

Ohio AAP elects new officers

William Cotton, MD Columbus - President

William Cotton, MD, is medical director of the Primary Care Network at Columbus Children's Hospital. He has served as president-elect of the Ohio Chapter for the last two years. He has also served as treasurer and has been a member of the Ohio Pediatrics Emergency Medicine Committee since 1988, and has been chair since 1996.

During his presidency, Dr. Cotton would like to tap the experience of senior members by forming an Ohio AAP Seniors Committee. He will also focus on issues dealing with pediatric disaster preparedness; pediatric mental health; and obesity.

Terry Barber, MD Westerville - President-Elect

Terry Barber, MD, is a Clinical Assistant Professor of Pediatrics at the OSU College of Medicine and Public Health and Attending Physician at Columbus Children's Hospital Urgent Care Center in Westerville. He has been a member of the Board of Directors for six years, first as a Delegate-at-Large and most recently as treasurer. He serves as chair of the Child Health Finance Committee and is a member of the Legislative/Public Affairs Committee. Dr. Barber helped organize the new Pediatric Care Council.

Gerald Tiberio, MD Zanesville - Treasurer

Gerald Tiberio, MD, is a general pediatrician in an office with five colleagues and three nurse practitioners. Since 1992, he has been medical director of an indigent clinic in Zanesville. He serves as national chair of the District CATCH facilitators. He recently completed a term as District V CATCH facilitator. He is a board member and treasurer of the Ohio AAP Foundation.

Jill A. Fitch, MD Columbus - Nominating Committee

Jill A. Fitch, MD, is a Clinical Associate Professor of Pediatrics at Columbus Children's Hospital and The Ohio State University. She is the director of the Pediatric Critical Care Medicine Fellowship Program and the director of the Pediatric Analgesia and Sedation Service. She is the current president of the Central Ohio Pediatric Society and has been an active member since 1999.

Judith Romano, MD Martins Ferry - Delegate-at-Large

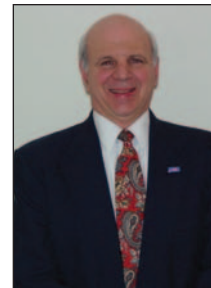
Judith Romano, MD, is in private practice in Martins Ferry. She has served the Ohio Chapter as Delegate-at-Large for the past two years. She is chair of the Commit-



William Cotton, MD



Terry Barber, MD



Gerald Tiberio, MD



Jill Fitch, MD



Judith Romano, MD



James Duffee, MD

tee on Early Education and Child Care. Nationally, she has served on the Committee on Early Childhood Adoption and Dependent Care during which time she was lead author on two policy statements. She also sits on the Steering Committee for the Early Edu-

Legislative Update

Ohio General Assembly wraps up priorities before summer recess

Preparing for intense political activity in the next few months, the Ohio General Assembly had a busy spring session to wrap up priorities before summer recess. Ohio AAP has been active on a number of important legislative fronts to protect the health of children.

PREVNAR FUNDING COMMITMENT INCLUDED IN STATE'S TOBACCO BILL

SB 321, the state's \$763 million budget bill to appropriate Ohio's proceeds from the tobacco companies' master settlement agreement, included an important funding commitment to provide vaccines for children. The bill includes an appropriation of \$4.7 million each year of the biennium to purchase vaccines that will protect infants and toddlers from certain pneumococcal bacteria that can cause life-threatening meningitis and blood infections (Prevnar). Upon enactment, the agency will distribute these vaccines to local health departments to immunize about 23,000 low-income children of working families. This additional funding is important as the Ohio Department of Health struggles to prioritize the state's many immunization needs.

The bill also included a \$500,000 per year appropriation for the Department of Health for a lead screening pilot program for children. The program is ex-

pected to provide 16,500 children with lead screenings through testing at WIC clinics in high-risk areas.

SB 321 passed the Senate and House in May and is expected to be signed by Gov. Bob Taft and enacted early this summer.

HB 117/SB 98 – UNREGULATED ALTERNATIVE MEDICINE

Despite recent efforts by the medical community in Ohio to oppose HB 117, this legislation sponsored by Rep. Linda Reidelbach (R-Worthington) to allow for the unregulated practice of alternative or complementary medicine continues to gain momentum. The sponsor prepared a new version of the bill that requires alternative practitioners to register their practice with the Department of Commerce. Ohio AAP, as well as all other licensed health-care providers, actively opposed the bill on the basis that medical professionals should be licensed with a regulatory board that establishes education and training requirements and professional guidelines.

The Ohio House is expected to continue discussion on this bill over the summer and fall months. Ohio AAP members are encouraged to call their legislators to ask them to oppose the bill.

BCMh FUNDING COMMITTEE

The BCMh Committee, created last year in the budget, continues to meet to discuss recommendations to improve the current BCMh program and to focus on identifying alternative funding for BCMh. The committee has been meeting since the fall of 2005 and will continue to meet through the summer months to finalize recommendations. Ohio AAP is advocating for important "best

See **Legislation...** on page 11



A Publication of the Ohio Chapter, American Academy of Pediatrics

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President's Message

It's time to talk politics

I grew up in a large extended family which has developed diverse political viewpoints over the years. At family gatherings, it has become taboo to talk politics because heated "discussions" often ensue.



John Duby, MD

However, I think it is time to break that taboo and engage in lively discussion regarding the upcoming elections, especially for Ohio governor. I would encourage you to become familiar with the platforms of the candidates, formulate an opinion, and share your perspective with colleagues, friends, and even the families that you serve.

I have been fortunate to represent the Ohio Chapter on two statewide planning groups during the past year.

