Today marks the first edition of the American Academy of Pediatrics (AAP) Pediatric Practice Managers Alliance (PPMA) monthly newsletter! 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 Jose Lopez, Manager, Practice Management, at jlopez@aap.org.

Kimberly Robbins has been selected as the newest member to PPMA Leadership Team and will represent Districts VII, VIII, IX, which are districts located primarily west of the Mississippi River. Join me in congratulating Kimberly on her selection!

The Practice Support Page, the AAP online resource for practice management, has been upgraded with a new section on the “Business of Pediatrics”. This section focuses on:

- Hot Topics in the Pediatric Marketplace (Policy & Market Forces and How to Adapt to them),
- Resources for Employed Physicians,
- Resources for Self Employed Physicians, and
- Careers in Pediatrics.

Other sections on the Practice Support Page include:

- Practice Basics,
- Office Operations,
- Patient Management,
- Financing & Payment, and
- Quality Initiatives & Patient Safety.

In partnership with SOAPM, the PPMA will hold series of monthly practice management webinars. Details with topics and logistics will be sent shortly.

PPMA currently has 115 members across the country. A marketing campaign highlighting PPMA activities and membership has been distributed to other areas of the AAP through publications such as AAP News, Smart Brief, Chapter Connections, etc. As a reminder, membership to PPMA includes access to members-only content throughout the AAP Web site, PPMA Listserv®, newsletter, webinars, educational programs, and subscription to AAP News. If you know of anyone interested in PPMA membership, please have them visit the PPMA Web site.
**PPMA TO OFFER DISNEY INSTITUTE’S “PEDIATRIC LEADERSHIP AND QUALITY SERVICE” PROGRAM**

The PPMA, a sub-organization of the AAP Section on Administration and Practice Management (SOAPM), is pleased to offer a session of the award-winning Disney Institute on “Pediatric Leadership and Quality Service” for PPMA and SOAPM members. This program will be held on **Thursday, October 24, 2013 from 12:00 PM – 5:30 PM** at the Orange County Convention Center in Orlando, and will include a field experience to a Disney location. The PPMA has secured a special registration rate of $450 per attendee which will be available on a first come, first serve basis. There are only 13 slots remaining, so if you are interested, please register as soon as possible!

The Disney Institute, while being held in the same location as the 2013 AAP National Conference and Exhibition (NCE), is not a part of nor officially affiliated with the 2013 AAP NCE. As such, the registration cost for the Disney Institute is separate from registration to the 2013 NCE. Space will be limited, so we encourage you or members of your practice team to [register now!](mailto:registration@aap.org)

**PPMA PROGRAMS AND EVENTS AT THE 2013 AAP NCE**

PPMA and SOAPM have some informative and fun events planned at the year’s NCE. An itinerary of practice management related educational programs is available on the [AAP NCE Web site](http://www.aap.org). In addition, PPMA, SOAPM, and the AAP are offering the following special events for your consideration:

**Friday, October 25, 2013**

- 8:00 am - 11:30 am — PPMA Program *(Orange County Convention Center)*
- 7:30 pm - 9:30 pm — AAP Welcome Reception *(Peabody Hotel)*

**Saturday, October 26, 2013**

- 8:00 am - 12:15 pm — SOAPM Section H Program *(Peabody Hotel)*
- 12:30 pm - 1:30 pm — SOAPM Edward J. Saltzman Luncheon and Vanchiere Award *(Peabody Hotel)* Supported by Physician's Computer Company
- 7:15 pm - 11:15 pm — AAP Orlando Experience! *(Disney's Hollywood Studios)*

**Sunday, October 27, 2013**

- 5:30 pm - 7:00 pm — AAP President’s Reception *(Orange County Convention Center Exhibit Hall)*
- 7:00 pm - 10:00 pm — SOAPM Friends of Children Fund Annual Social Fundraiser *(Location, details, and registration information will be provided shortly)* Supported by Office Practicum

**Monday, October 28, 2013**

- 7:30 am - 8:30 am — AAP Friends of Children Fun Run & Walk
- 12:30 pm - 1:30 pm — AAP Annual Business Lunch

Registration and hotel reservations for this year's NCE are now open! It is advised that those interested in registering for the NCE and securing housing accommodations do so as soon as possible. The AAP housing block fills up very quickly.

