

# THE FLORIDA PEDIATRICIAN

The Newsletter of the Florida Chapter AAP and the Florida Pediatric Society

Volume XVII, Number 4

November 1994

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## CHILD HEALTH MONTH - AND BEYOND-

All of us were excited when the American Academy of Pediatrics announced October as its annual National **Child Health Month**. We are additionally pleased that our Governor declared October to be **Child Health Month in Florida**. Our love for - and devotion to the welfare of - children in our State and in our Nation shines out during October of each year. This year, using the standing overall concept of *Solutions before Problems*, our major thrust concerned violence among children.

Elsewhere in this issue, we have listed some of the efforts of your Society, on a state and regional level, to meet the challenge of Child Health Month. I call it some of the efforts because some of our people believe the efforts are more important than their exploitation, and thus do not report to us; some, also because we really have no way of knowing how much spin-off activity there is in the media, other news-bites and special reports, spawned by our efforts. It was my impression that in my area, at least, there was more visibility given to children and their problems than is usually seen (or read).

Child Health Month this year was certainly not all positive effort with positive results. We all know and can quote examples of violence over the past few years. October 1994 was punctuated, in my area, by media reports of a child in Norway killed by two other children in what the Norwegian government characterized as an imitation of an American television program; the death of a young child who was pushed out of a 14th story window by two other children; and the

\* \* \* \* \*

"...do proclaim October Child  
Health Month in Florida..."

Hon. Lawton Chiles, Governor

\* \* \* \* \*

senseless death of a bright young adult from Tampa, shot and killed by someone who apparently just wanted to steal her car in a Virginia parking lot. I'm sure there were other such events in October, and they are a blot on our lives.

What happens now? Are we satisfied to wait until the Academy - and the Governor of Florida - declare the next Child Health Month? Do we go back to "business as usual"? Or are we prepared to push all year long for *Solutions*?

As a group - and as individuals - we recognize that violence against children (and by children, usually against other children) takes many forms. **Handguns** are one problem, and not one subject to easy solution. On the one hand, the Academy supports a ban on handguns while recognizing that this is probably not feasible. On the other extreme, there are some who would legislate that every household must have a gun. In between are those who feel that the constitutional right to bear arms must be protected at all costs. That the problem has become politicized is true, as is the fact that we, as advocates for children, ought to be in a position to help to find a happier middle of the road.

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## COMMITTEE CHAIRMEN

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## PRESIDENT'S MESSAGE

I have had the opportunity over the past quarter to visit with two separate local Pediatric Society groups. First, I accepted the kind invitation of the Central Florida Pediatric Society to attend one of their meetings and present an overview of the Florida Pediatric Society. The CFPS has outstanding leadership and organization and continues to be a strong resource for ideas, manpower and financial support for the Florida Pediatric Society. I also had the opportunity to attend, with Dr. Cimino, the first joint meeting of the Greater Miami Pediatric Society and The Cuban Pediatric Society in Exile. Dr. Ovidio Bermudez, President of the Greater Miami Pediatric Society and Dr. Juan Perez Rodriguez, President of the Cuban Pediatric Society in Exile should be congratulated

for arranging this historic meeting. It was an excellent social gathering and academic presentation. Dr. Bermudez' vigorous leadership from District VIII is sure to result in increased liaison with our members in South Florida. These visits have allowed me to see an interesting combination of diversity of background and unity in purpose from our local pediatric societies. I see these societies as yet another resource for information and ideas of various areas of our state. Reports from the Presidents of any local pediatric society are welcome at our Executive Committee meetings and information from any of these societies supplied by individual members would also be welcomed. Please let us know what is going on in your society directly or through your regional representative.

It will not be long until our State Legislators begin their 1995 session. Dr. Bob Stempf, our previous legislative committee chairman, has announced his retirement and will be greatly missed. He has been an extremely valuable asset for us over the years and the loss of his leadership presents a significant challenge. Dr. David Cimino, Chapter President, has agreed to act as Interim Legislative Committee Chairman. David carries with him the perspectives of a physician formerly in private practice and now in an academic setting. He is extremely knowledgeable about our Chapter's representation at the national level, and he has the personal skills to allow him to represent the legislative goals of our Executive Committee in Tallahassee. With good support from other members of the Legislative Committee, I think we can predict another successful year for the FPS and in the legislative arena.