The State Board of Education School Readiness Solutions Group is completing recommendations for a comprehensive early learning system for the State of Ohio. The group is looking at this issue in a broad context, emphasizing the importance of access to a medical home that promotes the overall health and well-being of the child and family as an essential component of a school readiness initiative. Other areas of emphasis include assuring that all children have access to high quality child care and that high qual-

ity preschool services and full day kindergarten be available to all families who wish to participate.

The Ohio Department of Mental Health Child and Adolescent Psychiatric Services Action Task Force has been charged with identifying opportunities to improve access to child and adolescent psychiatric services in Ohio. The group has recognized that development of collaborative practice models that are integrated into the primary care Medical Home are a potential part of the solution. Supporting families by emphasizing primary prevention, early screening and identification, and coordinated use of evidence-based practices, are emerging as critical components of a behavioral health system.

Both of these groups have

broad representation from important stakeholders across the state. Both are completing their work early this summer, with the hopes that their recommendations will influence the policy debate in the November elections.

When considering who you will support in the upcoming election, consider the issues important to Ohio's children and to Ohio's pediatricians.

I believe we are approaching a tipping point. There is substantial energy on many fronts coming together to address common themes. All of Ohio's children deserve access to high quality health-care services in a Medical Home. All of Ohio's children deserve to have the opportunity to enter school with the physical,

See **President...** on page 18

Before you vote, check out these Web sites

School Readiness Solutions Group

<http://www.schoolreadiness.ohio.gov>

Ohio Department of Mental Health

<http://www.mh.state.oh.us>

Ken Blackwell

<http://www.kenblackwell.com>

Ted Strickland

<http://www.tedstrickland.com>

Center for Community Solutions

http://www.communitysolutions.com/projects/displayResource.asp?project_id=1&project_category_id=&resource_id=60

Voices for Children of Greater Cleveland

<http://www.voicesforclevelandschildren.org/cms/site/841df35d572b686e/index.html>

President's Perspective

Goals for presidency include disaster

The Ohio AAP May Forum in Cincinnati was well attended and generated some great ideas. During the weekend the Executive Board met and I presented my goals for the upcoming years of my presidency of the Ohio Chapter.



William Cotton, MD

One area that I would like to focus on is the formation of a state Seniors Committee. National AAP has a Seniors Committee and I think that our state could support a Seniors Committee too. The senior members have a lot of experience to share and we encourage them to work with the Ohio Chapter on this committee. Some of the areas that the Seniors Committee could focus on would be:

- Preparing for retirement (both for themselves and guiding younger members into retirement)
- Child advocacy with a special focus on partnering with other senior organizations such as AARP.
- Supporting senior members in their practice especially looking at options of practice transition as you get older.

I am really looking forward to seeing this project develop.

Another area that I would like to focus on is pediatric disaster preparedness. National AAP has chosen this topic as an area of

focus for the next several years, and I would like to see our chapter do the same. The effects of Katrina on the pediatric population was mind boggling, and showed that as pediatricians, families, and communities, we really aren't ready in the event of a disaster. I would like our chapter to take a role in becoming better prepared for disasters, as well as being advocates for helping communities become better prepared to care for children and their families in the event of a disaster.

I certainly want our chapter to continue the great work that it has started in the area of pediatric mental health. Starting with the multidisciplinary conference that we hosted in February 2005 we have made some great progress. I want this momentum to continue with further support and development of pediatric mental health projects that will support our patients and support us as providers of mental health care.

It is also time for our chapter to proceed on dealing with the obesity challenge. The lifestyles committee has a great start looking at the problem. It is now time to stop talking about obesity and start doing something about it. Our membership will be able to implement some good plans to beat back the tide of obesity.

I would also like to further develop and refine our approach to legislative and media interac-

tions. During our last Executive Board meeting we reviewed how we currently respond to legislative and media challenges. After some discussion we felt that we could better address this with the development of a member database that would link our members with their state representatives. This would allow the chapter to activate members to interact with their key legislators. The database concept could also link members with topics that they would be willing to discuss with the media. This would allow the chapter to refer requests for information to an informed member who could give a timely response.

As I start my chapter presidency I am looking forward to working with all of you. I am interested in what you would like to see the chapter do in the next few years. Please feel free to contact me with your ideas and with any questions that you might have. You can e-mail me at: cottonw@pediatrics.ohio-state.edu ■

– William Cotton, MD
President, Ohio Chapter

New officers...from page 1

cation and Child Care Special Interest Group which has been granted provisional section status by the national AAP. This past year she planned and presented the first national AAP-sponsored conference on early education and child care.

James Duffee, MD
Yellow Springs –
Delegate-at-Large

James Duffee, MD, is the founder and medical director of the Rocking Horse Center, an innovative not-for-profit health-care organization in Springfield. He was in private practice until 1999 when he led the Springfield

community to develop a pediatric health-care center based on the medical home philosophy for predominately low-income children. He has served as a Delegate-at-Large for the past two years and chaired the Committee on the Social and Emotional Aspects of Children and Family Health. In 2005, Dr. Duffee led a group of 60 physicians, nurses, psychologists, therapists and policymakers to develop a strategic plan to improve the social and emotional care of children in Ohio. He is a member of the Medical Advisory Committee for the Bureau for Children with Medical Handicaps and is active

with community-based pediatric education through the Wright State University Boonshoft School of Medicine where he holds a clinical appointment. ■

Ballot issues pass

All three of the ballot issues passed. Two new membership categories will be added – one for allied health professionals and another for practice administrators. The third issue will add the Immediate Past President to the Chapter's Board of Directors.



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 Child and Adolescent Psychiatry
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District V Report

Health Literacy guidebook includes easy-to-read handouts on 17 conditions

The AAP has gathered national experts in child health literacy to address the problem of health literacy in children and their families. This committee (led by Mary Ann Abrams, MD) is developing best clinical and research practices to address the issues of clear communication for children.



