The Pediatric Practice Management Alliance (PPMA) was created with the mission to empower pediatric practice managers/administrators to overcome many of the day-to-day challenges of running a pediatric medical practice. The vision is to collectively use the knowledge and available resources, to help each practice become more effective, efficient and profitable.

The PPMA currently consists of 200+ members throughout the country who share their practical advice and knowledge via an active listserv. Just imagine sitting at your desk and needing to make a very difficult decision and knowing within minutes you can have the advice of 200+ other practice managers at your fingertips…the total years of experience is simply astronomical!

Although the listserv along with practice management-related webinars, newsletters, and education programs are all valuable resources to practice managers, the true success of PPMA lies within its members and the various networking opportunities it offers. Where else can you find a practice management organization that is more dedicated to the special issues of pediatric practice managers?

With the ever evolving climate of healthcare, it is no longer acceptable to simply be a “good” practice manager. Pediatric practice managers/administrators must be excellent leaders in business development, marketing, human resources, financial analysis, as well as information management.

Although the PPMA membership continues to grow at a healthy rate, membership is nothing without you being a part of an elite team. Our goal is to expand, improve and take PPMA to the next level…are you ready for the journey?

All PPMA members are encouraged to submit articles. Articles should focus on some aspect of pediatric practice or clinic management and be between 300-900 words in length. The newsletter is not possible without the excellent articles written by PPMA members so please consider submitting an article by sending it to Elisha Ferguson, Manager, Practice Management, at eferguson@aap.org. Articles are accepted on a rolling basis.
Welcome to our New PPMA Members
(February 1, 2016 – September 1, 2016)

<table>
<thead>
<tr>
<th>Member</th>
<th>State</th>
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<tbody>
<tr>
<td>Kevin Loose, CPT, Ret.</td>
<td>Arkansas</td>
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<tr>
<td>Veronica Duplessis</td>
<td>California</td>
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<tr>
<td>Rob Danner</td>
<td>Connecticut</td>
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<tr>
<td>Janet Kisner-Link</td>
<td>Delaware</td>
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<tr>
<td>Deirdre Kiley</td>
<td>Florida</td>
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<tr>
<td>Javier Salazar</td>
<td>Florida</td>
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<tr>
<td>Kimberley Burdette</td>
<td>Georgia</td>
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<tr>
<td>Emily Lowe</td>
<td>Georgia</td>
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<tr>
<td>Elizabeth Parizo, MHSA</td>
<td>Georgia</td>
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<tr>
<td>Maureen Kelly, MHA</td>
<td>Indiana</td>
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<tr>
<td>Kateri Haskett, MHSP/A</td>
<td>Kentucky</td>
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<tr>
<td>Whitney Martinez</td>
<td>Louisiana</td>
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<tr>
<td>Jessica Chapman, RN, BSN</td>
<td>Massachusetts</td>
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<tr>
<td>Laura Anderson</td>
<td>Michigan</td>
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<tr>
<td>Michelle Yarnall, CMPE, CPC</td>
<td>Missouri</td>
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<tr>
<td>Scott Seiberg</td>
<td>New York</td>
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<tr>
<td>Christina Drakulich</td>
<td>Ohio</td>
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<tr>
<td>Shari Moore</td>
<td>Pennsylvania</td>
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<tr>
<td>Emily Floyd, MBA</td>
<td>Texas</td>
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<tr>
<td>Candy Hershel</td>
<td>Texas</td>
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<tr>
<td>Mary Owens, RN, CMPE, CPC, CPEDC</td>
<td>Texas</td>
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<tr>
<td>Laurie Serafine</td>
<td>Texas</td>
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<tr>
<td>Ken Vales</td>
<td>Texas</td>
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<tr>
<td>Reda Kolb</td>
<td>Virginia</td>
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<tr>
<td>Jen Ash</td>
<td>Washington</td>
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<tr>
<td>Karly Port, BSED</td>
<td>Washington</td>
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</tbody>
</table>

**PRACTICAL PRACTICE POINTERS**

**DOUBLE-CHECK COPAYS.** When you call a payer to verify a patient’s insurance, also ask about the patient’s copayment. The amount owed often changes, but the patient doesn’t always get a new insurance card reflecting the adjustment.
PPMA Updates

PPMA Membership

The PPMA has a total of 242 active members as of August 1, 2016! Help us continue to grow, and keep referring your colleagues who are interested in sharing their skills and knowledge with other pediatric practice managers to PPMA. Joining is simple! Refer your colleagues to the following link and/or have them contact Elisha Ferguson, Manager, Practice Management at eferguson@aap.org for additional details.

![PPMA Membership by Year](image)

**PPMA Home Page:** [http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-Administration-Practice-Management/Pages/PPMA.aspx](http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-Administration-Practice-Management/Pages/PPMA.aspx)

**PPMA Application:** [http://membership.aap.org/Application/SectionAffiliate](http://membership.aap.org/Application/SectionAffiliate)

Please note that the PPMA application has a new link! If you are not logged in, it will direct you to the AAP login screen. Please be sure to use the same login you use in all other areas of the AAP Web site. Once you have logged in (or if you are already logged in), the link will take you directly to the section affiliate application.

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**2016 Lynn Cramer Pediatric Practice Manager Award**

For those who may have not have known Lynn Cramer, RN-BC, she was truly a valued member of the Pediatric Practice Management Alliance (PPMA) whose life was cut short on April 12, 2015 due to a tragic car accident. Not only was Lynn a locally and nationally recognized pediatric practice administrator, she was a friend to many on PPMA and SOAPM. Lynn was devoted to improving healthcare for children in her practice and far beyond. Her vibrant personality and inherent ability to teach and mentor has helped so many pediatric practices over the years to become more successful, more efficient,
and increasingly relevant in the ever changing healthcare environment.

In honor of Lynn, the PPMA Leadership Team has established the **Lynn Cramer Pediatric Practice Manager Award**, and are pleased to announce that the first award recipient is Donna Scowden of Peachtree Park Pediatrics in Atlanta, GA! For more information about this year's award recipient, please see page 9.

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**SOAPM-PPMA Practice Management Webinars**

One of the many benefits of being a PPMA member are the FREE practice management webinars. There are a wide range of topics covered; from social media and vaccine storage and handling to addressing oral health in your practice, and NCQA certification. As an added member benefit, all practice management-related presentations sponsored by PPMA and SOAPM are archived. To view past webinars, slides and/or handouts, simply visit the [Practice Management Archived Webinars](#) on the PPMA home page (*Member log-in is required*).

PPMA is always looking for new and cutting edge practice management-related information to share with its members. Should you have any suggestions for future webinar topics and/or would like to be a presenter, please contact Elisha Ferguson at [eferguson@aap.org](mailto:eferguson@aap.org).

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**PRACTICAL PRACTICE POINTERS**

**DO IT NOW.** When scheduling an office visit, collect and convey as much information as possible up-front. Remind the patient about office and payment policies, get contact information, and review allergies or other pertinent treatment information. Spending time now will save time later and make for a more efficient visit.
2016 PPMA Membership Satisfaction Survey Results

Thank you to all that participated in the PPMA membership satisfaction survey that was distributed in May. The survey garnered 71 responses…that’s almost 30% of membership! Below are a few results from the survey that you may find of interest.