Finally, we are seeing quite a bit of activity on the Medicaid scene. Dr. Ed Zissman has continued to be a voice for the FPS at the Agency for Health Care Administration and Medicaid. I must admit the process is discouraging to me when I see efforts on the part of the Medicaid Office to actually lower reimbursement for the most commonly billed pediatric codes such as 99213. It appears that a lot of work on the part of your Child Finance Committee and Executive Vice President have at least resulted in a reversal of the decision to lower 99213 reimbursement. The good news is that there will be an increase in reimbursement for EPSDT exams and some other codes such as 22914 and 22915 have been increased. I wish I could be happier about the successes, but I just

(Continued on page 7)

## CONGRATULATIONS ARE IN ORDER!

The American Academy of Pediatrics has announced an **Award of Special Recognition to Hugh Carithers, M.D.**, of Jacksonville, for research carried out in the private practice of Pediatrics. Dr. Carithers was a pioneer in research on Cat Scratch Disease, and has reported one of the largest series of cases of this disease in the literature. He continues to be one of the leading authorities in the United States, on this disease. The Executive Committee and the membership extend to him our congratulations on this accomplishment.

## CHAPTER PRESIDENT'S MESSAGE

Summer is generally a quieter time of year for many of us. However, the issue of Health Care Reform continues to impact all of us. In Florida, we are at a standstill regarding the financing of healthcare for all of our citizens. Legislation has been enacted which impacts all of us in our day to day practice of Pediatrics. What has happened in Florida only mirrors what is going on around the rest of the nation, and that of course is the rapid expansion of "MANAGED HEALTHCARE".

Managed competition is a fact regardless of what happens legislatively in the national healthcare arena. It is the only model that has made it out of committee. Managed Healthcare is being driven by business and the insurance industry. Consequently, we are being inundated by literature and presentations regarding economic integration of hospitals and physicians, IPAs, PPOs, foundations, staff models, etc.

We have no way of knowing what the outcome of such a system will be. Will it be effective? Will it control costs? One thing, however, is certain: there will be a significant loss of freedom for both the patient and the physician.

Prudential Healthcare recently shifted 80% of its 55,000 customers in the Tampa Bay area from their primary care physicians into a closed clinic. Prudential marketed its plan to groups of employees during April and May without mentioning its impending change of physicians. The April renewal went into effect on July 1, the same day as the changeover. Covered employees have expressed their dismay at being tricked and losing their primary care physicians and have referred to Prudential as using a "Bogus List" to entice them to sign up. This is managed care, and we "ain't seen nothin' yet".

Organized medicine at all levels has failed to adequately evaluate and compare a single payor system with managed competition. I fear we are on the verge of failing to protect our patients and to protect ourselves. A single payor system would preserve the most freedom and would be the most cost-effective. Scare tactics have worked against patients and organized medicine.

I fully believe that we, the physicians, and our patients will lose more freedom under managed competition than we would ever lose under a single payor system. And we will do so without any significant savings because any money saved as controls are brought down on us will go to insurance executives, insurance stockholders, attorneys and accountants. A great hoax is about to be perpetrated on the American people.

It may be too late to stop the present legislative packages. We must all, however, seriously investigate and evaluate a single payor system as an alternative to what is being sold in the name of free enterprise. There will be another year. We may have lost the battle but not necessarily the war.

David A. Cimino, M.D.  
President, Florida Chapter AAP

## OUR APOLOGIES!

The Editorial Office offers its apologies to the membership for the delay in delivery of the *Florida Pediatrician* for August, 1994. We used a different method to accomplish the mailing this time. Like all that it new, there were "bugs". Result: some of you did not receive your copy until after October 1. We are sorry, and we are sure this will not happen next time.

