

## OK Pediatrician

E-Newsletter for the  
Oklahoma Chapter  
American Academy of Pediatrics

Volume II, Issue II

February 2011



Dear **OKAAP** Members~

Now available on the OKAAP Web site is a Practice-Clinic Job Posting form. This new form will provide practices, clinics, hospitals, etc. who are seeking to fill a pediatric position from within the state of Oklahoma another resource to do so.

The form can be found at: [www.okaap.org](http://www.okaap.org)

The form can be printed and filled out. Once complete, it can be sent to Kim Estes at: [kestes@upal.com](mailto:kestes@upal.com). Kim will forward to all Chief Resident Coordinators. The residents will be informed this source will now be available to them.

It's just one way for **OKAAP** to encourage graduating residents to search within our state to begin their careers!

As always, we are open to and welcome any suggestions!



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

### Practice/Clinic Job Posting

Name of Practice/Clinic:	
Location:	
Number of Pediatricians:	
Number and Type of Physician Extenders (PA's, NP's):	
Compensation Structure:	
Vacation:	
CME:	
Retirement Plan:	
Hospital Affiliations:	
Level II Nursery Coverage Needed:	Yes No
Approximate Call Schedule:	
Contact Information:	Name:
	Phone Number:
	E-Mail:
Miscellaneous Information:	
NOTE: You may wish to indicate ancillary practice activities, special educational requirements or experience, track to partnership or ownership in this space.	

# OKAAP Forms New Pediatric Council

## October 2010 Meeting

We had our first teleconference meeting on October 5, 2010. In attendance were Patrice Aston, MD, Jeffrey Bergman, MD, Bill Geffen, MD, Don Orchard, and Kim Estes. Our discussion was primarily related to payments for vaccines, and in particular Prevnar (PCV13). As Dr. Legako reported in his article in the December Newsletter, we did get BCBS to agree to a \$15 increase in payment for Prevnar. This was in response to our meeting with one of their Medical Directors and their Head of Pharmacy, but also in no small part due to the dogged determination of Dr. Aston through her provider representative to keep this issue in front of them. It is this kind of effort we need to open lines of communication with all the insurance plans we contract with.

## Vaccine Pricing

The issue of payment for vaccines is and will be an ongoing issue. The national AAP has been addressing this issue with national carriers. Most insurance companies rely on some type of formula based on Average Wholesale Price (AWP) or Average Sales Price (ASP). These data sources are often not available to us and are not always accurate or up to date in reflecting the costs of vaccines. The AAP has long recommended that the best source of up-to-date information on the actual costs of vaccines is through the CDC website: <http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm>. There has been very limited success getting insurance carriers to use this source. The AAP rationale for how vaccine payments should be structured is very well discussed in their Practice Management Online website: <http://practice.aap.org/content.aspx?aid=1808>. I encourage everyone to read this and use this information when discussing vaccine pricing with plans you contract with.

Due to antitrust constraints the Chapter cannot negotiate contract issues for our members but we can be a source of information. If your costs for giving vaccines are a problem with specific insurance plans, send me their contact information and the Chapter will assist in getting this information to them. If all members who are having trouble getting adequate payment address this issue with the insurance companies, our voices may be heard.

## New Vaccine Administration Codes

As all of you are probably aware, there are new vaccine administration codes for 2011 – 90460 and 90461. The AAP Private Payer Advocacy department has alerted us to problems that have arisen with payments for these new codes, including:

1. New IA codes are loaded and recognized by payer claims systems but the actual payment schedule is not known.
2. Inadequate payment including bundling (these have RVUs assigned).
3. Not recognizing the new IA codes.

I would encourage everyone to monitor in your practices how these codes are being handled and to contact your insurance plans if they are not being handed correctly. **The AAP would like to know about any problems with these codes.** You can contact them through the Hassle Factor Form (see below).

## Other Issues

If you are having other issues with insurance companies such as administrative hassles, payment processing problems, claims adjustment inaccuracies, or contractual issues, I encourage you to use the **AAP's Hassle Factor Form available online:** <http://www.aap.org/moc/reimburse/hasslefactor/HassleForm.cfm>.

If any of you are interested in being members of our Pediatric Council and helping address issues with private payers, please contact me.