When registering for the NCE, please select the 'M03 Section on Administration and Practice Management Edward J. Saltzman Luncheon' under the Catered Events Section. If you have already registered, you can contact registration at registration@aap.org or 800/433-9016 to add this event to your registration. At the luncheon we will honor the 2013 Vanchiere Award winner William Zurhellen, MD, FAAP; present a history of SOAPM & PPMA where we will recognize SOAPM founding member Edward J. Saltzman, MD, FAAP; and give out some fun 'SOAPM Razzie Awards'.

Finally, the SOAPM Friends of Children Fund Annual Social Fundraiser will be held on the evening of Sunday,
October 27. Registration and details are being finalized, but similar to last year, expect another great evening!

As always, if you have any questions, feel free to contact Jose Lopez, Manager, Practice Management, at jalopez@aap.org. We hope everyone can join us in Orlando and look forward to seeing all of you at this year’s NCE!

**ANOTHER THING TO WORRY ABOUT: THE SUNSHINE ACT**

*Holly Parlavecchio, RN, Chairperson, PPMA Leadership Team*

The Sunshine Act is part of the Affordable Care Act (ACA) which requires manufacturers of drugs, medical devices and medical supplies that participate in federal healthcare programs to begin reporting on financial interactions with physicians and teaching hospitals beginning August 1, 2013.

The stated purpose behind the transparency reports is to provide patients and the public with information on the financial interactions of physicians and industry. These transactions often drive innovation and discovery in medical practices that may promote better patient care. This is what needs to be related to your patients and families. It is important to discuss this matter in a way that will enhance the patient and families understanding without compromising trust or the physician-patient relationship.

Manufacturers will submit the report to the Centers for Medicare and Medicaid Services (CMS) on an annual basis. In addition, manufacturers and group purchasing organizations (GPOs) must report certain ownership interests held by physicians and family members.

Some key dates:

- **August 1 – December 31, 2013**: Manufacturers are required to begin collecting and tracking payments, transfer and ownership information.
- **January 1, 2014**: CMS will launch the physician portal that allows physicians to review their report.
- **March 31, 2014**: Manufactures / GPOs must report 2013 data to CMS.
- **June 2014**: Physicians can access their 2013 data and seek corrections or modifications.
- **September 30, 2014**: CMS will release data on the public Web site.

Although the federal law states all transactions over $10.00 need to be reported there are several exceptions from reporting, including samples that are not billed for, educational material, items used for charity care, etc. It is important to make sure you familiarize yourself with the exceptions. A mobile app is being developed to help track the transfers and payments and allow you to correct and dispute errors in a timely matter. August 1, 2013 has arrived, so start to update your disclosures now and going forward. You want to make sure only correct information is being recorded and made public.

**IMPROVE YOUR PATIENTS’ ORAL HEALTH AND YOUR BOTTOM LINE**

*Kimberly Robbins, PPMA Leadership Team*

It is well documented that low-income children have poor access to dental healthcare, leading to impaired nutrition and health, lost school days, premature loss of permanent teeth and, ultimately, worsened job prospects and negatively impacted adult health. By providing oral health services in the pediatrician’s office we can increase access to dental care and primary prevention, thereby improving the long-term dental health of our patients.

State programs have attempted to address children’s oral health through the development of various programs that increase the number of pediatricians and other primary care providers who implement oral health services in their practice and improve dental referral resources. Washington State’s Access to Baby and Child’s Dentistry program (ABCD) is an example of a very successful oral health program. Initially the program sought to increase access by convincing legislatures to increase Medicaid payment to dentists providing children’s dental care. While this had some effect, it wasn’t until 2008 when the state Medicaid program began to pay primary care
physicians for providing oral health services in the medical home that the incidence of dental caries in children really began to fall. This was due to an effort to train primary care practices to pay attention to the oral health of children as well as train dentists to care for young kids, therefore increasing the number of dentists to whom pediatricians felt comfortable referring. Adoption of similar programs in other states has achieved similar results.