Average Length of Membership

![Pie chart showing the average length of membership.](image)

Practice Management Topics of Interest

![Pie chart showing the very interested percentages in different topics.](image)
PPMA Archives Search

Responses (%)

- NEVER TRIED TO USE OUT HOW TO ACCESS
- COULD NOT FIGURE 9.86
- SEARCH WAS HORRIBLE 1.41
- SEARCH WAS JUST 12.68
- SEARCH WORKED 9.86

Overall PPMA Membership & Listserv Satisfaction

Overall PPMA Membership & Listserv Satisfaction

- POOR 0 0
- FAIR 11.43 4.23
- GOOD 42.86 40.85
- EXCELLENT 50.7 45.71

[Graphs showing survey results for PPMA Archives Search and Overall PPMA Membership & Listserv Satisfaction]
AAP Resources

The AAP has a number of practice management resources to assist you:

**SOAPM-PPMA Listserv Online Archives** - Includes instructions on how to view the SOAPM & PPMA Listserv postings online and search by topic, email address, date/time, etc.

**Hassle Factor Form** - This online form can be used to report insurance administrative and claims processing concerns. The information provided will be used to assist the AAP and chapters in identifying trends and facilitating public and private sector advocacy related to health plans. *(Please note that completion of the following form is for data collection purposes only; information on hassles will be available to the national AAP and your chapter. You will not receive a reply when completing the Hassle Factor Form. By collecting data on issues pediatricians have with third party payers, the AAP at the national and chapter levels will be better able to identify common areas of concern and facilitate dialogue with payers. Please complete one form per carrier.)*

**AAP Coding Hotline** - Offers a member benefit where members or their staff can submit coding and payment issues for review by certified coders for free. AAP staff works to assist not only with correct coding, but can assist with payer denials. The AAP advises all members to utilize this free resource as this is the only official AAP source for answers to your coding questions. Unfortunately, the AAP cannot support any other advice given through other channels, including AAP Listservs. Contact the hotline at aapcodinghotline@aap.org for all coding or payer issues.

**AAP Webinars** - The AAP offers a variety of webinars. Use the scrolling feature to select from a variety of AAP webinars’ by topic, such as: Coding, Practice Excellence, Pediatric Care Online, Patient Safety, Medical Home, Mental Health, Red Book, Community Pediatrics, Genetics in Primary Care & Other.

**Healthychildren.org** - The official AAP website for parents backed by 66,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. *(Spanish Version: [http://www.healthychildren.org/spanish/paginas/default.aspx](http://www.healthychildren.org/spanish/paginas/default.aspx)).*
Don't Miss Out on This Year’s Practice Management Program Line-Up & Special Events!

2016 AAP National Conference & Exhibition

Registration and hotel reservations for the 2016 AAP National Conference & Exhibition (NCE) are still open (www.aapexperience.org)! We look forward to seeing you all in the ‘city by the bay’ - San Francisco, CA!

SOAPM-PPMA Practice Management Programs

Friday, October 21, 2016 (8:00am – 12:00pm) Marriott Marquis - Club Room

The Pediatric Practice Management Alliance (PPMA) 2016 education program will focus on various aspects of practice management that many practice managers and pediatricians will find themselves handling while running a pediatric practice. “It’s Not Your Fault, But It's Your Problem!” session will focus on and address relevant issues surrounding physician communication, mentoring and engagement, as well as harassment prevention and practice disaster preparedness. The session will conclude with an interactive panel and round table discussions between the faculty and attendees. Click here for additional information and to register: PPMA 2016 NCE Educational Program. (Supported by PedsOne and Pediatric Management Institute)

Saturday, October 22, 2016 (8:00am – 12:00pm) Moscone West – Rooms 2005/2007

This year, the Section on Administration and Practice Management (SOAPM) Section H Program, “Practice Environment Changes: Tips, Tricks, and Strategies to Maximize Pediatric Growth Opportunities” will focus on educating Clinicians on how to establish an in-office moderate complexity lab to increase quality of care, patient satisfaction, and office profit margin, and decrease health care costs. Click here for additional information and to register: SOAPM 2016 NCE Section H-Program. (Supported by Office Practicum)
**Special Events**

In addition to the numerous practice management programs, both SOAPM and PPMA have special events planned for this year’s NCE. Be sure to add these great events to your registration in advance – space is limited!

★ PPMA Networking Luncheon *(sponsored by PedsOne)*
Friday, October 21, 2016 (12:30pm – 1:30pm) Marriott Marquis - Club Room

**2016 Lynn Cramer Pediatric Practice Manager Award**

Donna Scowden

*(Practice Manager, Peachtree Park Pediatrics - Atlanta, GA)*

Donna Scowden will be the first recipient of this award, given in honor of PPMA Leadership Team member, Lynn Cramer, RN. This annual award recognizes a pediatric practice manager/administrator who not only exemplifies excellence in pediatric practice management, but also demonstrates a desire and willingness to share their successes and lessons learned with other pediatric practices. The award will be presented during the PPMA Networking Luncheon on Friday, October 21, 2016.

Donna is the Practice Manager of Peachtree Park Pediatrics in Atlanta, GA. She was nominated for the Lynn Cramer Award because of her outstanding leadership, ability to see above the fray and apply logical, creative thinking to issues and challenges within her practice. Her influential leadership helped to advance the values and mission of Kids Health First, an IPA representing over 35 Atlanta area private pediatric primary care practices. Donna’s service as the Practice Administrator representative to the Quality Improvement Management Committee has made her the “go-to” for resources related to how policies and decisions can/will affect practices. Donna readily shares her knowledge and experience with continuous efforts to promote high quality care with patients, staff, pediatricians, and her community.

**Congratulations Donna!**
2016 AAP National Conference & Exhibition . . . continued

★ SOAPM Edward Saltzman Luncheon (sponsored by Physician’s Computer Company)
Saturday, October 22, 2016 (12:15pm – 1:30pm) Moscone West Room 2009/2011

2016 Charles “Buzzy” Vanchiere Award
Graham Barden, III, MD, FAAP
(Pediatrician, Coastal Children’s Clinic - New Bern, NC)

This award recognizes a pediatrician who has made outstanding contributions toward helping pediatricians build effective managerial skills and providing training and tools for fellows to negotiate preferential use of pediatric care and appropriate payment. The award will be presented during the SOAPM Edward Saltzman Luncheon on Saturday, October 22, 2016.

Dr Graham Barden is a practicing pediatrician in New Bern, NC, and is part of a large group serving more than 20,000 children in 3 locations. Dr Barden was nominated for the Vanchiere Award because of the profound, national effect he has had on the quality of vaccine storage among independent pediatricians. Dr Barden took the time to act like a scientist and learn about the best practices for vaccine storage in order to maximize vaccine viability and effectiveness. His mission has been to teach other physicians, as well as various government agencies, about these best practices. His single-handed efforts have undoubtedly led to many more children receiving viable vaccines across the country.

