

American Academy of Pediatrics

Arkansas Chapter

FALL 2010

NEWSLETTER

WWW.ARKANSASAAP.ORG



Final Rule on Meaningful Use

On July 13, 2010 the Final Rule on Meaningful Use of Electronic Health Records (EHR) (the Final Rule) was released, along with another rule dealing with the certification of EHRs.

Hopefully these rules will provide sufficient incentive and guidance to advance the use of EHRs, improve quality of care by supporting the Medical Home concept, and reduce costs.

Read the Entire Rule in the
Federal Register
[http://
edocket.access.gpo.gov/
2010/pdf/2010-17207.pdf](http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf)

American Academy of Pediatrics (AAP) staff have been in consultation with the Office of the National Coordinator for Health Information Technology to explore a partnership for the dissemination of information and resources to pediatricians planning to implement Meaningful Use in their offices.

*See page two for
additional information on*

MEANINGFUL USE

Key Changes to the NPRM

1. All-or-Nothing

In the NPRM, eligible providers and hospitals had to implement all objectives (25 for providers, 23 for hospitals) to be meaningful users and therefore qualify for incentive payments. The Final Rule still lays out 25 objectives for providers and 24 for hospitals (Advance directives were added as a goal), but there are now 15 core objectives for providers and 14 for hospitals that must be achieved. Of the remaining ten objectives, providers and hospitals must choose at least five and may defer the remaining five for future implementation. Objectives that moved from the mandated to the elective list include:

- implementation of drug formulary checks,
- laboratory results as structured data in EHRs,
- lists of patients by specific conditions,
- patient specific education resources,
- medication reconciliation,
- summary of care,
- submission of electronic immunization data and syndromic surveillance data,
- patient reminders, &
- electronic access for patients to their EHRs.

2. Quality Measures

The underlying statute requires that to satisfy the Meaningful Use requirement, quality of care data must be reported. The Final Rule reduced the number of measures that have to be reported: Three core

measures (if not applicable to the provider's patient population, a provider may request exemption) and three measures that clinicians may select from a list of measures ready for electronic reporting. According to Dr. Blumenthal any measures that would have required manual data collection were eliminated.

3. Medicaid Rules

The AAP had expressed great concerns that Meaningful Use rules might vary based on State and territory. In the final rule, CMS staff reported that the level of discretion available to States to modify Meaningful Use criteria were limited with the exception of areas related to Public Health. It is hoped that this will reduce the risk of different EHR requirement in different parts of the US for pediatricians and other Medicaid providers. New additional requirements CMS staff also reported that the final rule includes the objective of providing patient-specific educational resources for both EPs and eligible hospitals and the objective of recording advance directives for eligible hospitals.

Economic Impact:

The ONC expects the first registrations for Meaningful Use to occur in January 2011, the first attestations in April 2011 and the first payments in May 2011. Based on an economic analysis by the ONC, the incentive payments under Medicare and Medicaid EHR programs for 2011 through 2019 are estimated between \$9.7 billion to \$27.4 billion.

BENTON COUNTY CHOSEN AS NATIONAL CHILDREN'S STUDY SITE

Benton County has been selected as a study center for the largest-ever investigation of child health, The National Children's Study. The National Institutes of Health has awarded a \$14.4 million contract to the Arkansas Children's Hospital Research Institute (ACHRI) to facilitate the county's involvement. The National Children's Study will follow a representative national sample of 100,000 children from before birth to age 21. Study volunteers will be recruited throughout the United States, from rural, urban, and suburban areas, from all income and educational levels, and from all racial groups. The study will investigate factors influencing the development of such conditions as autism, cerebral palsy, learning disabilities, birth defects, diabetes, asthma and obesity.

The study in Benton County will be led by Dr. Charlotte Hobbs, MD, PhD, director of the Arkansas Center for Birth Defects Research and Prevention at ACHRI.