## GENERAL PEDIATRIC UPDATE III

May 19-21, 1995

## BUSINESS MEETING

Saturday Luncheon

General Pediatricians \* Pediatric Residents  
Meet Old/New Friends at Friday night Reception

### Our Speakers will be:

James Stockman, M.D.  
Victor Strasburger, M.D.  
Patricia Simmons, M.D.  
Lyle Micheli, M.D.  
Michael Muszynski, M.D.  
Lawrence Schachner, M.D.

For more info call: 800-648-0450

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## COMMITTEE REPORTS

### *Report of the Committee on Environmental Health*

The purpose of this brief article is to alert the membership to the existence of the *Quarterly Report of the Environmental Health Committee* and to encourage reports from the other Committees. Reports should have pointed messages, of timely and common interest to all, within their respective scope.

When George Dell was President of the Florida Pediatric Society, he appointed me as Chairman of the Committee on Environmental Health for the Society/Florida Chapter. I had a hazy idea of the responsibilities, but suspect George was reluctant to specify the assignment, since he was aware of the scope of the increasing impact of environmental health us all. George has a way of identifying needs, then assigning responsibility. In less than two months, I became deeply involved with 'lead screening' at the state and AAP level. The primary purpose of the early Committee reports was to maintain the awareness of the Executive Committee to developments in the lead screening efforts.

While lead proved the major topic, requiring quarterly reports to the Executive Committee, I began to include other current, pertinent environmental health items of specific pediatric concern.

Early in my medical career, I tended to associate environmental hazards with occupational health, not pediatrics. However, as time has passed, it infiltrated medicine and especially pediatrics, in many related areas. It now involves water and air pollution, foods and food contamination, breast milk contamination, zoonoses-related infectious diseases, and a multitude of other subjects. Environmental health problem sites, in addition to the workplace, are hotels/Legionnaire's Disease, hospitals, schools, day care centers and any areas promoting nosocomial infections, trailer homes, and formaldehyde. Hazards include animal vectors (pets), pesticides, PCBs, lead, food additives, child labor problems, etc. Multiple federal and state agencies find their justification in environmental concerns: the Environmental Protection Agency, the Food and Drug Administration, Occupational Safety and Health, Public Health Services, plus the multitude of allied health groups at all levels of government, and the myriad of public interest groups, e.g., Children's Defense Fund and others.

Over the past two years, the Report has covered over 30 topics. A few are listed below and, of these, several have been discussed repeatedly, especially lead, usually a leading topic of each Report.

Lead Toxicity            Washington Reports    PCB in Breast Milk

Latex Allergy	Dental mercury	Toxic soil/dioxin
Fluorids poisoning	Lead in drinking water	Tobacco
Magnetism/leukemia	E.coli Food Poisoning	Breast implants
Pneumonia/food pois.	Pesticides	Fire ants
Formaldehyde	Cigarette smoke	Aluminum toxicity

In addition, AAP Environmental Health Committee Reports have been reviewed and items relative to Florida and our Chapter members included. While I have screened the literature and news releases for items, some have been suggested by members. I have tried to review items in environmental health directly related to day to day practice experience.

The main purpose of this article is to bring one Committee endeavor to the attention of the membership. Individual reports have ranged from 5 to 11 (1.5 line spaced) pages. The time required for each issue has not been tallied. Best estimate is that it requires about

eight hours per month for subject/data gathering, then 4 hours of

final preparation.

This responsibility has continued to whet my interest in pediatric clinical pharmacology. Of course, the possible discussion items seem endless. I do not intend to encroach upon other committee areas, but frankly, it is difficult to delineate an environmentally toxic substance/effect from the realm of pharmacology, drug abuse, infectious disease, breast feeding, etc. This discrimination becomes difficult when an agent exists in the 'environment' as a potential hazard/vector. This may be air pollution from smoke stacks or cigarettes, or water pollution from lead or waste disposal, or magnetism from power lines or vacuum cleaners.

A personal endpoint of this committee would be to have a full committee. I would welcome 2-3 interested volunteers. Hopefully, we could expand the newsletter to have ample items for the Editor to choose and include in each issue.