Ken Setter, MD  
Chairman  
**OKAAP Pediatric Council**  
[kensetter@aol.com](mailto:kensetter@aol.com)



**We NEED You!**



# Sam Bradford, Dairy MAX & Oklahoma Schools Celebrate Nutrition



## *Fuel Up to Play 60 Program Celebrates Student and School Commitment to Improved Nutrition and Physical Activity with Pep Rally*

**(Bethany, OK) January 31, 2011** – Growing concern about the childhood obesity epidemic has brought school nutrition to the forefront, and a renewed focus on health in a new year reminds Americans that instilling physical activity and healthy eating habits among our nation’s youth is more important than ever before. National Dairy Council (NDC), Dairy MAX and the National Football League are kicking off the new year with Fuel Up to Play 60 by demonstrating their commitment to making health and wellness a nationwide priority.

Fuel Up to Play 60 is an in-school nutrition and physical activity program launched by the NDC, Dairy MAX and the NFL, in collaboration with the U.S. Department of Agriculture (USDA). Nutrition and health professional organization supporters include Action for Healthy Kids, American Academy of Family Physicians, American Academy of Pediatrics, American Dietetic Association/Foundation, National Hispanic Medical Association, National Medical Association and the School Nutrition Association.

In the Putnam City School District, Lake Park Elementary School and its students are celebrating the return of Fuel Up to Play 60 this school year by holding a school-wide pep rally on January 31st to demonstrate their commitment to making their school a healthier place. **St. Louis Rams player Sam Bradford, a stand-out at the University of Oklahoma and a former Lake Park Elementary School student, will make a special appearance at the school to talk to children about eating healthy and being active for 60 minutes a day.**

As a part of Fuel Up to Play 60, students across Oklahoma were invited to enter the Fuel Up to Play 60 Recipe Challenge. Students were invited to create a healthy recipe using the knowledge learned from the [Fuel Up to Play 60](#) “healthy eating playbook” and share their learning experience for an opportunity to win prizes for their school, recognition in a national recipe book and the chance to prepare the recipe with chef Robert Black, A Good Egg Dining Group and also a Lake Park Elementary School alum. Chef Black and **Robert Gruntmeir, a student at Gilmour Elementary School in Kingfisher, Oklahoma, who took top honors in this challenge, will showcase and prepare his winning dish, Hawaiian Touchdown Mac & Cheese.**



“We’re excited to start the new year with Fuel Up to Play 60. The program really allows youth the opportunity to take control of their own health and work toward making their school environment healthier with their friends,” says Dairy MAX’s, Susan Allen, M. Ed., “Fuel Up to Play 60 is about encouraging students, educators and the community to get involved, and the new year offers a great opportunity for kids to take the challenges and jump-start the program in their schools.”

The Fuel Up to Play 60 program empowers youth to take action for their own health by providing an opportunity to implement long-term, positive changes for themselves and their schools. Together with the involvement of multiple supporting health and nutrition organizations – Action for Healthy Kids, American Academy of Family Physicians, American Academy of Pediatrics, American Dietetic Association, National Hispanic Medical Association, National Medical Association and School Nutrition Association – the program reaches more than 60,000 schools across the country and plans to further its progress by expanding its reach and impact in the years to come.

**“The NFL is a proud partner of Fuel Up to Play 60 and happy to serve as a role model to help inspire its young fans to make healthier choices,” says Sam Bradford. “This program is a great way to get kids excited about being active and eating a healthy diet.”**

As part of Fuel Up to Play 60, enrolled schools receive a free School Wellness Kit with in-school collateral materials and planning tools to help implement healthy eating and physical activity “Plays” that can spark positive change in the school environment. Students have the opportunity to participate in a series of five Fuel Up to Play 60 Challenges this year that can help educate and motivate them to showcase their talents and collaborate with their peers, putting Fuel Up to Play 60 into action.

As youth go through the program, they are encouraged to consume nutrient-rich foods (low-fat and fat-free dairy foods, fruits, vegetables and whole grains) and achieve at least 60 minutes of physical activity every day. The ultimate goal is to ensure changes made at school are sustainable, and to provide children with more opportunities to be physically active and choose tasty, nutrient-rich foods at school.

To learn more about Fuel Up to Play 60 or sign up for the 2010-2011 program visit [www.FuelUpToPlay60.com](http://www.FuelUpToPlay60.com) or [www.dairymax.org](http://www.dairymax.org).



*Sam Bradford’s appearance was scheduled by NFL PLAYERS, the marketing and licensing subsidiary of the NFL Players Association.*



# Sanofi Pasteur Discontinues Tripedia Vaccine

Sanofi Pasteur will be discontinuing the supply of **Tripedia**<sup>®</sup> (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed) and **TriHIBit**<sup>®</sup> (Haemophilus b Conjugate Vaccine [Tetanus Toxoid Conjugate]-ActHIB<sup>®</sup> reconstituted with Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed-Tripedia) as we focus our efforts on supporting our other DTaP<sup>a</sup> and Hib<sup>b</sup> products. We anticipate that supplies will be depleted in Q2, 2011. This is subject to change based on fluctuations in demand.