The 4 parts of MOC

Part 1: Professional Standing

Holding a valid, unrestricted **medical license**. (see www.abp.org, click on “Maintain Certification” tab, and then “Professional Standing and Licensure (Part 1)” link on left-hand side.)

Part 2: Knowledge Assessment- Lifelong Learning/Self Assessment

The AAP offers PREP (Pediatrics Review and Education Program) courses which are approved by the American Board of Pediatrics for MOC Part 2. PREP offers numerous general and subspecialty knowledge self-assessment courses. For more info on Part 2 Requirements: <http://www.pedialink.org/learnmore-view.cfm/show/4>

Part 3: Cognitive Expertise

Passing a **secure examination** administered at testing centers worldwide. Under new MOC requirements beginning in 2010, the exam is required once every 10 years. For information on dates, fees, and locations, see: <http://tinyurl.com/cy5a54>.

Part 4: Performance in Practice

Participation in web-based quality improvement activities or in an ongoing ABP-approved collaborative QI project.

AAP Resources that meet

Part 4 Requirements

QI is encompassed in MOC Part 4. To meet Part 4 Requirements, physicians can choose to either:

- 1) Complete an online QI **module**
- 2) Participate in a QI **project**

AAP resources/areas assisting in meeting Part 4 via “**modules**”:

- ◆ EQIPP (Education in QI in Pediatric Practice) courses. Currently available:
 - Nutritional Assessment
 - Diagnosing and Managing Asthma in Pediatrics
 - Give Your Immunization Rates a Shot in the Arm

CME credit is also available for EQIPP courses. For more info, members should visit: www.eqipp.org.

AAP resources to assist in QI “**projects**”

- ◆ Practicing Safety Project within QuINN (Quality Improvement Innovation Network), <http://quinn.aap.org>, click on “Part 4 Maintenance of Certification.”

- ◆ Chapter Quality Network (CQN) within CAQI (Chapter Alliance for Quality Improvement). For more information on the CQN, contact: CAQI@aap.org.

Quality Improvement & Maintenance of Certification

You've got questions, they have answers...

- “When do I need to start the re-certification process?”
- “When does my certificate expire?”
- “How many points do I currently have in Part 2 and/or Part 4 and how many points do I still need to meet MOC requirements?”

Visit:

- ✓ **ABP customer service: moc@abpeds.org**
- ✓ **Your individual profile page on the ABP Web site at: www.abp.org (“My Physician Portfolio” in upper-right corner of the home page)**
- ✓ **FAQs and general information appear under the “Maintain Certification” tab on the home page (www.abp.org).**

What is Quality Improvement and what does it have to do with Maintenance of Certification?

As defined by the Institute of Medicine:

Quality Improvement—The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Participation in quality improvement activities **is** (as of January 2010) **required** by all pediatricians to maintain their certification by the American Board of Pediatrics. Quality improvement activities include the systematic collection of data over time. However, it is important to note that not all QI initiatives fulfill MOC requirements.

What is Maintenance of Certification?

Maintenance of Certification is a process that ensures physicians' engagement with their profession by lifelong learning, applying what is learned in practice, improving the quality of health care, and ensuring that pediatricians have a useful bank of medical knowledge. The Accreditation Council for the Graduate Medical Education (ACGME) and the 24 American Board of Medical Specialties (ABMS) certifying Boards agree that a physician must demonstrate six core competencies. These core competencies are the foundation of MOC and are addressed during medical training and throughout a physician's career. MOC consists of four separate parts:

4 Parts of MOC

1. Professional Standing
2. Knowledge Assessment
3. Cognitive Expertise
4. Performance in Practice

25 Clinics in AR are REACH OUT AND READ Sites!

- ☀ Arkansas Pediatric Clinic,
Little Rock
- ☀ Circle of Friends Clinic,
Little Rock
- ☀ Little Rock Pediatric Clinic,
Little Rock
- ☀ Baxter Regional Pediatric Clinic,
Mountain Home
- ☀ Harris Pediatric Clinic,
Newport
- ☀ The Pediatric Clinic, P.A.,
North Little Rock
- ☀ Paragould Pediatrics, PLLC,
Paragould
- ☀ AHEC,
Pine Bluff
- ☀ Flowers Pediatric Clinic,
Pine Bluff
- ☀ Searcy Medical Center West,
Searcy
- ☀ Best Start Pediatric Clinic,
Springdale
- ☀ AHEC - Southwest,
Texarkana
- ☀ TLC Med-Peds,
Benton
- ☀ The Pediatric Clinic,
Cabot
- ☀ UAMS AHEC-South Arkansas,
El Dorado
- ☀ NWA Pediatric Clinic,
Fayetteville
- ☀ AHEC,
Fort Smith
- ☀ Cooper Clinic Pediatrics,
Fort Smith
- ☀ Pediatric Partners,
Fort Smith
- ☀ Premier Central/Dr. Sandra Sooman,
Hope
- ☀ Hot Springs Pediatric Clinic,
Hot Springs
- ☀ AHEC - Northeast,
Jonesboro
- ☀ The Children's Clinic of Jonesboro,
Jonesboro
- ☀ West Washington County Clinic,
Lincoln
- ☀ Arkansas Children's Hospital /
General Pediatric Clinic,
Little Rock

One Pediatrician *Can* Make a Difference

The Community Access To Child Health (CATCH) Program is a national program of the American Academy of Pediatrics (AAP) designed to improve access to health care by supporting pediatricians and communities that are involved in community-based efforts for children.

The CATCH Program provides pediatricians with:

- Training
- Technical Assistance and Resources
- Peer Support and Networking Opportunities
- Funding Opportunities

Pediatricians can be involved in their communities and develop a community-based initiative at various levels of commitment. If you are currently involved in or thinking about becoming more involved in community-based activities are encouraged to contact your Chapter CATCH Facilitator, Dr. Bryan Burke at burkebryan@uams.edu or the CATCH Program at catch@aap.org

Application Period for:
CATCH Planning Grant is
May 2, 2011 through July 9, 2011; and
CATCH Implementation Grant and CATCH Resident Grant is
November 1, 2010 – January 31, 2011

Congratulations to
Dr. Angela Fangmeier on receiving a
2010 CATCH Implementation Grant for
"Reach Out and Read"
in Siloam Springs.



<http://www.aap.org/catch/funding.htm>

Make Your Voice Heard

Do you want to bring something to the AAP's attention, but don't know how to do it? Consider writing a resolution. Resolutions provide a formal mechanism for members to give input about AAP policy and activities. Every resolution that is submitted to the Annual Leadership Forum or the Board of Directors is considered. Resolutions should relate directly to the AAP's mission. Some useful types of resolutions include:

- 1) A request to develop a statement or take action on a particular issue.
- 2) A request to start a new program or activity or reconsider a current one.
- 3) A request that the AAP change its operating procedures.



Becoming involved with the AAP is the best way to understand the valuable resources it provides its members.

Check the resolution database.

This is a quick reference for past resolutions and what the AAP is doing about it. To access the resolution database, go to the member center on www.aap.org, click on chapters, committees, councils and sections, click on chapter and district relations, click on resolutions and then on resolution database.

Deadline? To be considered at the Annual Leadership Forum, resolutions must be received by the central office by 12/1/10.

CONSIDER GIVING HONOR CARDS FOR HOLIDAY GIFTS THIS SEASON
BENEFITING ARKANSAS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS FOUNDATION