Congratulations Dr Barden!
5th Annual SOAPM Friends of Children Fund Social Fundraiser and Dinner
(sponsored by Physician’s Computer Company (PCC), PedsOne, The Verden Group, and Remedy Connect)
Sunday, October 23, 2016 (7pm – 11pm) Jade Studios – Treasure Island
ADVANCE TICKET REGISTRATION IS REQUIRED:
https://soapm_2016_annual_fundraiser-dinner.eventbrite.com

SOAPM Exhibit Booth
New this year…SOAPM will have an exhibit booth inside the AAP Resource Center at the Moscone Center! The booth will have a display featuring SOAPM materials, interactive kiosks with SOAPM audiovisual presentations, surveys, special presentations, and opportunities for booth visitors to have one-on-one chats with SOAPM and PPMA members to discuss their practice management headaches and solutions!

Booth dates & times:
• Saturday, October 22, 2016 (12:15pm – 4:00pm)
• Sunday, October 23, 2016 (10:00am – 4:00pm)
• Monday, October 24, 2016 (10:00am – 2:00pm)

PRACTICAL PRACTICE POINTERS

Quality Improvement

ONE SMALL STEP FOR QUALITY. Assign a nurse or other clinical staff member to check the expiration dates on all prescription samples once a month, and keep a log of these inspections. Make this job a priority — you don’t want to inadvertently give a patient an expired drug.
2016 AAP National Conference & Exhibition Practice Management Programs

Visit www.aapexperience.org/planner for a comprehensive list of conference sessions or to search by topic, faculty, keyword, or physician attributes/competencies, create a conference itinerary, and access your session schedule and faculty handouts on the go using your mobile device. Be sure to visit the AAP practice management resources on the SOAPM Web site, PPMA Web Site.

Friday, October 21, 2016
8:00 am – 1:00 pm
Marriott Marquis – Club Room
C0008 – Pediatric Practice Management Alliance (PPMA) Education Program, “It’s Not Your Fault, But It is Your Problem!” and Networking Luncheon with Lynn Cramer
Pediatric Practice Manager Award Presentation *Ticketed Event – Advance registration is required. Supported by Pediatric Management Institute (PMI)

12:30 pm – 1:30 pm
Moscone West – Room 2005/2007
H1019 – Section on Administration and Practice Management (SOAPM) Section H Program

2:00 pm – 2:45 pm
Moscone South – Room 306
F1108 - Practice Transformation: Organizational Change, Payment Reform, and Harnessing New Technology (Repeats as F2034 – 10/23/16 @ 8:30 am – 9:15 am)

James Perrin, MD, FAAP

2:00 pm – 3:30 pm
Moscone South – Room 121
I1119 – Diagnosing our Diagnoses: Reasoning and Error
Andrew Olson, MD, FAAP | Emily Ruedinger, MD

2:00 pm – 3:30 pm
Moscone West – Room 3024
S1125 - ICD-10-CM: The Horse IS Out of the Barn! (Repeats as S2178 – 10/23/16 @ 4:00 pm – 5:30 pm)
Jeffrey Linzer, Sr, MD, FACEP, FAAP

3:00 pm – 3:45 pm
Moscone South – Room 310
F1142 – Help!! My EMR Threw Me Under the Bus!! (Repeats as F2008 – 10/23/16 @ 7:30 am – 8:15 am)
Herschel Lessin, MD, FAAP

Saturday, October 22, 2016
8:00 am – 12:15 pm
Moscone West – Room 2005/2007
H1019 – Section on Administration and Practice Management (SOAPM) Section H Program

12:30 pm – 1:30 pm
Moscone West – Room 2009/2011
SOAPM Edward Saltzman Luncheon and Vanchiere Award Presentation *Ticketed Event – Advance registration is required. Supported by Physician’s Computer Company (PCC)

2:00 pm – 2:45 pm
Moscone South – Room 306
F1108 - Practice Transformation: Organizational Change, Payment Reform, and Harnessing New Technology (Repeats as F2034 – 10/23/16 @ 8:30 am – 9:15 am)

James Perrin, MD, FAAP

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Jeffrey Linzer, Sr, MD, FACEP, FAAP

3:00 pm – 3:45 pm
Moscone South – Room 310
F1142 – Help!! My EMR Threw Me Under the Bus!! (Repeats as F2008 – 10/23/16 @ 7:30 am – 8:15 am)
Herschel Lessin, MD, FAAP

Sunday, October 23, 2016
9:30 am – 10:15 am
Moscone West – Room 3022
F2079 - Integrating Mental Health Services in the Primary Care Office (Repeats from F3008 -10/24/16 @ 7:30 am – 8:15 am)
Jay Rabinowitz, MD, FAAP

2:00 pm – 3:30 pm
Moscone North – Room 121
I2131 - David vs. Goliath: Setting Up and Running a Pediatric Group without Walls
Jesse Hackell, MD, FAAP | Herschel Lessin, MD, FAAP

3:00 pm – 3:45 pm
Moscone West – Room 3018
F2152 - Getting Paid for Team-Based Care
Joel Bradley, MD, FAAP

4:00 pm – 5:30 pm
Moscone North – Room 120
I2175 - Marketing Your Value and Message: The Impact of Your Practice Website & Social Media
Lisa M. Asta, MD, FAAP | Christina Vo, MD, FAAP

7:00 pm – 11:00 pm
SOAPM Friends of Children Fund Social Fundraiser Dinner at Jade Studios - Treasure Island *Ticketed Event – Advance registration is required: https://soapm_2016_annual_fundraiser-dinner.eventbrite.com

Supported by Physician’s Computer Company (PCC), PediOne, The Vorden Group, and Remedy Connect

Monday, October 24, 2016
8:30 am – 9:15 am
Moscone North – Room 125
F3040 - Shall We Play a Game? Patient Loyalty Rewards Program
Robin Warner, MD, FAAP

Continued...
4:00 pm – 5:30 pm
Moscone South – Room 309
S1164 – Moving from Volume to Value: The New Frontier in Healthcare Financing
Suzanne Berman, MD, FAAP | Jeffery Schiff, MD, FAAP

Tuesday, October 25, 2016
10:50 am – 11:10 am
Moscone West – 3rd Floor (Plenary)
P4044 – Practice Transformation: Mastering the New Environment of Pediatric Practice
James Perrin MD, FAAP

2:00 pm – 3:30 pm
Moscone South – Room 304
S4080 - Fired for Using Facebook: Law, Ethics, Professionalism and the Use of Social Media
Jonathan M. Fanaroff, MD, FAAP

4:00 pm – 5:30 pm
Moscone South – Room 306
S4105 – The Business of Immunization: Protecting Kids without Destroying Your Practice
Chip Hart

Continued...
8:30 am – 10:00 am
Moscone West – Room 3020
S3057 - New Payment Models and Pediatrics
Norman Harbaugh, Jr., MD, FAAP | Timothy Johnson, DO, MMM, FAAP