I often experience the 'Black Hole Syndrome'. Egotistically, I fear my Committee Report becomes lost among the 'serious financial problems' grappled with by your extremely busy executive committee. The report attempts to cover subjects in the current experiences of all Fellows, statewide. I suggest Chapter/Society Committee reports should be available to the Executive Committee, and, after review, to the entire membership. Further, I would suggest a Poster Board Session for the Annual meeting. I propose the Executive Committee discuss the possibilities, and if in agreement, refer the suggestion to the Annual Meeting Coordinator.

Charles F. Weiss, M.D.

Chairman, Environmental Health Committee

[*Editor's Note:* We tend to take for granted many of the issues with which Chuck Weiss deals. His work is almost heroic, in that he has no help at all. Dr. Weiss has hit on some extremely important issues for the Society and for its Executive Committee, and I hope that he will bring these up at the next Executive Committee meeting, scheduled for November. We try to include one committee report in each of the quarterly editions. Given the number of committees, perhaps we need to double or triple this quota. It can be accomplished, with appropriate cooperation. After all, this is a medium for spreading information among our members. In addition to Executive Committee action, we would all be grateful for suggestions on this and other ways of improving communication among the members. A Letter to the Editor would be nice - or just a scribbled note!

### READERS:

Do you have ideas you would like to share with your colleagues, tips on practice, short-cuts to better care for children, other thoughts? *The Florida Pediatrician* would like to receive guest columns, which will be published as space permits. Columns will be accepted on the basis of suitability for the Newsletter, and may need to be edited with approval of the writer for space and readability. Why not try your hand?

## ***THE "GRASS ROOTS"***

### **THE REGIONAL REPRESENTATIVES REPORT**

(Each month we will provide reports from two of our eight regions)

#### ***Region III reports:***

**PEDIATRICS AFTER HOURS (PAH): AN EDUCATIONAL PARTNERSHIP.** Janet Silverstein, Marilyn Dumont-Driscoll, Suzanne Skoda-Smith, Douglas Barrett.

The PAH Clinic at the University of Florida (UF) is a unique program in housestaff education involving participation by the Gainesville private pediatricians and the faculty of the University of Florida Department of Pediatrics. The program was designed to teach housestaff how to handle phone calls after hours and to determine which patients need to be seen that night or which can be deferred until the morning for follow-up. In addition, residents are taught the assessment and treatment of acute pediatric problems after office hours in an ambulatory setting without easy access to laboratory and x-ray facilities.

All 17 private pediatricians in Gainesville, Florida agreed to serve as preceptors for the residents, providing an educational experience to which the residents would not otherwise be exposed. The preceptors participated in a faculty development workshop designed to develop their skills in "bedside" teaching. UF faculty provide back-up whenever the preceptor is called to hospitalize a sick child at one of the community hospitals. Second and third year residents are assigned to this clinic as a one month rotation. The clinic is housed in a free-standing, ambulatory facility at UF.

All patients of the Gainesville private practice pediatricians and the UF Residents Continuity Clinic (RCC) are eligible for this facility. The evening and weekend phone calls to all private practice pediatric offices and to the UF RCC are directed to PAH. Only patients with these primary care "medical homes" are eligible for care at PAH in order to assure adequate follow-up of problems managed by phone or by PAH visit. Clinic hours are 6 p.m. to 11 p.m. weeknights, 2 p.m. to 10 p.m. on Saturdays, and 9 a.m. to 9 p.m. on Sundays. Patients are triaged by telephone and given an appointment, so that waiting time is kept to a minimum. After the clinic closes, the resident on call handles telephone calls from either home or hospital with telephone backup by the pediatric preceptor. Patients that need to be seen after the clinic closes are evaluated in the emergency room of the patient's choice and assessed by the preceptor as well as the resident. All patient information is faxed to the patient's physician the following morning; all admissions warrant telephone with the patient's pediatrician. Ongoing quality assurance is in conjunction with the Department of Pediatrics QA and targets issues as diverse as telephone response time and unplanned hospital admissions either within 24 hours of calling or being seen at PAH to assess effectiveness of our triage. Both preceptors and residents are evaluated by each other and the program is evaluated by both. Residents are asked to evaluate preceptors using a 1 - 5 scale on knowledge of subject, ability to communicate concepts clearly, enthusiasm regarding teaching, availability and performance as a role model. The private pediatricians rate residents using the same form which is used to evaluate residents for all their pediatric rotations. This form includes assessment of the resident's knowledge base, approach to patient problems and rapport with patients. A random sample of patients selected during one designated week each month is contacted within