THIS YEAR, THE ARKANSAS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (ARAAP) FOUNDATION IS OFFERING THE OPPORTUNITY TO PURCHASE "HONOR CARDS" TO GIVE TO FRIENDS, FAMILY, COLLEAGUES AND OTHERS THIS HOLIDAY SEASON. CONSIDER THIS A WONDERFUL AND EASY WAY TO SUPPORT THE ARAAP FOUNDATION'S MISSION TO ADVANCE PEDIATRICS IN OUR STATE BY INCREASING ACCESS TO HIGH-PRIORITY MEMBER ACTIVITIES, RESPONDING TO EMERGING CHILD HEALTH CARE ISSUES AND CONTINUALLY GENERATING NEW KNOWLEDGE ABOUT THE BEST WAY TO CARE FOR OUR CHILDREN. THE ARAAP FOUNDATION RECENTLY ANNOUNCED THE AWARDEES FOR ITS THIRD GRANT FUNDING CYCLE. THESE GRANTS SUPPORT COMMUNITY-BASED PROJECTS WHICH HAVE A DIRECT IMPACT ON CHILDREN'S HEALTH AND ARE LED BY A CHAPTER MEMBER. THIS IS POSSIBLY THROUGH DONATIONS AND THE REVENUE FROM THE BI-ANNUAL ONE TO GROW ON GALA. YOUR TAX-DEDUCTIBLE GIFT WILL HELP THE ARAAP FOUNDATION CONTINUE TO ACHIEVE ITS MISSION-BASED GOALS.

EACH HONOR CARD IS \$20 AND A MEANINGFUL WAY TO CELEBRATE THE WINTER HOLIDAYS AND THS SPECIAL PEOPLE IN YOUR LIFE. IF YOU WOULD LIKE TO PURCHASE "HONOR CARDS," FILL OUT THE FORM BELOW AND MAIL IT BACK. THE PRE-PRINTED "HONOR CARDS," AS WELL AS A RECEIPT OF YOUR GIFT FOR TAX PURPOSES, WILL BE MAILED TO YOU. THE FORM, CAN ALSO BE DOWNLOADED AT WWW.ARKANSASAAP.ORG WEBSITE. PLEASE CONTACT AIMEE BERRY AT BERRYAIMEE@SBCGLOBAL.NET IF YOU HAVE ANY QUESTIONS ABOUT THE "HONOR CARD" PROGRAM OR NEED ADDITIONAL INFORMATION. THANK YOU FOR YOUR CONTINUED SUPPORT OF THE ARKANSAS CHAPTER'S EFFORTS AND BEST WISHES FOR THE REMAINDER OF 2010!

SINCERELY,

EDDIE OCHOA, MD, FAAP
CHAIR, ARKANSAS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS FOUNDATION
IMMEDIATE PAST PRESIDENT, ARKANSAS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

ARKANSAS CHAPTER
AMERICAN ACADEMY OF PEDIATRICS FOUNDATION
HOLIDAY HONOR CARD

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP: _____

PHONE: _____

EMAIL: _____

NUMBER OF HONOR CARDS (\$20/CARD): _____

TOTAL CONTRIBUTION ENCLOSED: _____

PAYMENT (CIRCLE ONE): CHECK VISA MASTERCARD

CREDIT CARD NUMBER: _____

EXPIRATION DATE (MONTH/YEAR): _____

SECURITY CODE (3 DIGIT # ON BACK OF CARD): _____

SIGNATURE: _____

ALL CONTRIBUTIONS TO THE
ARKANSAS CHAPTER, AMERICAN ACADEMY OF PEDIATRICS FOUNDATION ARE TAX-DEDUCTIBLE.
PLEASE SEND THE COMPLETED FORM TO: ARAAP, ATTN: AIMEE BERRY
#1 CHILDREN'S WAY, SLOT 900, LITTLE ROCK, ARKANSAS 72202