Sanofi Pasteur will continue to offer a full line of DTaP and Hib products, including **Pentacel**<sup>®</sup> (Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate [Tetanus Toxoid Conjugate] Vaccine), **DAPTACEL**<sup>®</sup> (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed), and **ActHIB**<sup>®</sup> (Haemophilus b Conjugate Vaccine [Tetanus Toxoid Conjugate]).

Pentacel is the first and only DTaP-IPV<sup>c</sup>/Hib vaccine:<sup>1</sup>

- As a 4-dose Hib-containing combination vaccine, Pentacel vaccine fits naturally into the primary series at 2, 4, and 6 months of age, with a booster at 15 to 18 months.<sup>1,2</sup>
- With 4 doses of Pentacel vaccine, you can help reduce the number of injections during both the primary series and at the crowded toddler visit.<sup>2,3</sup>
- A primary pertussis immunization series consists of 4 doses of Pentacel vaccine; therefore, children who have completed the 4-dose series with Pentacel vaccine should receive a fifth dose of DTaP at to 6 years of age.<sup>1</sup>
- DAPTACEL, a 5-component acellular pertussis vaccine, is approved for all 5 doses of DTaP in children 6 weeks through 6 years of age. It is highly protective against all severities of pertussis.<sup>4</sup>
- These products provide the option of using a single-entity DTaP—DAPTACEL vaccine—or a DTaP in combination with IPV and Hib—Pentacel vaccine.
- ActHIB vaccine induces a robust immune response that helps protect against invasive Hib disease in infants and toddlers. It has been in continuous supply since launch in 1996, with more than 80 million doses distributed in the United States.<sup>5,6</sup>
- We hope the discontinuation of Tripedia and TriHIBit vaccines will not cause any inconvenience to your providers. To help you communicate this information to your providers we have created the following e-mail template for your distribution. If you have questions or require additional information about alternatives to the discontinued vaccines, please contact our customer account representatives at **1-800-VACCINE** (1-800-822-2463).



## Indications

- ActHIB vaccine is indicated for the active immunization of infants and children 2 through 18 months of age for prevention of invasive disease caused by *Haemophilus influenzae* type b.
- DAPTACEL vaccine is indicated for active immunization against diphtheria, tetanus, and pertussis as a 5-dose series in infants and children 6 weeks through 6 years of age (prior to seventh birthday).
- Pentacel vaccine is indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis, and invasive disease due to *Haemophilus influenzae* type b. Pentacel vaccine is approved for use as a 4-dose series in children 6 weeks through 4 years of age (prior to fifth birthday).



# Sanofi Pasteur Discontinues Tripedia Vaccine continued...

## Safety Information

- The most common local and systemic adverse reactions to ActHIB vaccine include injection site erythema, swelling, and tenderness; fever, irritability, drowsiness, and anorexia. Other adverse reactions may occur. ActHIB vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine. The decision to give ActHIB vaccine should be based on the potential benefits and risks; if Guillain-Barré syndrome has occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid; or if adverse events have occurred in temporal relation to receipt of tetanus toxoid-containing vaccine. Vaccination with ActHIB vaccine may not protect all individuals.
- The most common local and systemic adverse reactions to DAPTACEL vaccine include injection site redness, swelling, and tenderness; fever, irritability, drowsiness, and crying more than usual. Other adverse reactions may occur. DAPTACEL vaccine is contraindicated in persons with any immediate anaphylactic reaction or hypersensitivity to any component of the vaccine.
- The decision to give DAPTACEL vaccine should be based on the potential benefits and risks; if Guillain-Barré syndrome has occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid; or if adverse events have occurred in temporal relation to receipt of pertussis-containing vaccine. Encephalopathy within 7 days of administration of a previous dose of a pertussis-containing vaccine or a progressive neurologic disorder is a contraindication. Vaccination with DAPTACEL vaccine may not protect all individuals.
- The most common local and systemic adverse reactions to Pentacel vaccine include injection site redness, swelling, and tenderness; fever, fussiness, and crying. Other adverse reactions may occur. Known systemic hypersensitivity reaction to any component of Pentacel vaccine or a life-threatening reaction after previous administration of the vaccine or a vaccine containing the same substances are contraindications to vaccination.
- The decision to give Pentacel vaccine should be based on the potential benefits and risks; if Guillain-Barré syndrome has occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid; or if adverse events have occurred in temporal relation to receipt of pertussis-containing vaccine. Encephalopathy within 7 days of administration of a previous dose of a pertussis-containing vaccine or a progressive neurologic disorder is a contraindication. Vaccination with Pentacel vaccine may not protect all individuals.