*(continued next column)*

#### ***Region VII reports:***

District VII has a very active Palm Beach County Society with a mailing list of approximately 150 physicians. This list includes

physicians from southern Palm Beach county north to Martin County. The Society meets twice yearly for educational and social purposes. The most recent meeting, held on April 13, 1994, discussed the topic of parental education and drowning prevention. Additionally, a position statement with regard to handgun violence was generated by the president of the Society and forwarded to the Palm Beach Post [see ].

Due to the large geographic area encompassed by the three counties, it has been a challenge to consolidate District VII. The goal for this year is to increase pediatrician involvement in our area. The Palm Beach County Pediatric Society is extending an invitation to Broward County pediatricians to attend the fall meeting. The educational seminar and dinner will be held at a location with close proximity to Broward, in southern Palm Beach County. The topic for the fall meeting is "Evaluation of Recurrent Infections", presented by Dr. Robert Nelson of the University of South Florida College of Medicine and All Children's Hospital.

By joining Broward and Palm Beach pediatricians at this seminar, we hope to generate interest in establishing a Broward County Pediatric Society, and therefore increase involvement at the State level.

David Marcus, M.D.  
Regional Representative  
Region VII

*(continued from previous column)*

#### ***Region III reports:***

1 week of the clinic visit and asked to rate their experience regarding location (e.g., ease of finding clinic), waiting time compared to ER or urgent care center, and satisfaction with physician's care.

Overall, residents have found PAH to be an effective educational experience, and by the end of the rotation, are competent in telephone triage as well as in evaluation common pediatric problems in a setting where x-rays and lab tests are not easily available. The private pediatricians are enthusiastic about their contact with residents as well as their decreased frequency of night call coverage. Patient reports have indicated strong satisfaction with PAH, finding it an excellent alternative to ER care.

Most often, housestaff training has occurred in hospital settings, frequently in tertiary care centers. The increased emphasis on ambulatory pediatric primary care education requires that residency programs develop innovative strategies for providing a more balanced experience. PAH may well serve as a model for an educational partnership which is mutually advantageous in achieving the educational goals of residency programs and the personal goals of our private practitioners.

Richard L. Bucciarelli, M.D.  
Regional Representative

## A REPORT

### APRIL 1994 EMS-C PROJECTS MEETING

It was an honor and a pleasure to represent the state of Florida. A joint effort of the AAP/ACEP/EMS/ and EMSC grantees made this a unique and rewarding conference.

The keynote speaker discussed the Health Security Act as it pertains to EMS-C (Emergency Medical Services for Children). There was the usual rhetoric of "accountability for health outcomes, access to care, consumer satisfaction, and EMS-C system based on a public health care approach" leaving the audience without a firm understanding of how EMS will fit into the healthcare transformation.

Having covered that, the conference addressed a variety of topics which gave new insight into our own EMS-C activities. Florida's EEMS-C (enhancement of Emergency Medical Services for children) panel is chaired by an accomplished, forward thinking individual who has skillfully steered the efforts of our members into one of the more advanced and productive state coalitions. The following are highlights of the program and how they interface with our current state EMS-C activities.

- Our support was enlisted to identify community agencies or individuals who would become involved with injury prevention programs. Grant moneys have been made available for projects aimed at injury prevention for high risk youths. Those proposals which link injury prevention programs to school health education will be given priority.

The "Children's EMS Alliance Communication Kit" has been revised. The purpose of the work is to promote the EMS system, with the public as an integral part of that system, as the solution. Prevention of injury as well as appropriate access and emergency measures are addressed. The kits have been made available to Florida EMS agencies.

We would like to see Friday, May 27th of Florida's EMS week be dedicated in each of our communities to the children. Mayor Jim Naugle and State Representative Many Dawson will proclaim that date as Children's EMS Day in Ft. Lauderdale. FCEP staff will assist you in contacting your local state representative to do the same.