Ellen Buerk, MD

Health Literacy is the ability to read, understand and carry out a medical plan. In the United States, nearly 48% of the population reads less than an 8th grade level according to a national study of reading literacy. Many Americans with low reading levels cannot understand health information given by physicians. Even more significant, 80% of the elderly and recent immigrants do not understand basic health information. Young mothers with low education levels need simple, clear language to understand their children's health requirements.

Most patients understand verbal rather than written communications when they come to the doctor's office. But doctors and pediatric clinicians give information at a 12th grade level rather than an 8th grade level. When a patient cannot understand how to take medication or follow a treat-

ment plan, they make mistakes. Mistakes in following medications and treatment plans lead to higher health costs and poorer health outcomes.

Some strategies that help patients understand health information include the following:

- Pediatricians need to use everyday terms when talking with patients and families.
- Any patient handouts should be simply written and illustrated at a 6th to 8th grade level or less.
- Patients remember what the doctor said, if the doctor uses the Teach-back, a technique where the clinician asks the patient to repeat how they are to use their medication when they are at home.

AAP experts are writing a Health Literacy guidebook that includes general information

about health literacy and includes simply written handouts for 17 pediatric-specific health conditions. A consultant is helping the Academy write the handouts for conditions such as asthma, bed-wetting and ADHD.

Lynn Olson, PhD, Bill Cull, PhD and the AAP Department of Research are developing a research agenda on clear communications for children. In addition, the Academy is developing Pedia-link modules on health literacy that will help residents and practitioners do a better job communicating with patients.

If health literacy is a topic that interests you, plan on coming to an AAP meeting on that subject next summer. ■

– Ellen Buerk, MD
District V Chair

Use of cancer vaccine advised

The Food and Drug Administration has approved a three-shot inoculation against human papilloma virus, known as HPV, for females 9-26 years of age. The vaccine – Gardasil – is made by Merck.

HPV is the direct cause of most cases of cervical cancer. The virus is common once a female becomes sexually active. The key to success is vaccinating before the female becomes sexually active.

This means that parents have a tough decision to make while their daughters are very young. Some in opposition of the vaccine think it sends a message that sex is permissible.

The vaccine series is given over a six-month period. Later this month, the federal Advisory Committee on Immunization Practices will consider recommendations for routine use of this vaccine. ■

Coding Corner

Modifier -25 Primer: Use it! Don't abuse it!

Modifier -25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) is the most important modifier for pediatricians in CPT. It creates the opportunity



Richard Tuck, MD

to capture physician work done when separate evaluation and management services are provided at the time of another E/M visit or procedural service. This allows for more efficient use of your time and may save the patient another visit. However, the use of this modifier has been associated with frustration, as many payers, including Medicaid, do not recognize this valuable modifier. The landscape is now changing, with many of the major payers facing the pressure of successful class action lawsuits requiring them to recognize and follow CPT guidelines, including the -25 modifier. Unfortunately, this is not true of Ohio Medicaid, which remains immovable in its current policy not to recognize this important modifier.

The use of the -25 modifier has specific requirements:

1) The E/M service must be significant. The problem must warrant physician work that is medically necessary. This can be defined by a problem which re-

quires treatment with a prescription or as a problem which would require the patient/family return for another visit to address the problem. A minor problem or concern would not warrant the billing of an E/M-25 service.

2) The E/M service must be separate. The problem must be distinct from the other E/M service provided (e.g., Preventive Medicine), or the procedure being completed. Separate documentation for the E/M-25 problem is helpful in supporting the use of the -25 modifier and especially important to support any necessary denial appeal.

3) The E/M service must be provided the same day as the other procedure. This may be at the same encounter, or may be a separated encounter the same day.

4) The -25 modifier should always be attached to the E/M code. If provided with a preventive medicine visit, it should be attached to the established office evaluation and management code (99212-99215).

5) The separately billed E/M service must meet documentation requirements for the code level selected. It will not uncommonly be based on time spent counseling and coordinating care for chronic problems.

Other issues include the importance of linking each CPT service provided to a distinct ICD-9-CM diagnostic code. This

clearly supports the medical necessity of furnishing the E/M-25 service.

Some insurance companies may require separate copays on both services. Although one of the copays may be dropped if the patient appeals, this unfortunate requirement is subject to the family's plan benefit design, and is not controlled by you, the provider. You are contractually obligated to comply with the plan's requirements. It should be pointed out to the family that there would be another copay if the patient returned for another encounter to address their problem. This would require a significant investment of their time and would be inconvenient.

EXAMPLE:

A 5 yo boy is seen for his preventive medicine visit. All necessary components of a preventive medicine evaluation and management visit are provided including hearing and vision screening, appropriate lab tests and immunizations. He has a diagnosed problem of an attention deficit disorder and is on a stimulant medication for his problem. He is evaluated for his ADHD, and multiple parent concerns are discussed. A medication increase is made and follow-up arranged in one month. Fifteen minutes of face-to-face physician time is spent in counseling for this problem, addressing parent concerns and behavior management.

Complete documentation of the preventive medicine visit is made on

See **Coding...** on page 12

Get involved. Join a committee

Below are reports from the Ohio Chapter committees. If you are interested in joining a committee, you'll find contact information at the end of each report plus information on frequency of meetings and an estimated time commitment. If you are interested in participating, either contact the committee chair directly, or contact Executive Director Melissa Arnold at chapter@ohioaap.org or (614) 846-6258.

[Ohio AAP Committee on Injury and Poison Prevention](#)

This committee has primarily addressed legislative issues within the state (HB 243 - Teen Driving and SB 163 - Bicycle Helmets) and has worked with the National AAP Committee and Section on Injury, Poison, and Violence Prevention to disseminate national policies within Ohio.

Meeting frequency: Twice a year – one face-to-face meeting held each spring and a telephone conference call each fall.