8:30 am – 10:30 am
Moscone North – Room 122
I3049 - Early Childhood Best Practice: Doing Great Patient Care and Getting Paid (Repeats as S1512 – 10/24/16 @4:00pm – 5:30pm)
Deborah Greenhouse, MD, FAAP | Kevin Wessinger, MD, FAAP

2:00 pm – 3:30 pm
Moscone West – Room 3018
S3123 - How to Start a New Pediatric Practice in 5 Easy Steps
Chip Hart | Suzanne Madden

4:00 pm – 5:30 pm
Moscone West – Room 121
S3159 - Extreme Practice Makeover
Jennifer Anderson, MD, FAAP | Amita Niki Saxena, MD, FAAP

4:00 pm – 5:30 pm
Moscone North – Room 121
I3149 - Improving Practice Quality: Lessons Learned from Military Medical Homes
Christoph Diasio, MD, FAAP | William Toth, MD, FAAP
How We Successfully Implemented a Patient Portal
By: Peachtree Park Pediatrics Staff

We didn’t implement a patient portal because we HAD to, but because we WANTED to. Our office did not qualify for meaningful use so our impetus was to use a patient portal to improve care and communication. The portal has been up and running for a little over a year now, and we have certainly learned a lot along the way that we feel would be of great benefit to others.

The journey began with a long laundry list of expectations. While we haven’t been able to do everything we had initially hoped for, we found it useful to stay focused on top priorities. Our top goals included:

• Provide a way for parents to message the doctors/staff with clinical questions
• Ability for parents to request well visit appointments and complete forms prior to an appointment
• Prescription renewal
• Provide a way for parents to view and print chart documents including immunizations, lab test results, and forms
• Ability to send “blast” messages to our portal users regarding office closings, appointments needed, and satisfaction surveys

According to our friends in the vendor’s sales department, all of these goals were attainable. However, we found that while many of these things could be done, they were not easily done. We quickly realized it was unlikely that our medium-sized office could successfully implement everything all at once so it was critical that we prioritized these activities.

We found early on that while forms CAN be created and sent via the portal it is a very laborious task; one we were not up for (we ended up doing electronic forms from another partner vendor). We also discovered that a current “glitch” with our portal vendor does not allow pdf documents to be printed/ emailed (we are hopeful that will be an update soon) - so parents can view documents but can’t print, for example, the sports physical form that we seem to get asked to produce 10 times per patient! So our initial focus was on creating patient messaging between parents and providers, appointment requesting, and prescription refills.

The first step was to assemble our implementation team. This team comprised staff from different perspectives — a front desk representative, a medical assistant, supervisors and a physician. The portal vendor assigned a representative to help keep us on track with various responsibilities and deadlines. The physician did not attend regular meetings but was used as a sounding board or the conduit to carry positive messages to the other physicians. My role as Practice Administrator was to provide oversight and involvement in any decisions that had high-level project and/or financial implications, not directing day-to-day project activities. I believe it’s always best to let primary stakeholders lead!

Our implementation timetable was revised a couple times but we feel that made it work better in the end. We felt comfortable putting the brakes on a task if we needed more time or more research - it’s
always better to do things right the first time!

We cannot stress the importance of testing and retesting each part of the implementation process while having different team members look at the information from different perspectives—other people will catch things that you miss. Take the time to review each of the portal parameters, especially with documents and lab results, making sure that items can be released when you want them released. We created test patients so the staff could receive hands-on experience with both the patient and provider sides of the portal. Lastly, be sure to communicate with the people that are involved with specific processes before creating new workflows. Don’t create a process for messaging with parents without seeking input from those who will be doing the actual messaging.

Once the implementation stages are complete, you’re ready to train the staff. This is another area that we stress you take the time to do it right, even if it means pushing back a go-live date. We trained staff from all departments with a top-down overview, and then in areas relative to their job function. We also included training on what the patient sees on their end so that all staff would be able to answer questions. Team members created tutorials and other documents that were made available to staff.

In our office the “doctor” messages are sent to the nursing staff so the doctors were trained on initiating messages and how to respond but there is honestly very little use of the portal by the physician staff.

Once we were ready to go live we implemented a multi-prong marketing approach for the portal to encourage parents to sign up. Word of mouth proved to be the most efficient and cost effective method. Once again, our team created multiple forms of marketing material. The portal vendor supplied a number of “out of the box” templates, forms, etc., but most were not intended for use in pediatrics. We created buttons for our staff to wear. The buttons were recognizable characters and slogan “ask me about our portal” - this was fun for the patients and parents and also helped remind our staff to talk about it. We also put reminder signs behind exam room doors in frames, highlighting features of the portal. We also set up a link on each exam room computer where the parent could request an invitation for access to the portal while waiting to see the doctor. We kept staff involved by holding a contest where staff would earn a punch each time they were heard talking about the portal with patients. For example, a hundred punches earned a $10 gas card along with other different levels and prize categories. All of this activity added up to a number of new registrations. We currently have around 2,000 patients signed up out of 10,000 active patients.

Our challenge now has been to make the portal relevant to ourselves and our parents- after the first few months, we sort of fell off the wagon of excitement. We know parents use the portal to look up some information but there has been a very low rate of utilization for appointment requests, prescription requests and messages. As an example we had about 20 messages of each type for March. We
are back to brainstorming ideas for a second marketing campaign to encouraging utilization. Our first step has been to retrain and refresh staff on how the portal works and how to remind parents (and we realized we had forgotten to train a few new staff members). We have successfully used the portal to send blast messages—two ad hoc patient satisfaction surveys, and are initiating a patient satisfaction survey coordinated with our appointment schedule that will send out a survey at the completion of a visit. We are discussing implementing a process where patients/parents will receive all non-urgent/negative lab results via the portal, and allowing parents to make routine health checks via the portal (i.e. not just requesting but having open slots to self-schedule).

The portal can do a lot; we are often limited by ourselves.
The American Academy of Pediatrics (AAP) policy “Recommendations for Prevention and Control of Influenza in Children, 2016-2017” offers updated recommendations for routine use of seasonal influenza vaccine and antiviral medications for the prevention and treatment of influenza in children. Important details are highlighted in the AAP News articles “Intranasal Flu MISSED its Target” and “AAP Updates Recommendations for Flu Vaccine in Children”. In addition, see the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report “Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices” for more information.

Consider taking the following steps to be prepared for the upcoming flu season:

- Get vaccinated and talk with colleagues about why they should get vaccinated, too.
- Encourage all of your patients to get vaccinated. Make a special effort to identify those patients at increased risk of complications from influenza and encourage them to get vaccinated.
- Protect children younger than 6 months of age by immunizing their caregivers and close contacts of those infants to reduce their exposure to influenza.
- Meet with staff to discuss what worked and improve what didn't work in the office during the last flu season.
- Train staff on standard precautions, infection control, seasonal influenza, and strategies for communicating the importance of immunization.
- As a large number of children are enrolled in Head Start or other early education and child care programs throughout the country, partner with these programs to encourage vaccination of all children, staff, and caregivers. Share information about AAP training materials and other resources.

