching out to Rural Practices in Tennessee" in the ABP annual report released in February. The article highlights our Quality Improvement work and projects available to Tennessee Pediatricians. It was particularly of interest as unlike many other portfolio sponsors who work primarily in hospitals and urban areas, TNAAP's Quality Improvement projects are available for all pediatricians across the state. Read the entire article here: [www.abp.org/news/reaching-out-rural-practices-tennessee](http://www.abp.org/news/reaching-out-rural-practices-tennessee)

Right: Dr. Amy Evans, Sewanee Pediatrics.





# Behavioral Health in Pediatrics (BeHiP) Helps Pediatricians Solve Problems

**Michelle Fiscus, MD, FAAP, BeHiP Medical Director**

Some of you may know BeHiP for its regional CME events, in-office trainings, and online behavioral health resources, but did you know pediatricians meet virtually every month to solve complex patient behavioral health problems? Since February 2017 the BeHiP Virtual Learning Collaborative has met monthly to engage in case-based learning and discussions around navigating regional behavioral health systems, appropriate medication use, working with the Department of Children's Services and the regional Centers of Excellence for children in State's custody, and payor issues. What began as a small pilot in the northeastern part of the state has steadily grown into a collaborative that now includes the Knox/East region and will soon expand to include the Chattanooga-Hamilton County area.



Over the past two years, pediatricians, psychologists and psychiatrists, regional behavioral health partners, representatives of regional DCS offices, representatives from BlueCare and others have met to troubleshoot everything from how to advocate for patients to how to best approach taking children off of multiple medications. This work has resulted in increased access to services, improved relationships with regional behavioral health providers, and access to the ever-elusive medical charts of children in DCS custody. In one county, we've even been able to partner with TennCare and DCS to refer children new to DCS directly to a pediatrician instead of requiring an intake EPSDT at the local health department, saving needless duplication of efforts and ensuring these at-risk children are linked to a medical home that can serve their physical and behavioral needs right from the start.

Intrigued? Join us! If you are a pediatrician in the northeastern or eastern area of Tennessee, come join the BeHiP Learning Collaborative! Meetings are held on the first Thursday of every month from 11:45-1pm EST. Contact [elaine.riley@tnaap.org](mailto:elaine.riley@tnaap.org) or visit [www.tnaap.org/behip](http://www.tnaap.org/behip) for more information.



*Above: Dr. Tom Mitoraj, Youth Care Pediatrics, awards ceremony 2/20/19, celebrating 12 months of participation in the foster care learning collaborative.*

*Right: Dr. Todd Aiken, Robin Cruise BCBS, Dr. Deb Gatlin BCBS, Vickie Hood BCBS, & Dr. Timothy Fuller during a celebration recognizing Green Mountain Pediatrics for ongoing participation in the BeHiP Foster Care Learning Collaborative. This February marked 2 years of active participation in the program..*



**Elaine Riley, MA**  
**Program Manager**  
**[elaine.riley@tnaap.org](mailto:elaine.riley@tnaap.org)**  
**615.653.6276**

Contact Elaine with questions about the above Foster Care Learning Collaborative or the BeHiP in-office or online training modules.

American Academy of Pediatrics

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Tennessee Chapter

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# Tennessee State Pediatric Conference September 14, 2019

Franklin Marriott Cool Springs • Franklin, TN

[www.tnaap.org/tspc](http://www.tnaap.org/tspc)

**REGISTER NOW! MORE INFORMATION ON PAGE 6.**