Time commitment: Minimal – depending on the interest and level of involvement.

Contact information: Mike Gittelman, MD, (513) 636-2274 or mike.gittelman@cchmc.org

[Child Health Finance Committee](#)

In 2004-2006, the Child Health Finance Committee re-organized. A two-year strategy to focus on State and Federal funding, with guidance and coordination

through the Legislative Affairs Committee, resulted in visits to legislators and staff members at both levels of government. The message was to advocate for access to care with emphasis on protecting and increasing payment to physicians for health-care services through Medicaid. This resulted in the formation of key legislative relationships for future projects. Committee members also assisted with formalizing our policy regarding BCMH funding in Ohio.

Meeting frequency: Quarterly. E-mail communication, teleconferencing as needed.

Time commitment: Monthly communication through e-mail. Occasional morning or afternoon, if available, to testify or meet with legislators. One morning or afternoon every three months for committee meeting.

Contact information: Terry Barber, Sr., MD, (614) 891-6244; tbarbermd@hotmail.com

[Early Childhood, Dependent Care and Adoption](#)

This committee is working with HCCO partnering pediatricians and child care health consultants. The committee is focusing on improving the health and safety of children in and out of home care.

Time commitment: 1 to 2 hours a month but this varies based on interest.

Meeting frequency: Most meetings are electronic.

Contact information: Judith T. Romano, MD, FAAP, (740) 633-6482; drjudithromano.1@comcast.net

[Adolescence & Sports Medicine](#)

The committee has been working with the mental health initiative, working on the *Mind Minders*. Other areas of interest include juvenile justice and health interface, and access to care for teens, eating disorders for example.

Meeting frequency: One face-to-face meeting each year and telephone conferences

Contact information: James Fitzgibbon, MD, and Joseph Congeni, MD, chairs; Dr. Fitzgibbon (330) 543-8538; jfitzgibbon@chmca.org; Dr. Congeni (330) 543-8260.

[Child Abuse & Neglect](#)

Several committee members participated in a workgroup to assist the Attorney General's office on revisions to the Ohio Sexual Assault Forensic Exam Grant eligibility and criteria for reimbursement.

The committee members also participated in a focus group to assist the Supreme Court of Ohio Subcommittee on Responding to Child Abuse, Neglect and Dependency.

Meeting frequency: Quarterly on Thursdays from 11:30-2 p.m. at the Center for Child and Family Advocacy at Columbus Chil-

See **Committees...** on page 14

COPS meetings

The Central Ohio Pediatric Society's meeting schedule for the remainder of the year.

September 20, 2006

Speaker: Timothy Wilens, MD, Massachusetts General Hospital Pediatric Psychopharmacology Research Unit

Topic: *ADHD Related*

Location: Bridgewater Banquet Center, Powell

Time: Social Hour, 6 p.m.; dinner at 7 p.m.

October 25, 2006

Speaker: George McCracken, MD

Topic: *New antibiotics for pediatricians and why there are so few new drugs in development*

Location: Lindey's at Polaris

Time: Social Hour: 6 p.m.; dinner at 7 p.m.

November 15, 2006

Speaker: Mark Nunes, MD, Children's Hospital, Section of Genetics, Columbus

Topic: *Genetics Mimics of Abuse*

Location: Worthington Inn

Time: Social Hour: 6 p.m.; dinner at 7 p.m.

There will be no December dinner meeting.

For more information, or to make a reservation call (614) 722-5265. ■

Pediatric Societies: Publish your meeting notice in *Ohio Pediatrics*

If your pediatric society is holding an event that you think would be of interest to Ohio AAP members, please e-mail your information to Karen Kirk, Editor, Ohio Pediatrics at kkirk@ohioaap.org

Include the date, time, place,

and meeting topic.

Ohio Pediatrics is a quarterly publication. The editorial deadlines are as followed:

Winter issue – Nov. 1

Spring issue – Feb. 1

Summer issue – May 1

Fall issue – Aug. 1

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Voices publication informs community

As professionals working on the front lines every day, pediatricians and their staff understand the challenges facing Ohio's children. Too many Ohio children still cannot get the health care they need. Uninsured children have limited access to health care and are less likely to have a medical home and to obtain preventive care. For those with health insurance coverage, they may face barriers such as lack of transportation, lack of providers, or limited language access. Others are underinsured, meaning they have some form of health insurance coverage but for a variety of reasons the insurance is not able to cover all of their necessary health care needs. The rising cost of insurance to businesses and families adds additional pressure to the health-care system.

These and other trends are outlined in a new publication by Voices for Children of Greater Cleveland entitled, *Child Health Matters...A Child Health Action Kit*. In addition to data trends, this publication informs community members about child health issues, offers real solutions to improve the system, and offers readers ways they can raise their voices for Ohio's children.

We know you join us in supporting common sense policy recommendations to strengthen child health in Ohio by:

- Ensuring that ALL children receive appropriate developmental exams and necessary referrals

Voices' Child Health Action Kits available

Voices for Children of Greater Cleveland has a new publication entitled, *Child Health Matters...A Child Health Action Kit*. In addition to data trends, this publication informs community members about child health issues, offers real solutions to improve the system, and offers readers ways they can raise their voices for Ohio's children.

when needed by educating parents; maximizing the impact of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program in Ohio Medicaid; and working with physicians and other providers to increase the use of developmental screenings and exams for all children in their care.

- Giving Ohio babies a healthy start in life by expanding Medicaid coverage for pregnant women.

- Funding effective outreach and enrollment programs to reach the estimated 93,500 Ohio children who are uninsured but eligible for Medicaid.

- Maintaining Medicaid coverage for children at the current eligibility level and with the full benefits package.

- Exploring and investing in strategies to attract and retain qualified health providers in shortage areas.