State Medicaid programs recognize that by investing relatively low costs for oral health services in primary care (oral evaluation, anticipatory guidance and fluoride varnish early and often as part of routine well exams) and improving dental referral resources, they will see great savings in emergency department utilization and adult dental care down the road.

The implementation of an oral health program in the pediatric practice is not a daunting task and is financially significant to the practice. In most states the oral evaluation, anticipatory guidance and application of fluoride varnish can all be delegated to support staff, though some practices do find it works better with their work flow to have the pediatrician complete the procedure. Trying out different ways to incorporate this service in to practice may help you find the right rhythm. Practice models, including policies and procedures, can be found on the AAP Children’s Oral Health Web site and the AAP now has an Education and Quality Improvement in Pediatric Practice Course on Oral Health to help practices figure this out!

Of the 44 states that cover the application of fluoride varnish, average payment is $17.62 per application. The age range of coverage varies, but all participating states cover services for patients up to 3 years (with the exception of Tennessee that only covers children ages 3 – 6); some as high as age 20. While periodicity also varies, most cover at least two applications and year, and some up to four.

Oral evaluation and anticipatory guidance are also reimbursed services in a handful of states. For states that cover this expanded oral care, the average payment is $24.80 and is often covered at the same frequency as fluoride varnish application. For states that pay separately for oral evaluation, anticipatory guidance and fluoride varnish application, the total revenue, in addition to the well-child exam, can be up to $70.29. For some states this “add on” service revenue exceeds that of the well-child exam itself!

Assuming coverage of oral evaluation and fluoride varnish application at the national average of $42.71 for the pair of services, it makes sense to assess patients at every encounter and to provide the service at interim visits as well if well child appointments are not kept. Reception and clinical support staff can assess as part of preparing for the appointment day whether already scheduled eligible patients are due for follow-up fluoride varnish application. The service can then be provided when the family is already in the office. By using patient recall, the practice could schedule specific “oral health” days, using clinical support staff to provide services to six or more families per hour.

Oral evaluation and fluoride varnish application just two times per year, using national average payments, yields $85.41 per patient per year. In the environment of falling payment, the need to find additional evidence-based revenue sources is critical. Implementation of an oral health program can yield a significant return on investment, while not impacting pediatrician time. Such a program can lead to a lifetime of improved oral health through early intervention for our patients while improving the practice’s bottom line.

Save the Date!
The AAP in collaboration with the American Academy of Pediatric Dentistry is looking to talk with practice managers who have successfully implemented oral health in practice at the NCE on Saturday, October 26th from 2:00 – 4:00 pm. More information will be forthcoming. Mark your calendars!

Resources
- AAP Coding Hotline
  To contact the AAP Coding Hotline, fill out the online contact form or e-mail aapcodinghotline@aap.org.
- AAP Children’s Oral Health
  This site hosts oral health program models, sample policies and procedures for establishing a program, and more!
• **Smiles for Life National Oral Health Curriculum**
  An AAP endorsed training program for primary care.

• **Pediatric Oral Health Flip Chart and Reference Guide**
  A great resource for the practice and available in the AAP Bookstore or to AAP Members who join the Section on Oral Health. Pediatricians join for free! Simply e-mail [oralhealth@aap.org](mailto:oralhealth@aap.org).

• **State Dental and Pediatric Dental Societies**
  Individual state dental services societies are also a great resource. Many state dental programs support oral health services in primary care by providing staff training in oral evaluation, family education materials in various languages and access to low cost sources for fluoride varnish and supplies.
  - [State Dental Societies](#)
  - [State Pediatric Dental Societies](#)