The 2016-2017 vaccines strains have been updated from last season. This year, the trivalent inactivated vaccine includes an A/California/7/2009 (H1N1) pdm09-like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. The quadrivalent vaccine contains an additional B virus (B/Phuket/3073/2013-like virus). There is no preference for any licensed or recommended injectable vaccine over another.

The intranasal live attenuated influenza vaccine (or LAIV4) sold under the trade name “FluMist Quadrivalent” should NOT be used in any setting during the 2016-2017 influenza season in light of the evidence for its poor effectiveness in recent seasons, particularly against influenza A (H1N1) pdm09 viruses.

Some children 6 months through 8 years of age need 2 doses (given 4 weeks apart) of seasonal
What's the Latest with the Flu September 2016 *continued*

influenza vaccine if they have received fewer than 2 doses of any trivalent or quadrivalent influenza vaccine (including LAIV) prior to July 1, 2016. The second dose is sometimes missed, so attention to follow-up is needed. See the updated AAP dosing algorithm:

The chart above can be accessed here:
http://pediatrics.aappublications.org/content/early/2016/09/01/peds.2016-2527
*The 2 doses need not have been received during the same season or consecutive seasons.
†Receipt of LAIV4 in the past is still expected to have primed a child’s immune system, despite recent evidence for poor effectiveness. There currently are no data that suggest otherwise.

Optimal protection is achieved through annual immunization. The AAP and CDC recommend annual seasonal influenza vaccine for all people 6 months and older. Not everyone understands the importance of annual immunization, so it is valuable for you, as a clinician, to explain why getting a flu vaccine is crucial.

Guidelines for giving flu vaccine to presumed egg allergic children have been updated. Children with an egg allergy can receive any licensed influenza vaccine that is otherwise appropriate for their age, without special considerations. The CDC provides additional information about updated recommendations for flu vaccine and people with egg allergies.

It is especially important to vaccinate children and adolescents who are at an increased risk of complications from influenza, including those with chronic medical conditions, such as asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression, or neurologic and neurodevelopmental disorders. Children younger than 5, but particularly children younger than
2 years old, are also at an increased risk of hospitalization and complications attributable to influenza.

Another far less common, but still an important concern associated with influenza, is possible exposure and infection with animal influenza viruses. For example, swine have their own influenza viruses that usually do not infect people, but can cause illness in people on rare occasion. When that happens, these are called “variant” infections. Local fairs in the US typically bring an increase in interactions between people and swine, which increases the risk of these types of infections. As of August 26, 2016, 18 human infections with influenza A (H3N2) variant viruses have been detected. The CDC posted an online spotlight describing the first four infections reported and issued guidance for people attending agricultural fairs where swine might be present during fairs. The guidance includes additional precautions for people who are at high risk for serious flu complications. This year, no person-to-person transmission of these variant viruses has been identified. The Michigan Department of Health has also issued a news release.

Plan to participate in the CDC Clinician Outreach and Communication Activity pediatric-focused influenza prevention and control webinar on October 27, 2016, at 2:00pm ET. To receive a calendar appointment, e-mail DisasterReady@aap.org.

For more information, see the AAP Red Book Online Influenza Resource page or the CDC FluView. All What’s the Latest with the Flu messages will be archived. Members of the AAP also have access to Flu Vaccine Recommendations Speaking Points.
I was meeting a good friend and mentor not long ago. He asked me how things were going in the practice. I told him things were going alright, but I was dealing with an employee that wasn't working out. I went on and on about how the person was not fit for the job, had poor skills, fell short, didn't meet expectations and how that person just didn't understand.

My mentor asked, “Who was the fool that hired the person?”

Gulp! The fool was me.

If you've been in business long enough, my bet is that you've had to deal with bad hires. And you probably are well aware that the repercussions - both tangible and intangible - of hiring the wrong candidate is costly, time-consuming, aggravating, annoying, infuriating and, well, you get the picture. But who's fault is it when you end up with a bad hire?

The more important question, however, is how do we ensure we hire the right candidate?

1 - Change The Process
For starters, we have to realize that our traditional, almost silly, method of recruiting is ineffective. Realistically, what is the probability of hiring a stellar candidate by merely performing a background check and conducting a single 45-minute interview? If you’ve had success with a simple method like this, consider yourself lucky. You took a gamble, the stars aligned and you won. However, the funny thing about gambling is that one tends to lose more often than win.

2 - Define The Practice's Culture
The next step is to define - or at least have an understanding - of your practice's values, what your practice stands for, what sets of guiding principles motivate you and your staff. Why is this important? Because knowing who you are as a practice will help you identify the right candidate even before you begin the search. You may think this doesn't apply to hiring best practices, but it's the essence; the foundation; the genesis. Practices have different cultures; some are high-paced; others are more laid-back. Some clinics have structure, training, protocols and policies in place, while others leave it to the employees to come up with the best way to do things. Some practices are micro-managed while others are macro-managed (or not managed at all). Some practices place profit high on the priority list (which can make some uncomfortable), while others take a different approach. Some value speed, access in-and-out (volume), while others may value building relationships with parents. Knowing your practice's core DNA will go a long way in choosing the right candidate.

3 - Define The Candidate
In my experience practices will decide they need an MA, for example, put an ad on a job board describing the “duties” and “responsibility” and wait for the resumes to start trickling in. But what if, instead, you take the time to described your ideal candidate before posting an ad? Don’t describe the experience the person ought to have, but rather, the candidates' personal traits. For example,
should the candidate like to work in a structured environment where everything is spelled out or is the preference to have candidates that excel under little supervision? Of course, we want somebody that is responsible, honest and disciplined; and we want an RN to have RN experience. But beyond that, what sort of characteristics do you want the person to have? Ideally, you want the candidate to be in alignment with your practice’s culture. Hence why defining your practice’s culture is important.

4 - Look for DNA Traits First, Then Experience
The norm is to go over the person’s previous job experience. And while there isn’t anything inherently wrong with that, it’s only part of the process. To hire the best candidate for your practice, you need to ask questions and probe intently in ways that will illustrate the individual’s character. Here is why; most of the time, one can train staff. But you can’t give them character traits. For example, I can train an employee to check patients in, but I can’t train or even teach her to smile. They either have it, or they don’t.

5 - Multiple Interviews
To get the most out of the interviewing process and assess a person’s potential, it is considered best practice to interview the candidate multiple times. A single conversation is not enough to gain the valuable insight you need to hire the right person. I recommend no less than three visits. This stage of the hiring process serves several purposes. For starters, it shows the candidates willingness to work for you. If they are looking for just a job, the candidate is not going to put up with the long process. It also helps both the practice and the candidate to digest each session/step/interview and decide whether or not to continue to the next step.