You can be a real partner in this work. To get started, Voices can provide you with copies of *Child Health Matters...A Child Health Action Kit*, for use in your office or as you advocate with policy makers. Voices staff would also be happy to travel to your community to present a child health briefing and help you inform and educate public officials about these issues.

With Ohio's upcoming gubernatorial and legislative elections this fall, we have a unique opportunity to elevate child health policy in our state and make sure that every candidate knows the issues and is asked how they will make child health a priority. It will take a collective effort to change our health system in Ohio so that all children have a healthy start in life and receive the health care they need to reach their potential. But it can be done.

For more information and to join in this work, contact Voices for Children of Greater Cleveland at (216) 881-7860 or (614) 648-1450, or e-mail Mary Wachtel at mary.wachtel@voicesforclevelandschildren.org ■

May Open Forum

The Open Forum on May 20 at Cincinnati Children's Hospital was well received by all of the attendees. The topics presented were: *Injury and Prevention, Alcohol Effects Across the Pediatric Population* and *The Pediatric Care Council*. During the next membership year, Ohio AAP will be hosting two more Open Forums in Dayton and Akron. Watch *Ohio Pediatrics* for more details.



Legislation...from page 2

practices" reforms to improve the program. We also continue to monitor proposals to improve the program's funding. We appreciate Dr. Ron Levin's participation on the committee as Ohio AAP's representative.

HB 524 – PHARMACISTS IMMUNIZATION

HB 524 would grant pharmacists additional authority to immunize adults for meningitis, pertussis and diphtheria. Current law allows the pharmacist to administer flu, pneumonia, tetanus and hepatitis A and B vaccines to adults. The legislation also allows pharmacists to give children between the ages of 14 and 17 an influenza vaccine. The Ohio State Medical Association (OSMA) and Ohio AAP requested an amendment that would require the pharmacist to report the child's immunization to his or her primary physician.

HB 524 passed the General Assembly in May and will be

considered in the Senate Health Committee this fall.

SB 163 – BIKE HELMET MANDATE

SB 163, sponsored by Sen. Tom Roberts from Dayton, would mandate bicycle helmets for kids 18 and under. Ohio AAP continues to work with the OSMA and the Children's Hospital Association to garner additional support for this life-saving legislation.

SB 343 – TEEN DRIVING AND CHILD RESTRAINT

House Bill 343, sponsored by Rep. Tom Raga (R-Mason) strengthens the requirements for teens to receive driving privileges and tightens the restrictions imposed on beginner drivers. The bill also includes a provision important to Ohio AAP that would require children between the ages of 4 and 15 to be restrained by a safety belt or child safety seat.

With alarming injury and death rates for Ohio's youngest

drivers, this bill will take an important step in saving lives.

The bill was also enacted in May and will likely be signed by Gov. Taft and be enacted soon.

SB 164 – STUDENT MEDICINES

This bill permits students to carry epinephrine medication approved by students' physicians and parents in school. Ohio AAP worked with the bill's sponsor, Sen. Kirk Schuring (R-Canton), to clarify that epinephrine inhalers should be excluded from the bill. Most pediatricians agree that epinephrine inhalers do not provide a needed or necessary medical benefit and should not be included in the proposed law.

The bill passed the Senate in May and heads to the House for further debate and consideration. The bill will likely be voted out of the House in the fall. ■

– Dan Jones
Ohio AAP Lobbyist

Coding...from page 7

an age-appropriate preventive medicine template. The ADHD problem is addressed with separate documentation on the back of the template form with careful notation of the 15 minutes devoted to counseling for this diagnosis.

Coding:

| | |
|---------------------------------|-----------------------------------|
| CPT 99393 | ICD-9-CM |
| Prev Med (5-11 yrs) | V20.2 Well Child visit |
| 99213-25 (15 minutes) | 314.01 ADD w/ hyperactivity |

As pointed out earlier, Ohio Medicaid continues to fail to recognize the -25 modifier and its appropriate use. Therefore, in order to get paid for seeing Medicaid patients with significant

problems, they will require another visit on another day for their EPSDT visit or for their medical problem. It should be pointed out that some Medicaid managed-care companies may allow and pay for these services consistent with the AMA CPT guidelines.

The Department of Jobs and Family Services has indicated that their current fee-for-service claims adjudication process will incorrectly pay for two E/M visits at the same encounter if billed without a modifier. However, the provider will be at potential jeopardy due to the current published guideline stating that there can only be one evaluation and management visit billed at the same encounter.

The bottom line is to maximize your efficiency seeing patients and maximize their convenience in your Medical Home by providing medically necessary E/M -25 services at the time of another significant and separate evaluation and management service or procedure. However, know your payer and their policy with this complicated coding area. You don't want to get caught not receiving payment for the work you do or with a potential Medicaid payback! ■

– Richard Tuck, MD
Ohio AAP Coding Expert
Zanesville, OH

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<http://www.surveymonkey.com/s.asp?u=678842239656>

All those who complete the survey will be entered in a chance to win FREE registration to this year's Annual Meeting at the Kalahari Indoor Waterpark Resort in Sandusky, OH on Nov. 3 & 4, 2006

Anthem announces changes in southern Ohio reimbursement policy

On June 1, Anthem Blue Cross and Blue Shield announced that it will end its policy in southern Ohio of paying the same reimbursement for level 3 and 4 evaluation and management visits. It adopted the policy after seeing a large increase in patient visits at some practices coded as level 4.

In March, the Pediatric Care Council of the Ohio AAP Chapter became involved in the extensive talks that the Ohio State Medical Association (OSMA) had begun last autumn. The OSMA invited the AAP and several other state and national medical societies to represent their physicians views. Lou Terranova, Senior Health Policy Analyst for the AAP, and **Jon Price, MD**, chair of the Ohio Pediatric Care Council, participated in phone and in-person meetings that involved Anthem's regional executive and medical leaderships and Anthem's national medical director Sam Nussbaum, MD. The medical societies felt strongly that different levels of service should be reimbursed differently in accord with the intent of CPT coding and of the relative value system.