- "Rollout '94" of the DOT revised EMT-Basic curriculum begins in June with eight educational conferences. The Orlando conference is August 19-21. One of the major changes is an increased emphasis on pediatrics.

Contributors to an EMSC targeted issues grant that will provide instructors with the resources necessary to teach pediatrics include members of the Florida EEMS-C TAP.

- The "Delta Project" was created by the states of Arkansas, Mississippi, and Louisiana. A supporting legislative act allows access to healthcare across state lines. State residents may seek medical care from physicians in any one of the three states and their insurance will provide coverage.

Certainly, it would be worthwhile for Florida to look at a similar project involving Georgia and Alabama.

- During the southeastern regional workshop we learned that the states of Texas and New Jersey had enacted legislation for EEMS-C which included the appointment of full time Pediatric EMS Medical Directors and/or coordinators. This has proved a welcome addition to the state's EMS system.
- Data collection and E-codes were stressed as vital components to

## FROM THE SUBSPECIALTIES THE FLORIDA CHAPTER, SOCIETY OF ADOLESCENT MEDICINE

As of January 28, 1994, the Society for Adolescent Medicine has established a Florida Chapter. SAM is an interdisciplinary organization for individuals with an interest in adolescent medicine. Current officers are Marylyn Broman, President, Dianne Elfenbein, Vice President, Dawn Grinenko, Secretary-Treasurer. New members are currently being sought.

Current agenda for the 1994-5 program year will be KEEPING FIT SAFELY; PROMOTING HEALTHY LIFESTYLES FOR ADOLESCENTS. This program is to have four components:

1. *Nutrition*: Taking a smart look at foods. This is directed to adolescents and answers a need identified by teenagers themselves; It is a goal of Healthy People 2000 as well.

2. *Physical Activity in a Healthy Lifestyle*: General conditioning for an attractive and fit body. Conditioning should serve first the non-athlete, but special consideration should be given to the athlete as well. Preparations for sports to maximize performance, weight training, warm ups, and injury prevention should all be items with which pediatricians, parents and patients are familiar.

3. *Safety*: Prevention of accidents and the tragedies that go with them. A good bicycle helmet law should be passed and proper advertising should be sought to persuade teens to wear helmets. Wearing seat belts should be cool. The problem of drinking and driving needs to remain high in the priorities of behavior to be stopped.

4. *Immunizations*: Teens need Hepatitis-B immunization. The public needs education as to the need for repeat tetanus and diphtheria immunization, MMR, and the advisability of obtaining Hepatitis B shots. They need to understand that the greatest risk for acquiring Hepatitis B is during adolescence and young adulthood. Legislators need to change the current Medicaid funding to cover Hepatitis B for poor teens, as they are at greatest risk.

The Society seeks new members. Applications for membership may be obtained through the Society for Adolescent Medicine, 1701 SW 16th Av, Rm 2184, Gainesville, FL 32608. Dues for physicians are \$25.00; the fee is waived for physicians in training.

Dianne S. Elfenbein, M.D.

### **HAS YOUR ADDRESS CHANGED IN THE LAST YEAR?**

*Please send an update to the Executive Office to assure receiving mailings. Thanks!*

## IN MEMORIAM

The membership of the Florida Pediatric Society/Florida Chapter of the American Academy of Pediatrics notes with sadness the death of **John H. Cordes, Jr., M.D.**, who died in June of 1994. Ddr. Cordes was an emeritus Fellow of the Academy and one of the original pediatricians in the St. Petersburg area.

(Each month we will provide news from one or two of the local societies)

## THE CENTRAL FLORIDA PEDIATRIC SOCIETY

The Central Florida Pediatric Society enjoys a membership composed of over 150 pediatricians and pediatric sub-specialists from five counties and 16 cities and towns. Twenty-five plus years ago, when Orlando and the Central Florida area were quiet areas (prior to Mickey Mouse, Shamu, Universal Studios, etc.), we recognized that we needed to organize the pediatric community in order to bring in talented speakers to enhance our knowledge base. Our society was formed for this purpose and for the ability to jointly promote children's health while enjoying professional fellowship. Today, we are in a thriving area and, since we are the only large metropolitan area in Florida what is not bounded by gulfs or oceans, we are growing in every direction.