**Before administering any of the following vaccines, click on the appropriate links below for full Prescribing Information:**

**ActHIB Vaccine - [click here](#), DAPTACEL Vaccine - [click here](#), Pentacel Vaccine - [click here](#)**

<sup>a</sup> DTaP = Diphtheria, tetanus, and acellular pertussis.

<sup>b</sup> Hib = *Haemophilus influenzae* type b.

<sup>c</sup> IPV = Inactivated poliovirus.

ActHIB vaccine is manufactured by Sanofi Pasteur SA and distributed by Sanofi Pasteur Inc.

DAPTACEL vaccine is manufactured by Sanofi Pasteur Limited and distributed by Sanofi Pasteur Inc.

TriHIBit vaccine: ActHIB vaccine combined with Tripedia by reconstitution.

Tripedia vaccine is manufactured and distributed by Sanofi Pasteur Inc.

Pentacel vaccine is manufactured by Sanofi Pasteur Limited and Sanofi Pasteur SA and distributed by Sanofi Pasteur Inc.



**References:** 1. Pentacel vaccine [Prescribing Information]. Swiftwater, PA: Sanofi Pasteur Inc.; 2009. 2. Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0 through 18 years—United States, 2010. *MMWR*. 2010;58(51&52):1-4. 3. Food and Drug Administration. Pentacel®: DTaP-IPV/Hib Combined (diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and *Haemophilus b* conjugate [tetanus toxoid conjugate] vaccine combined). VRBPAC Briefing Document. <http://www.fda.gov/ohrms/dockets/ac/07/briefing/2007-4275B1-01.pdf>. Accessed December 2, 2010. 4. Gustafsson L, Hallander HO, Olin P, Reizenstein E, Storsaeter J. A controlled trial of a two-component acellular, a five-component acellular, and a whole-cell pertussis vaccine. *N Engl J Med*. 1996;334:349-355. 5. ActHIB vaccine [Prescribing Information]. Swiftwater, PA: Sanofi Pasteur Inc.; 2009. 6. Sanofi Pasteur Inc. Data on file (ActHIB sales by dose), December 2009. MKT18628.

# IV Annual Pediatric Interdisciplinary Conference

The Children's Hospital at OU Medical Center is Hosting  
IV Annual Pediatric Interdisciplinary Conference

Thursday, March 3, 2011  
Skirvin Hotel, Oklahoma City, OK

## Target Audience:

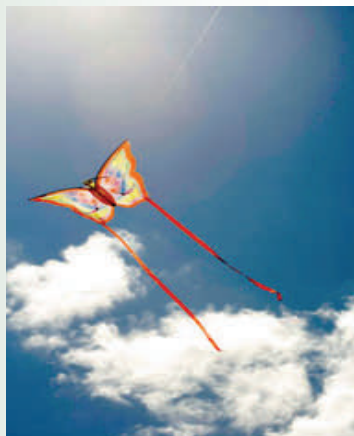
An interdisciplinary conference for registered nurse, physicians, advanced practice nurses, physical and occupational therapists, child life specialists and graduate students.

## Purpose:

The purpose of the conference is to provide participants with information regarding current and recommended evidenced-based pain management practices in the pediatric population from a multidisciplinary perspective.

[Click here to view the 2011 Conference brochure](#)

**Registration deadline is February 25, 2011**



## Winds Change

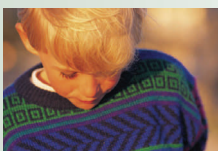
IN PEDIATRIC  
PAIN MANAGEMENT

~ **OKAAP** Members are invited to participate ~

For more information and online registration visit:

[www.oumedicine.com/PIConference](http://www.oumedicine.com/PIConference)

AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY



The American Academy of Child and Adolescent Psychiatry (AACAP)  
Annual Review Course in Child and Adolescent Psychiatry and Training Session for the Oral Exams  
Fort Worth, TX - March 9-12, 2011

The Review Course is a very valuable program for pediatricians.  
Early Bird Registration Deadline is **February 15th**, cost is \$660.  
**You can save an additional \$25 by registering online.**

[Click here](#) to download a PDF of the promotional brochure for the meeting.