The new policy will continue providing a somewhat higher reimbursement than previously for level 3 visits. Level 4 reimbursements will be higher than for level 3. As with many private plans, ratios of level 4 to level 3 reimbursements will not be the same as those in the AMA's RBRVS.

At the Ohio Chapter's May 20

Open Forum, **Barry Malinowski, MD**, a pediatrician and Anthem's southern Ohio medical director, told participants that he welcomes input from the Pediatric Care Council on a variety of issues facing insurers in the near future. The Ohio Chapter encourages physicians to code every encounter accurately in accordance with each patient's clinical situation.

Anthem's announcement joins two other recent changes among

private insurers. In February, Aetna began to reimburse both preventative medicine and illness evaluation and management services provided on the same day. In May, United Health Care (UHC) announced that in coming months it will start accepting the -25 modifier to reimburse ill and well services provided on the same day. ■

- *Jon Price, MD*
Chair, Pediatric Care Council

Ohio AAP seeks nominations for "Pediatrician of the Year"

Ohio AAP will hold its 2006 Annual Meeting **Friday, Nov. 3** and **Saturday, Nov. 4** at Kalahari Waterpark Resort in Sandusky. The two-day event will include an awards luncheon. At this luncheon, one Ohio pediatrician receives the "Pediatrician of the Year" award. The Ohio Chapter is now accepting nominations for that prestigious award.

In order to be valid, the nominations must comply with the following rules:

- The award is given to a member of Ohio AAP in recognition of his/her distinguished achievements in pediatric care and education of patients.
- The recipient is to be a pediatrician who has made notable contributions to pediatrics in Ohio.
- The award is made for relatively recent activities for the good of the chapter and pediatrics.

All nominations should be sent to: Ohio Chapter, AAP, 6641 North High Street, Suite 200, Worthington, OH 43085, or e-mail nominations to chapter@ohioaap.org Deadline for nominations is **August 31, 2006**. ■

Committees...from page 8

dren's Hospital.

Time commitment: Minimum – attendance at the quarterly meetings

Contact Information: Philip V. Scribano, DO, (614) 722-3283; scribanop@pediatrics.ohio-state.edu

Pediatric Emergency Committee

The Pediatric Emergency Committee continues to work with the Ohio EMSC committee of the Ohio EMS board. The committee has done – in cooperation with the Ohio Hospital Association – a survey to measure the readiness of Ohio's emergency departments for pediatric patients. The committee also surveyed the state's EMS providers to measure their level of pediatric training and availability of pediatric equipment. The committee is also preparing a new edition of its award-winning *First Aid Guidelines for Schools*.

Meeting frequency: Meets at noon, the third Tuesday of odd number months (e.g., January, March, May, etc.) at the Ohio Department of Public Safety in Columbus.

Time commitment: Attend meeting and time spent on assigned projects (usually less than 2 hours per month)

Contact information: Wendy Pomeratz, MD, (513) 636-7966 Wendy.Pomerantz@chmcc.org

Pediatric Care Council

The concept of the Pediatric Council is an ongoing dialog

with medical directors of private and Medicaid insurance plans. This year the Council and the medical directors of various managed-care organizations committed to making the state immunization registry a practical tool for physicians and MCOs to achieve high immunization rates for children. The committee participated in OSMA-sponsored discussions with Aetna Wellpoint about the "blended rate policy" of reimbursing expanded problem-focused visits and detailed visits in the same way. Aetna used those discussions to decide to return to differential reimbursement.

Meeting frequency: Quarterly for two hours on Fridays at the Ohio Association of Health Plan Columbus headquarters.

Time commitment: Attend quarterly meetings either in-person or by phone.

Contact Information: Jon Price, MD, (614) 718-0244; PriceJ@pediatrics.ohio-state.edu

Children with Disabilities

Contact Information: Roberta Bauer, MD, (216) 721-1496; bauerr@ccf.org

Fetus and Newborn

Contact Information: Richard McClead, MD, (614) 722-4529; mccleadr@pediatrics.ohio-state.edu

Legislative/Public Affairs

Contact Information: Christopher Rizzo, MD, (216) 778-3760; crizzo@neo.rr.com

Practice Management

Contact Information: Marilee Gallagher, MD, (440) 974-4470; marilee564@aol.com

School Health

Contact Information: Robert Murray, MD, (614) 722-4958; murrayro@chi.osu.edu

Socio-Emotional Aspects of Child and Family Health

Contact Information: James Duffee, MD, (937) 265-5590; jduffee@rockinghorsecenter.org

Fueling Academic Performance with Nutritious Choices

Local Wellness Policies



A new federal law requires all school districts participating in the National School Lunch Program to develop and have local wellness policies in place by July 1, 2006. Schools must set individual goals for nutrition education, physical activity, school-based activities and nutrition standards for all foods available on each school campus.

Dairy foods provide three of the five nutrients identified as low in the diets of children: calcium, magnesium, potassium.¹ In developing the local wellness policies, milk products are part of the solution to creating a healthier school environment.

New Look of School Milk (NLSM)

NLSM enhances the quality of children's diets by increasing milk consumption and participation in school meals by serving cold milk in appealing resealable plastic containers, a variety of flavors, and enhanced merchandising in multiple locations (i.e., adding vending and à la carte options).²



Currently, more than 470 school districts have implemented NLSM, reaching more than 3,700 schools and 2.2 million students nationwide. This innovative approach continues to achieve its goal of increased meal participation, milk consumption and milk sales.³

Nutritious Choices at School



The 2005 Dietary Guidelines, MyPyramid and the American Academy of Pediatrics recommend 3 servings of lowfat or fat-free milk or milk products each day.⁴ Research shows that kids who get the recommended amounts of dairy foods have better nutrient intakes overall.⁵ Milk, yogurt and cheese are naturally nutrient-packed, providing nine key essential nutrients kids need for growth and development.