We are proud that we now have a large number of practicing pediatricians, pediatric sub-specialists, a Children's Hospital and other hospitals that offer general and intensive care units.

Our Society continues to bring in excellent speakers to educate us. In the past year, we have enjoyed hearing Russell Steele, M.D., Elia Ayoub, M.D., Ken Morse, M.D. (who gave us a fine presentation on Florida Pediatric Society activities) and Jim Poole, M.D. Dr. Poole practices in Raleigh, North Carolina and gave us some excellent ideas on dealing with managed care programs. Howard Pearson, M.D. came from Yale and provided a wonderful presentation on "The Hole in the Wall Gang Camp" in Connecticut, where he is Medical Director. This speech coincided with the announcement that Central Florida is the home of the new "Boggy Creek Gang Camp", which is affiliated with the Connecticut camp. We are pleased to be in the area that will give children with very serious diseases ten days of fresh air, sunshine, and fun. Our society presented this camp with a generous cash donation to assist them. Our November 9th meeting will feature Charles Bluestone, M.D., from Children's Hospital in Pittsburgh. He will give a presentation on "Otitis Media and Tubes - Update 1994".

Our members are active in their individual counties, towns, and cities in providing time and assistance for the benefit of various communities. We are currently promoting child health activities whenever and wherever we can.

During 1994 we were also able to make a \$1000 contribution to the Florida Pediatric Society to enhance the projects of the state society.

We encourage and support our local members who are active in the Florida Pediatric Society. Douglas Short, M.D. is the Program Coordinator for the annual meeting. Edward Zissman, M.D. is the Society's committee chairman on Third Parties as well as being a Regional Representative.

The Central Florida Pediatric Society is alive and well and we are striving to keep the infants and children in our area the same! Our Executive Committee, members, and staff wish you continued progress in your respective areas.

Colin J. Condron, M.D.

President

Central Florida Pediatric Society

(with input from Jim Holt)

(continued from page 1)

### Child Health Month - And Beyond

**Child Abuse** continues unabated, and **Sexual Abuse** of children is certainly becoming more visible and in addition may well be increasing. **Violence in television** continues almost unabated, despite legislation, voluntary efforts within the industry, and efforts by the Academy.

These are not problems of Child Health Month. They are problems all year long. As pediatricians, we cannot expect ourselves to solve these problems singlehandedly. But we do have a voice. As individuals, as the American Academy of Pediatrics, as the Florida Chapter AAA/Florida Pediatric Society, we need to keep the issues "on the table" all year-round. We have official spokespersons, but each of us is a spokesperson. Anyone who knows a medical reporter for the press (or the publisher) or the medical beat reporter for a TV station (or its manager) should be prepared to voice an intelligent opinion in Advocacy for Children. **Beyond Child Health Month lies a whole year to be active in helping to create Solutions before Problems.**

*The Editor*

(continued from Page 2)

### President's Message

cannot develop a sense of elation when I see the most commonly billed code reimbursed at less than the cost of overhead for seeing the patient. Unless we can persuade the Medicaid office to shift more funds into the primary care areas, we are going to see a continued decrease in the availability of quality Medicaid providers and a decrease in participation in Medicaid driven programs such as the CMS and Primary Care programs. You have my word that I will continue to be a voice for reasonable Medicaid reimbursement and quality control.

Kenneth H. Morse, M.D.

President, Florida Pediatric Society

## MEMBERSHIP ALERT!

Do you know any pediatricians, Fellows of the Academy or not, who appear to have been overlooked by the Society, and are therefore not members? **Contact the Executive Vice President.** There are several kinds of membership in the Society:

**Fellow:** A Fellow in good standing in the American Academy of Pediatrics - automatic membership on request.

**Member:** A resident of Florida who restricts his/her practice to pediatrics.

**Associate Member:** A physician with special interest in the care of children.

**Military Associate Member:** An active duty member of the Armed Forces stationed in Florida and limiting practice to pediatrics.