Send any requests or questions to:  
Lauren Kokernak - Meetings Manager  
202-966-7300 x104 - [lkokernak@aacap.org](mailto:lkokernak@aacap.org)

For Future AACAP Meetings visit: [www.aacap.org](http://www.aacap.org)



# New Recommendations for MCV4 Use

The AAP Committee on Infectious Diseases approved two new modifications for the use of Quadrivalent Meningococcal vaccines (MCV4, Menactra, and Menveo) recommended by the Advisory Committee on Immunization Practices of the CDC. These new recommendations will affect the 2011 immunization schedule.

**Immunocompromised Patients** - MCV4 elicits antibodies protective against *Neisseria meningitidis* serogroups A, C, Y and W-135.

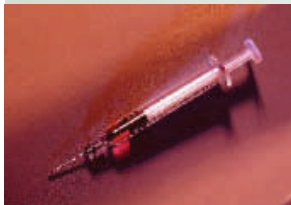
For children who are at high risk for meningococcal disease due to immunocompromise (complement deficiency, asplenia, HIV infection), a two-dose primary series (at least two months apart) is now recommended. Children at high risk for meningococcal disease due to immunocompromise who have received only one dose in the primary series should receive a second dose at the earliest opportunity (no sooner than eight weeks after the first dose).

The second dose of vaccine is recommended because antibody levels following a single dose may be insufficient to protect those with HIV infection. In addition, children with a deficiency in their innate immunity (complement deficiency and asplenia) need higher levels of antibody provided by the second dose to achieve protection.

**High Risk Patients** - For individuals at increased risk for meningococcal disease due to prolonged exposure (e.g., microbiology lab workers), the recommendation is to continue with a one-dose primary series.

For all individuals at prolonged high risk for meningococcal disease, booster doses are recommended with intervals determined by age of receipt of the primary series of meningococcal vaccine (three-year interval for 2- to 5-year-olds, and five-year interval for those ages 7 and older). One dose should be administered every five years thereafter for persons with persistent complement deficiency and anatomic or functional asplenia.

**Adolescents** - The second revised recommendation is the addition of a routine booster dose of MCV4 for adolescents at age 16 years, i.e., vaccinate at 11 through 12 years followed by a booster at 16 years. For adolescents who receive their first dose at 13 through 15 years of age, a one-time booster dose should be administered between ages 16 through 18 years or up to five years after the first dose.



Detailed information is available in the January issue of [AAP News](#).

For more information on Meningococcal disease, visit the [Red Book Online website](#).

## “Cracking the Codes” Billing and Coding Webinar

**Cracking the Codes:** New Rules for Administration of Pediatric and Adolescent Vaccines in 2011

Below is information on educational webinar events regarding the new CPT codes. As health-care providers, you have a unique opportunity to participate in a timely educational service.

These Webinars feature an expert-led review of the new CPT<sup>®</sup> codes that took effect on January 1, 2011 and will clarify the changes that impact your practice. The Webinars focus on the addition of new codes for the administration of combination vaccines.

**These programs are scheduled for February and March 2011 and are being broadcast via an interactive Webinar taking place on:**

<u>Date</u>	<u>Eastern Time</u>	<u>Central Time</u>	<u>Mountain Time</u>	<u>Pacific Time</u>
<b>Tuesday - February 15, 2011</b>	1:00 pm	12:00 pm	11:00 am	10:00 am
<b>Wednesday - February 23, 2011</b>	12:00 pm	11:00 am	10:00 am	9:00 am
<b>Thursday - March 3, 2011</b>	3:00 pm	2:00 pm	1:00 pm	12:00 pm

To get more information and to register for this event, please click the following link: <http://intercallus.stream57.com/crackingthecodes2011>

Once registered, you will receive confirmation and reminder of the event via e-mail.

<sup>a</sup> CPT = Current Procedural Terminology is a registered trademark of the American Medical Association.

**CRACKING THE CODES: New rules for administration of pediatric and adolescent vaccines in 2011**

**sanofi pasteur**  
The vaccines division of sanofi-sintelabo Group

Payment problems regarding the new IA Codes can be reported to: [AAP Hassle Factor Form](#)

# Oklahoma One of the First to Receive EHR Reimbursement

Just days after the CMS [opened registration](#) for the Medicare and Medicaid electronic health-record incentive programs, the first provider payments have been issued.