Learn how to incorporate nutritious, calcium-rich milk as part of your school wellness policy. Visit www.nationaldairyCouncil.org, www.nutritionexplorations.org, or call Dairy Council Mid East at 1-800-292-MILK.

1 Dietary Guidelines for Americans, 2005 (6th Edition), www.health.gov/dietaryguidelines.

2 National Dairy Council. Available at www.nationaldairyCouncil.org/NationalDairyCouncil/Initiatives/Child/pilotTestPage.htm. Accessed July 6, 2005.

3 Export Act (2002). School Milk Pilot Test: A Case Study. September 2001 - June 2002, Dairy Management Inc. and American School Food Service Association, Unpublished.

4 American Academy of Pediatrics. Optimizing bone health and calcium intake of infants, children, and adolescents. *Pediatrics*, 117(2):173-183; February, 2006.

5 Allerton AM, et al. Ready-to-eat cereal consumption: its relationship with BMI and nutrient intake of children aged 4 to 12 years. *Journal of the American Dietetic Association*, 2003; 103:1613-1619.

Studies show tobacco-using parents welcome intervention from pediatricians

800-QUIT-NOW is an easy, welcomed way to advise parents to quit tobacco.

As pediatricians, we oftentimes face a difficult dilemma when treating society's youngest patients: how to appropriately handle parental lifestyles that may be adversely affecting the health of their children. Many of us see children who suffer from asthma, chronic ear infections and respiratory infections because of exposure to secondhand smoke at home. It can seem awkward to speak to a parent about their tobacco addiction or offer help. After all, we are there to treat the child. However, sometimes the best treatment for the child is a tactful but direct conversation about tobacco and family health.

A recent study in *Pediatrics* (Winickoff JP, et al. 2006; 117; 695-700) provides new, positive insight into this issue, concluding that the majority of parents who use tobacco would welcome intervention in the context of their child's health. In fact, the study reports that most parents believe it is the responsibility of the pediatrician to advise them on matters that affect their child's health, including tobacco use and offering cessation services.

The study also shows that more than 64% of parents who use tobacco would accept their child's pediatrician's offer to enroll in a telephone quit line such as the Ohio Tobacco Quit Line

Free CME available

Physicians can visit www.ohioquits.com to participate in "A Clinician's Overview of Tobacco Treatment," a free CME and continuing education activity with a maximum of 1.5 Category 1 credits toward the AMA Physician's Recognition Award.

(800-QUIT-NOW), funded by the Ohio Tobacco Use Prevention and Control Foundation. This is good news as pediatricians regularly report that time constraints and lack of confidence in tobacco cessation counseling skills inhibit us from talking with parents about tobacco use.

The Ohio Tobacco Quit Line is a FREE telephone counseling service available to all Ohioans, and is one of the most effective options available to help patients quit tobacco. The traditional tobacco cessation dialogue follows the "5 A's", in which you would Ask, Advise, Assess, Assist and Arrange for cessation assistance.

With the Ohio Tobacco Quit Line, simply ASK each patient if he or she uses tobacco, ADVISE the user to quit, ASSESS if your patient is willing to quit in the next 30 days, and, if so, REFER him or her to the Ohio Tobacco Quit Line at 800-QUIT-NOW. This method reduces the time you need to discuss tobacco cessation down to a couple of min-

utes.

Callers to telephone counseling services like the Ohio Tobacco Quit Line are five times more likely to quit for good than those who quit cold turkey on their own. Effectiveness significantly increases when the Quit Line is used in conjunction with other tobacco interventions such as Nicotine Replacement Therapy (NRT). Parents of your patients may qualify for free nicotine patches through the Ohio Tobacco Quit Line depending on their insurance or employer. For tobacco-using patients with Medicaid or Medicare, write a prescription for NRT and give them the 800-QUIT-NOW telephone number. When they are ready, they can receive NRT with a \$3 copay and free counseling from the Ohio Tobacco Quit Line.

With FREE office Quit Kits available through the Ohio Tobacco Quit Line at www.OhioQuits.com, you will also have tools on hand to initiate a conversation that's quick and persuasive. Using the fax referral forms within the kit allows quit specialists to proactively contact and enroll patients by phone, alleviating their responsibility to make the first call.

The Ohio Tobacco Quit Line is encouraging physicians across the state to "Fax Five" patient referrals. With this pledge, the Quit Line invites health-care professionals to assist in proactively

See **Quit Line...** on page 17

Quit Line...from page 16

changing Ohio's culture of tobacco use, one patient – or parent – at a time. The Quit Line helps us provide a voice for our young patients suffering the preventable health effects of secondhand smoke exposure. ■

– Judy A.Groner, MD

Dr. Groner is a Clinical Professor of Pediatrics at The Ohio State University College of Medicine and Public Health. She serves on the health-care professional advisory panel for the Ohio Tobacco Quit Line (1-800-QUIT-NOW) and is a member of the Ohio Chapter of American Academy of Pediatrics.

Rep. Ralph Regula receives award from pediatricians

U.S. Rep. Ralph Regula (R-OH) received the Excellence in Public Service Award in April from the American Academy of Pediatrics for his legislative work to improve child and adolescent health care.

When presenting the award AAP President Eileen M. Ouellette, MD, JD, FAAP, said, "Representative Regula is a legislator who, through his actions, has helped millions of children."

"Children's needs are often overlooked in the legislative arena because they can't speak up for themselves," Dr. Ouellette said.