6 - Cross Interviews
Among the multiple interviews, it is also considered best practices to have the candidate be interviewed by more than one person. At Salud Pediatrics, I select 2 - 3 employees, based on the employees’ strengths, to interview the candidates. And I don’t limit the employee interviews to the applicant’s area of work or expertise. In other words, an RN candidate could very well be interviewed by our billing and collections supervisor or vice versa in addition to a clinical counterpart. The purpose of the cross meetings is to have people with different set of experiences, skill set and responsibility evaluate the person from their perspective, thus providing a robust, comprehensive 360-degree view, if you will, of the candidate. Simply put, people “read” other people differently. And those differences are valuable to the process, because what one interviewer observes may be different than what another observes. Likewise, if all interviewers make the same observation about the candidate, the probability of it being right increases.

7 - Shadowing
I believe this is one of the most important steps of the hiring process. Requiring the candidate to spend half or full day at the practice shadowing employees is immensely valuable for both the candidate and the employer. Not only does the candidate have access to other employees (i.e. to ask questions), but they can also assess the practice’s culture, how the office functions, see the job requirements first hand, etc. The shadowing time also gives the practice an opportunity to further assess the candidate.
Employees can ask follow-up questions in a more relax environment (versus the actual interview where the candidate's answers and questions are more polished), learn details about the candidates and evaluate them under a different set of circumstances. During this stage, evaluate the candidate’s gestures, their behavior, the questions they ask and how well they understand what is required of them. Likewise, the candidate has an opportunity to evaluate the practice in a similar manner.

It is worth mentioning that there are State specific labor laws that dictate what constitute shadowing vs. on the job training vs. on the job interviews and what are the responsibilities of the employer and implication under State labor laws.

8 - Character Assessment Test (CAT)

There are many tests you can choose from that offer similar results. Explore which one works best for your practice. At Salud Pediatrics, we use a test called DISC - You can find out more about it by visiting [www.yourlifespath.com](http://www.yourlifespath.com) - to learn just a little more about the candidate. To be clear, we don’t use the CAT as a deciding factor to hire the candidate. We ask the candidate to complete the test only if we’ve already decided to make an offer to them. But the reason we perform a character test is that it gives us a glimpse of how the person is wired. Let me explain. By wired I mean personality traits that are most dominant in the individual. Knowing how a person is wired allows me as the hiring manager to place the candidate in a capacity in which he or she is most likely to thrive. I learned this concept from an Einstein quote, that says, and I’m paraphrasing, if you measure a fish by its ability to walk, it will be considered a failure. The character assessment not only tells me whether the candidate is a water creature versus a land creature, so to speak, but it also provides details that are difficult to uncover otherwise. For example, does the candidate avoid confrontation, or are they supportive and motivated by helping people? Or is the candidate goal driven, preferring to work alone and willing to call people out?

THE DRAWBACK

A negative aspect of having a comprehensive approach is that it takes time. And sometimes, strike that, and always, we are pressed for time. So we may be tempted to skip a step and fill the position ASAP on account we are shorthanded, so our only requirement is that the candidate is alive. But that is a mistake. Rushing through the process is a gamble.

BEST INTERESTS OF THE CANDIDATE AND THE PRACTICE

An interview process like this is designed to serve both the candidates and the practice’s best interest. The last thing you want is to have an uncomfortable conversation 6-months down the road about how “it’s not working out.” Moreover, there are a few things more harmful to a practice than an employee that isn’t happy with their employer/job. The long process - and the steps in the process - mitigates the probability of having an unhappy (i.e. bad apple) employee corrupting the rest of the staff.

FINAL THOUGHTS

With that simple question my friend and mentor asked me (which, as it turned out, wasn’t rhetorical), I learned I was the one to blame for the employee's shortcomings. It was my failure. Not the failure
of the employee. I hired the wrong person for the job. Moreover, it was clear that the reason the employee wasn’t working out was not that they weren’t fit for the job, but rather because the job wasn’t a good fit for the employee.

Now, following the steps doesn’t guarantee you will always find the perfect candidate. But at least it gives you a better chance at succeeding. I know it has for us. The long process can help filter candidates that would have otherwise been hired, to the detriment of the practice, I’m certain.

Mr. Betancourt is the co-founder and Practice Administrator of Salud Pediatrics in Algonquin, IL.
AAP members seeking strategies, resources, and tools to help them thrive in the rapidly changing healthcare delivery and payment system can access free resources on the newly revised Practice Transformation Web pages found at www.aap.org/practicetransformation.

The site features a wealth of resources for pediatricians and pediatric subspecialists, including:

- A practice transformation implementation guide, which includes 5 modules on leading practice change, team-based care, population health, quality improvement, and alternative payment models. These 5 modules contain step-by-step strategies, practical tools, and training materials to advance your practice's staffing and operations for the future.
- Resources on Managing Your Career, which includes extensive content for all career stages, from pediatric trainees making early career decisions, to those who are interested in opening a new private practice, to those who are making career transitions or retiring from practice.
- Practice management resources, such as for Managing the Practice, Coding and Getting Paid.
- Content to help members understand and respond to the changing demands of the health care system, such as the implementation of telehealth care, value-based payment, and population health.

For additional information, contact practicemanagement@aap.org.
To Scribe or Not to Scribe?

By Jeanne Marconi, MD, FAAP (SOAPM Member)

Many of us have commented, complained and are pained by all the necessary documentation the Electronic Medical Records (EMR) has delivered to us. We have become nothing short of highly paid data entry clerks thus disrupting our attention to personal interaction with our patients and families. This added duty has weaved its way well into the private time we had for our families, hobbies and other commitments. As we have discussed this at length in our practice, I will attempt to bring to light the pros and cons which will likely leave you more baffled with all the workflow changes, supervision, and responsibilities of adding scribes to your practice and, in the SOAPM way, how it may affect your bottom line.

In October 2013, Medical Economics reported how scribes can help document care and boost efficiency. What was not so clear was how this new service could be implemented, supervised and paid for. First and foremost, did you know there is an American College of Scribe Specialists? Did you know there are trade organizations to train and promote scribes such as Scribe America and Scribe Connect? And did you know that the Joint Commission now has definitions for scribes and how they are to be regulated? In the Medical Economics article, they defined scribes as unlicensed, trained medical information managers specializing in charting the physician patient encounter in real-time during the medical examination. They believe scribes allow us to spend more time with our patients; Or is it really we are getting back the time we lost from patients with the implementation of our EMRs? They do not mention how this affects our bottom line but that is really what we all need and want to know here at SOAPM. This just adds more to the unintended additional costs of EMR especially for many of us who do not quality for American Recovery and Reinvestment Act (ARRA) incentives so this can be a significant addition. Most of us in SOAPM are quite astute and know there is absolutely no cost savings to be had with EMR and depending how efficient and accurate you were before EMR, no more profitable. Most of our medical records teams are now doing other tasks associated with the EMR such as scanning, portal management etc. Having scribes will expand our overhead unless we find ways to use them in a carefully scripted way. There is hope though, with Meaningful Use and the need for accurate and complete data there may be monetary reward for their work at least in the near future.