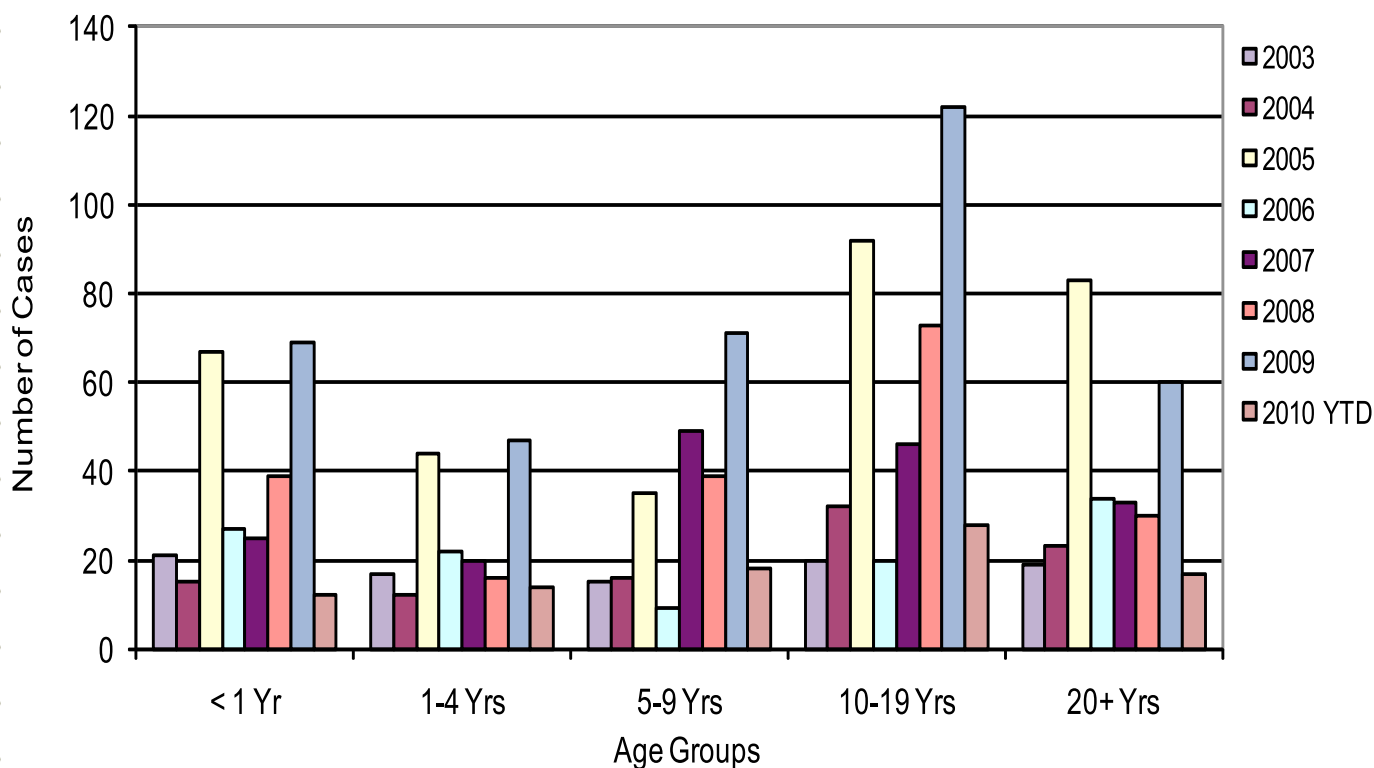
Important Vaccine Updates

Guide for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2010–11 influenza season

Did the child receive influenza vaccine <i>prior to</i> the 2009–10 season?	How many doses did the child receive in the 2009–10 season?		Number of doses recommended for the 2010–11 season
	H1N1 ¹	Seasonal	
No, yes, or unknown	0 or unknown	0, 1, 2, or unknown	2 ²
No or unknown	1 or 2	0, 1, or unknown	
No or unknown	1 or 2	2	1
Yes	1 or 2	0, 1, or 2	1

1. Children who had a lab-confirmed 2009 H1N1 virus infection (e.g., reverse transcription-polymerase chain reaction or virus culture specific for H1N1 virus) are likely to be immune to this virus and can be considered to have a “1” in this column.
2. Give dose #2 a minimum of 4 weeks after dose #1. Children age 2 years or older can receive 2 injectable doses, 2 nasal-spray doses, or 1 of each.

Reported Pertussis Cases by Age Groups, Arkansas 2003-2010 (Provisional)



Report Date: 8/2/2010