"Rep. Regula gets it when it comes to securing policies that help children. He is one of their strongest advocates, and the AAP values his commitment."

Rep. Regula, as chair of the House Appropriations Labor, Health and Human Services, Education and Related Agencies subcommittee, has championed federal funding for childhood vaccines, Children's Hospitals Graduate Medical Education (GME), and health professions training grants, of which Title VII provides training for pediatricians. ■



Save the date

2006 Ohio AAP
Annual Meeting

**Friday, Nov. 3 & Saturday, Nov. 4
at**

Kalahari Waterpark Resort, Sandusky

Ohio's Largest Indoor Waterpark

Fluoride varnish treatment training available for primary care providers

A new rule, effective July 1, 2006, authorizes Medicaid coverage of fluoride varnish application by non-dental providers. Eligible providers can provide a fluoride varnish treatment during the course of a well or sick child examination for children up to age 3 when medically appropriate. Coverage is limited to one application every 180 days. There are three components to the service:

- 1) Oral assessment
- 2) Varnish application
- 3) Referral

Early Childhood Caries (ECC) can be a devastating problem for young children and their families. ECC affects the primary dentition of infants and toddlers and is caused by frequent and prolonged exposure to carbohydrates in the presence of a bacterial agent *Streptococcus Mutans*. ECC can result in pain, infection, malocclusion, and difficulty chewing. It has been associated with poor weight gain, and increased risk of dental decay in adult teeth. Treatment of ECC may require extensive restorative services, with costs to treat a case of ECC easily reaching \$1,000-\$2,000 per child.

Dental caries is five times more common than asthma and seven times more common than hay fever in the United States. In Ohio, 14% of children at age 3 in Head Start Programs had Early Childhood Caries in 2002. ECC is not distributed evenly throughout the

population; children from families with low incomes and some racial/ethnic minorities are estimated to be affected at higher rates.

In 2003, only 3% of Ohio Medicaid-eligible children received any dental services through Medicaid. During that same year, 78% of Ohio Medicaid-eligible children received either an initial or periodic health screen through a primary care physician. If the primary care provider is more likely to see these high-risk children, it makes sense to take advantage of the opportunity to mitigate the risk of ECC.

The Ohio Department of Health has developed a training program for primary care providers who are interested in providing fluoride varnish treatments for their young patients who are at risk for dental disease. A one-hour training session

can be provided, free of charge, for staff of pediatric and family practices. Conducted by a dental hygienist/nurse practitioner team, the training includes a PowerPoint presentation, video clips demonstrating proper positioning and application technique, and information on oral health risk assessment, referral, and anticipatory guidance. Trainers will target high-volume practices that see large numbers of Medicaid-eligible children. However, every effort will be made to accommodate training requests from smaller practices.

Those interested in the Smiles for Ohio Fluoride Varnish Program can contact Colleen Wulf, RDH, MPH, Preventive Services Coordinator, Ohio Department of Health, at (614) 466-4180 or colleen.wulf@odh.ohio.gov ■

President...from page 3

developmental and emotional tools to be ready to learn. All of Ohio's children deserve to have access to high quality elementary, secondary, and post-secondary education that will prepare them for the jobs of a 21st century economy. All of Ohio's children deserve to leave school with the necessary skills to allow them to participate in Ohio's economic development.

So now it is time to talk politics. Talk about it at lunch, over

coffee, at family and social gatherings, and with your patients. Let people know what you think is important to consider in choosing our next governor. Use your voice and influence to make a difference! We are at a tipping point! ■

– John Duby, MD
Immediate Past President



WARNING!
Contains harmful
amounts of lead.

Signs of a lead poisoned child are not this clear.

Children under the age of six should be screened for elevated blood lead levels. Unfortunately, many are never screened. Going through life undiagnosed, children with lead poisoning may develop long-term health problems, including damage to the brain and nervous system, learning and behavioral disabilities and much more.

Lead poisoning is a preventable disease, but we can't put a stop to it without your support.

As a medical provider, your help is needed to make sure children are tested at least twice before the age of three and once more before the age of six. By doing this you'll be helping to detect a silent threat among children and help eliminate lead poisoning all together.

Don't you owe it to your young patients to test them for lead poisoning? For more information, call 216.263.LF10 or contact your local Health Department.

**Lead Safe
Living**

Calendar of Events

The Ohio AAP announces the following 2006 meetings.

July 18-21 – OSU/ODADAS Addiction Studies Institute
Greater Columbus Convention Center

Aug. 28 – 12th Annual Pediatric Board Review
Sept. 1
Sponsored by Children's Hospital at the Cleveland Clinic
InterContinental Hotel & MBNA Conference Center in Cleveland
For more information, (216) 297-7330 or (800) 238-6750

Dues disclosure statement

Dues remitted to the Ohio Chapter are not deductible as a charitable contribution, but may be deducted as an ordinary and necessary business expense. However, \$40 of the dues is not deductible as a business expense because of the chapter's lobbying activity. Please consult your tax adviser for specific information. This statement is in reference to fellows, associate fellows and subspecialty fellows. No portion of the candidate fellows nor post residency fellows dues is used for lobbying activity. ■

Classifieds

You're invited to Children's 2nd Medical Alumni Day!
Sept. 15-16, 2006

All Columbus Children's Alumni, Medical Staff & Community Physicians are invited to attend our medical alumni reunion in Columbus this September.

Friday, Sept. 15, 2006
CME: Allergy & Immunology; Lunch; Hospital Tours; Social Hour; Gala & Awards Presentation.

Saturday, Sept. 16, 2006
Tailgate Party & OSU Football Game

Questions? Contact Jenni Balcom, at alumni@chi.osu.edu or call (614) 722-4898. Visit online at www.columbuschildrens.com/alumni.

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