Finding a scribe is no easy task Some have promoted using graduate students or already employed medical assistants. However, both these options are problematic. The graduate students will move on and the cost and time involved in the necessary re-training of staff would not be efficient or cost effective. They must learn medical terminology, anatomy, coding, and be fluent in technology and applications. They also need to able to write and communicate effectively. They must also have a demeanor that will emulate with the patient as now the patient will be sharing their medical histories and confidential concerns with another person in the room. Rolling this out to patients will also have to be scripted very carefully (see sample language below). In terms of your medical assistant becoming your scribe, the American Health Information Management Association (AHIMA) clearly defines a line between the role of the scribe and clinical assistant. They refer to EMR security rights claiming scribes
have nearly the same security rights as a provider, whereas a clinical assistant enters information independently and only within their scope of practice. This was difficult for me to understand until absorbing the legal consequences by the AHIMA. Regulatory agencies may differ as well as state laws where different rules may apply such as if your physician assistant may utilize a scribe or not since they are not permitted to practice independently. Soon to come will probably be rules by third parties on how scribes will document and how you will authenticate that work. The Joint Commission has rendered their guidelines and, according to AHIMA, says verbal orders cannot be given to scribes; signing and dating must occur on all entries; the timing of the entries is also regulated. Clear job descriptions and duties must be written and in place as well as documentation for proper training and orientation. Authentication by the providers is required as well as verifying all the information was reviewed and is accurate.

Managing scribe costs will require careful budgetary calculations. The scribe can be hired and trained by an office as long as all the guidelines and rules are followed or there are now vendors who do this for you. There are positives and negatives to both. Since this is a new service the uptake cost may be high whereas over the long run using a vendor may be more expensive. Data is showing scribes to earn between fifteen and twenty-five dollars an hour. As mentioned, using students may not be cost effective or efficient if there is frequent turnover. As stated above, using current clinical staff may be problematic if they are doing both scribing and clinical work. When dissecting the cost benefit analysis for your practice, one must consider if the scribe will help you attain Meaningful Use standards or provide value-care in a way that you would not be able to accomplish it without them or it would incur more cost to do so. Could this be a new “profit center” like adding a new procedure or just a shift of our old one? Another significant consideration is will the provider be more productive while maintaining a quality level that is experienced by the patient, the provider and the regulators? Also, for some, completed notes and billing processes may improve the rate of cash flow.

The workflow challenges or changes needed to implement the scribe will also impact your other staff. Who do scribes report to? Who now is in charge of the workflow? Do you need more than one scribe? Will you need the same number of other clinical and administrative staff? If your scribe is not of high quality your workflow may suffer.

There is an added legal risk and will malpractice companies take advantage of the added potential risk? Also, what if a scribe is not available all the time to all providers will they not be as skilled in documentation or become less efficient thereby affecting your bottom line? Scribing will also add to management duties, compliance processes and continued education. In fact, the American College of Clinical Information Managers now has a Maintenance of Certification program (sound familiar?). A trained scribe must complete the initial training followed by 100 supervised clinical hours before they can get a certificate. Their training includes medical terminology, technical spelling, basic anatomy, basic coding, HIPAA compliance, medico-legal risk mitigation, computer aptitude, essential elements of documenting a provider-patient encounter, Centers for Medicare and Medicaid Services Physician Quality Reporting System (PQRS), the Joint Commission's Accountability Measures and general knowledge of the roles and responsibilities of medical personnel.
To Scribe or Not to Scribe continued

So after a comprehensive review and analysis the question is posed: To Scribe or not to Scribe?

**Sample Language to Communicate to your Patients:**
The government and insurance companies have required the use of Electronic Health Records that help us to improve tracking of your child's health care, improve the care to children with chronic conditions, and improve communication with other health care providers your child may see. This information also helps in tracking data to improve quality and best outcomes for all conditions. The challenge we have encountered by this great advancement is maintaining the conversation and interaction with you and your child while ensuring all the data is entered accurately. Tending to the computer and data entry has interrupted this experience so many practices have adopted “scribes” who are professionally trained to enter all this necessary information while your doctor maintains attention to you and your concerns as well as the medical evaluation. What this means is there will be another person in the room on the computer during your visit. They may also give you handouts or carry out other duties as requested by your doctor. We realize this may be uncomfortable at first but be assured this will allow for a more personal and quality experience. As always we appreciate your allowing us to care for your child.

*Dr Marconi is the Managing Partner of the Center for Advanced Pediatrics in Norwalk, CT and a SOAPM Executive Committee member.*

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**PRACTICAL PRACTICE POINTERS**

**RIGHTS OF THE DIVORCED NON-CUSTODIAL PARENT.** A divorced parent came into the office and asked to see the child's account, but the mother is the responsible party. So, what rights does the non-custodial parent have to the child's account if he is not listed as a responsible party? The answer is based on state law – be sure to ask your attorney about the rights of the non-custodial parent. In some states, they have rights to everything (unless the court has ruled on their specific case otherwise); in other states, they have no rights.
"Countering Vaccine Hesitancy": A Message from AAP CEO/Executive Director Karen Remley, MD, MBA, MPH, FAAP

(Original message sent to all members on August 29, 2016)

As a pediatrician and a former public health officer, I understand how critically important vaccines are for the health of individual children, and to protect the larger communities where we all live. We have heard from you, our members, about the challenges you face every day as you talk with parents about their concerns surrounding immunizations.

Today the AAP is publishing a clinical report and a policy statement that we hope will help equip you for these conversations with parents, and provide the public-policy support we need for high immunization rates in every state.

The clinical report, “Countering Vaccine Hesitancy,” outlines strategies and approaches to use with parents to help them make the decision to vaccinate their child. We know that one-on-one contact with an informed, caring and concerned pediatrician is the No. 1 influence on parents’ decision to vaccinate. We want to make sure you have the tools you need to guide these conversations. As part of these new resources, I urge you to join the free PediaLink training module on vaccine hesitancy. This course provides strategies to promote vaccine confidence in vaccine-hesitant parents in a time-efficient but effective manner, including case studies on infant vaccinations and MMR vaccination.

The policy statement, “Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance,” urges states to eliminate all non-medical exemptions to vaccine requirements for child care and school attendance. High immunization rates are critical to protecting children from dangerous, preventable diseases.

Below are more resources and background on the new recommendations. No child should have to suffer through a disease that could have been prevented by a vaccine. With your help, the AAP is committed to achieving this goal.

Best regards,
Karen Remley, MD, MBA, MPH, FAAP
CEO/Executive Director
Announcements - Resources – Opportunities continued

**Resources**

- Clinical Report: Countering Vaccine Hesitancy [http://dx.doi.org/10.1542/peds.2016-2146](http://dx.doi.org/10.1542/peds.2016-2146)
- Policy Statement: Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance [http://dx.doi.org/10.1542/peds.2016-2145](http://dx.doi.org/10.1542/peds.2016-2145)
- Free PediaLink course: Challenging Cases: Vaccine Hesitancy
- Talking points for AAP members on vaccine hesitancy and exemptions

**National Center for Care Coordination Technical Assistance (NCCCTA)**

The mission of the NCCCTA is to support the promotion, implementation and evaluation of care coordination activities and measures in child health across the US. The following technical assistance (TA) and support is available to individuals interested in implementing care coordination. Contact NCCCTA for technical assistance and support.