Two doctors at the Gastorf Family Clinic of Durant, OK received \$21,250 each for having adopted certified electronic health-record systems under the Medicaid EHR incentive program.

The state of Kentucky also processed a \$2.86 million payment to the University of Kentucky Healthcare, amounting to one-third of total payments for the hospital's participation in the incentive program.

Funding for the incentive payments programs was made available through the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009. [Registration for the program](#) opened January 3, 2011.

For more information on this article click on the following link: [Modern Physician](#) (free registration)



# Louisiana's Governor's Insurance Plan Gets Support

BATON ROUGE, La. - Black physician groups and operators of some health clinics for the poor have lined up in support of the Jindal administration's plan to have state taxpayers purchase private health insurance policies for the poor.

But the much larger private physicians and hospital groups continue to oppose the idea, arguing that the state should embark on its own "managed care" system instead of sending Louisiana health care dollars to out-of-state insurance companies.

The debate continues as the administration prepares to move ahead with its "coordinated care networks" and a planned statewide rollout beginning in 2012, covering 830,000 Medicaid recipients. Medicaid is the government health insurance program for the poor.

The proposed new program would cover about two-thirds of Medicaid recipients enrolled today, mostly children.

The phase-in would begin in New Orleans and areas on the North Shore of Lake Pontchartrain, then 60 days later move into the Baton Rouge, Acadiana, Lafourche and Terrebonne areas, then 60 days after that the rest of Louisiana.

State Department of Health and Hospitals Secretary Bruce Greenstein said the administration wants to see two different models operating, an insurance-based one and one in which health care providers drive the system but it's not operated by state government.

The two types of plans working in competition side-by-side would lead to better and better health outcomes for the investment of health care dollars, Greenstein said.

"I'm a big fan of competition," said Greenstein.

The Louisiana Medical Association, the New Orleans Medical Association and the Louisiana Primary Care Association favor the insurance-based model. The LPCA is a group of federally qualified health clinics.

Insurance companies would get paid a set amount, much like premiums paid for private insurance, and in return they would contract with groups of physicians, hospitals and specialists who would deliver care for enrollees. The providers would have to meet certain medical care standards.

Federally qualified health clinics, generally referred to as FQHCs, favor the insurance model because it has "the most potential for success," said Donald Hunter, an LPCA executive. The clinics operate at 82 different Louisiana sites.

FQHCs operate on a different financial basis than private-sector pediatric, family practice or general medicine clinics getting enhanced payments. The clinics, created under federal law, provide primary care in underserved urban and rural communities.

The other model in the administration's proposal is one that maintains a "fee for service" system, which would be run by a nonstate entity that would form provider networks similar to those in the insurance model.

The Coalition to Protect Louisiana Healthcare is working on a different version that would involve a partnership between the state and health care providers in a system of "community care."

Community Care North Carolina went statewide there in 2007. A group of 14 nonprofit, doctor-directed regional care networks identify local resources to provide medical care and set quality-improvement goals to meet local Medicaid patients' needs.

The Coalition to Protect Louisiana Healthcare includes the Louisiana State Medical Society, the Louisiana Chapter of the American Academy of Pediatrics, Medicine Louisiana and the Louisiana Hospital Association.

Coalition members have said they favor a Louisiana version of a North Carolina plan that led to \$200 million to \$300 million in Medicaid savings. Under that plan, the state maintains oversight.

Information from: *The Advocate* - <http://www.2theadvocate.com>

# Have a Question? We Will Find an Answer!

Have a **QUESTION?**

We will find an **ANSWER!**

**OKAAP** is providing the opportunity for you to ask questions to any **subspecialist** group.

You can submit your questions by email to:

Kim Estes - [kestes@upal.com](mailto:kestes@upal.com)



Send in  
your  
**Question?**

We will find and  
publish an  
**Answer!**



**MARK YOUR CALENDARS!**

The Annual  
**OU-OKAAP Pediatric Spring Conference**

**August 26-27, 2011**  
in Oklahoma City

Watch the monthly newsletter as  
well as your email.

Details will follow as they  
become available.

~ The focus will be Childhood Obesity ~



## Upcoming AAP Events and Courses



Practical Pediatrics CME Course  
Orlando, FL  
March 11-13, 2011

Practical Pediatrics CME Course  
Paradise Island, The Bahamas  
February 25-27, 2011

Pediatric Leadership Alliance  
Chicago, IL  
March 23-25, 2011

Workshop on Perinatal Practice Strategies  
Scottsdale, AZ  
April 15-17, 2011



2011 Courses