- 1 hour of introductory TA regarding the Pediatric Care Coordination Curriculum, Care Coordination Measurement Tool and the Pediatric Integrated Care Survey.
- 2 additional hours of TA implementation and evaluation of the aforementioned tools.

**New NCCCTA Resource:** A graphical summary (see image excerpt) of a recent NCCCTA environmental scan that looked at US care coordination activities -- for a more detailed report, contact Hannah Rosenberg.
AAP Urges Action on EpiPen Costs

On August 26, 2016, the AAP published an article in AAP News calling for urgent action to reduce the cost burden of epinephrine auto-injectors for children with food allergies. The Academy recommends children with serious food allergies always keep two epinephrine auto-injectors with them and that they have a supply both at home and school. For the complete article and additional resources, please visit: AAP News - EpiPen Costs.

PCO Webinar - Rescue Medication and Seizure Emergency Planning Now Available!

The new PCO Webinar “Rescue Medication and Seizure Emergency Planning in Education Settings” is now available to view!

In this 30-minute webinar, Sarah Doerrer, CPNP, discusses the recent AAP clinical report, “Rescue Medicine for Epilepsy in Education Settings,” of which she is a contributing author.

Listen as Ms. Doerrer focuses on the following:

- What a seizure emergency plan is, why it is created, and what it should contain
- The basics of how to create an effective school seizure action plan
- The various seizure rescue medications, their side effects, and the practical considerations that come into play when prescribing them for the school setting
- What an IEP and 504 plan is and how to utilize them when creating a seizure action plan
- Directing parents to community resources to assist them should they encounter problems accessing appropriate medical care in the school setting

To view this webinar, go to Pediatric Care Online Webinars and click the title “Rescue Medication and Seizure Emergency Planning in Education Settings.”

The CR on Rescue Medicine for Epilepsy related clinical report was published earlier this year. You can find it at http://pediatrics.aappublications.org/content/early/2015/12/24/peds.2015-3876.

The Webinar was presented by Sara Doerrer, a certified pediatric nurse practitioner at the Johns Hopkins Hospital.
Webinar: Coordinating Care for Kids—School Nurses Linking with the Medical Home

Care coordination is not a new concept—it is a function that school nurses are part of every day. However, care coordination is more effective when communication between school health and medical communities is established and implemented in a structured manner. This archived webinar provides practical examples and resources on how school nurses, community-based clinicians and other providers can implement care coordination successfully. Speakers share experiences and approaches to care coordination, focusing on collaboration with community-based pediatric clinicians, other pediatric providers and families in their communities.

- **Speakers:**
  - Dian Baker, PhD, APRN-BC, PNP
  - Jody Johnson, MS, RN
  - Mark Satterfield, MD
  - Harold Magalnick, MD, FAAP

- [View Recording Here](#)
- [View PowerPoint Slides Here](#)
- [Resources](#)
- [Audience Questions and Answers](#)

Additional information and resources can be found on the medical home web site at [https://medicalhomeinfo.aap.org/tools-resources/Pages/Care-Coordination.aspx](https://medicalhomeinfo.aap.org/tools-resources/Pages/Care-Coordination.aspx).


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**Coding for Payment for Flucelvax:**

There is a new influenza vaccine on the market (Flucelvax, manufactured by Seqirus) that is indicated for children over 4 years of age and was approved in May 2016 for use through the 2016-2017 influenza season. Flucelvax is available to be purchased now and was listed as an available vaccine product on the Advisory Committee on Immunization Practices recommendations published on August 26th ([http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm](http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm)). This is a quadivalent vaccine derived from cell cultures.

The CPT code for Flucelvax is **90674** (*Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use*). CPT Code **90674** was released electronically on the AMA CPT website on July 1, 2016 for implementation on January 1, 2017. Payers may implement the code based on beneficiaries' needs any time after the code's release. The CPT Editorial Panel allotted a 6 month timeframe to allow payers adequate time to...
prepare their systems, however, processing periods for individual payers may accommodate a more abbreviated timeframe. There is nothing prohibiting health plans from implementing the new code 90674 prior to the January 1 implementation date.

**Coding for Payment**

In checking with the national carriers, to date the following have responded (Anthem, Cigna, UnitedHealthcare, along with BCBS of Illinois, Texas, Montana, New Mexico, Oklahoma) that their claims systems will not accept CPT code 90674 until January 1, 2017. Until Jan 1, 2017, practices submitting claims for Flucelvax should report the unlisted vaccine code 90749 (unlisted vaccine/toxoid) unless otherwise directed by the payer.

Pediatric councils and members should check with their local payers as to how to report claims for Flucelvax. In addition, if you have different information from your own payer(s) please notify the AAP Coding Hotline at aapcodinghotline@aap.org.

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**Healthcare Transitions-Related Resources**

A one-page summary of key resources related to health care transitions is updated and available at [www.aap.org/medicalhome](http://www.aap.org/medicalhome). Though not exhaustive, the one-pager provides links to several resources developed in response to the clinical report, *Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home*, authored by the AAP, American Academy of Family Physicians and the American College of Physicians; web-based modules offering Maintenance of Certification credit; transition tips for parents; and resources developed by states. The summary can also be found [here](http://www.aap.org/medicalhome).

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**Welcome the Newest Member of the SOAPM Family!**

Congratulations to SOAPM/PPMA staffer, Elisha Ferguson on the birth of a baby girl, Lennox Savoy Ferguson! Baby Lennox was born on October 5, 2016 at 7:02 pm. She weighed 8 lbs 2 oz and was 19 inches long. She is welcomed home by proud parents Elisha and Trae Ferguson, as well as big brother Karson.
Overview

Mentorship is one of the most important tools for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. The AAP recognizes that mentorship is critical in helping to nurture and grow future leaders and that a mentorship program is a key opportunity to engage new and existing members. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians.

What are the goals?

The AAP Mentorship Program aims to promote AAP career and leadership development. Physician mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Mentees will gain a trusted advisor and learn methods to enhance career advancement. All parties will form professional relationships and share advocacy, professional, and research interests.

How does it work?

Participants will complete an online mentor/mentee profile form. The profile form collects information on education, training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit; these factors all facilitate the matching process. Mentor/mentee pairs will have the ability to meet traditionally in person (if they choose a local match) or use one of several online tools to meet virtually.

What is the time commitment?

Mentors are asked to commit at least one full academic year. However, the program offers opportunities for short-term “flash” mentoring, which includes responding to questions and participating in online forums. Mentors/mentees will be asked to set regular phone meetings to discuss mentee goals, objectives, and progress.

Who can participate?

All national AAP members in good standing are invited to participate. Click here for information about how to become a member or renew your membership.

How do I get involved?

Visit aapmentorship.chronus.com and log in with your AAP login and password. Once logged in, simply fill out the mentor and/or mentee profile form (you can be both if you’d like). The matching process will begin once you publish your profile. Please note that, given the nature of the process, we cannot guarantee all applicants will be matched during our initial launch of the program.
Pediatric Practice Management Alliance (PPMA) Leadership Team

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