**Inactive Fellow or Member:** Absenting self from Florida for one year or longer.

**Emeritus Fellow or Member:** Having reached age 70 and having applied for such status.

**Affiliate Member:** A physician limiting practice to pediatrics and in the Caribbean Basin.

**Allied Member:** A non-physician professional involved with child health care may apply for allied membership.

**Honorary Member:** A physician of eminence in pediatrics, or any person who has made distinguished contributions or rendered distinguished service to medicine.

**Resident Member:** A resident in an approved program of residency.

**Medical Student:** A student with an interest in child health advocacy.

## Child Health Month - 1994

Following is a list of the activities reported to *The Florida Pediatrician* as occurring during Child Health Month within the various regions of the Society.

### Florida Chapter:

A letter was sent from the Chapter President to each member, stressing the importance of Child Health Month activity on a practice basis.

A Press Release was sent to each of the 500 plus media outlets in the State of Florida, announcing Child Health Month and the willingness of each regional representative to collaborate in any media activities. It is very difficult to assess results of this activity, except where specific contacts were made following the release.

### Region V:

1. With the support of the Florida Chapter, the USF Department of Pediatrics sponsored a four-hour symposium on violence. Dr. Cimino gave a short keynote address. Jane Knapp, M.D. of Kansas City spoke on GUN VIOLENCE. Other segments covered were CHILD ABUSE, SEXUAL ABUSE OF CHILDREN, AND VIOLENCE ON TELEVISION.

2. Dr. Knapp was the major speaker also an evening public forum, sponsored by the All Children's Hospital.

3. The Hillsborough County Pediatric Society was asked to sponsor the October issue of the Tampa Bay Family Journal, which included an editorial on violence in children.

4. An unusual number of public service announcements and "spot news" items was seen during October, undoubtedly resulting from regional distribution of AAP materials to the media.

### Region VII:

Pamela Rogers, President of the Palm Beach County Pediatric Society, sent the following Letter to the Editor of the Palm Beach Post:

Governor Chiles has proclaimed October to be Child Health Month with an emphasis on Violence Prevention. The theme of October's Child Health Month this year is "Solutions before Problems".

As pediatricians in Palm Beach County, we are concerned about the continuing escalation of violence in our society and our community, and we support this initiative.

## EMS-C Projects Meeting

(continued from page 6)

pre-hospital education and outcomes research. States were urged to require E-codes for all trauma patients and recommends documentation on the run sheet. Mapping software is available through Johns Hopkins for a cost of \$300. This program automatically computes ISS as well as which body parts were injured. These data can be plotted against CRAMS score, GCS etc. MBCH/NHTSA have funded 7 states to compile an EMS database. With expertise in codes they applied use of probabilistic linkage, NAGHSR and minicode software.

*continued from previous column)*

- A "Data Element Dictionary" geared toward prehospital CQI will be available soon through NHTSA. Contact Sue Ryan.
- Representatives from states with aggressive EMS-C programs (CA, NY, NC, GA, WA) have forged an alliance with members from our EMS-C TAP to develop a standardized curriculum for basic or continuing pediatric education for paramedics. Course materials development is well underway. Pilot courses will be offered in Florida and California in late 1994 or early 1995, supported in part through FCEP.
- Interactive video discs are the wave of the future for furthering expertise of prehospital care providers in rural areas.

In an effort to ensure dissemination of all educational materials to our state EMS agencies, the EEMS-C TAP has recognized as an objective the equipping and staffing of a mobile training facility by January 1996.

- An "EMS-C News" newsletter is available through the Bureau of Maternal and Child Health. Telephone 1-301-443-4026 to get on the mailing list.

Though there is still much work to be done in EMS-C we can certainly take pride in the work accomplished by our Florida Colleagues.

Deborah Mulligan-Smith, M.D., FAAP  
Ft. Lauderdale, FL



## ..and Opinions Differ!

[In the August issue of *The Florida Pediatrician*, our Chapter President, David Cimino, made a comment in his Presidential Message, which has occasioned some spirited response. Quoted here are the unabridged paragraph from Dr. Cimino and two responses received. (See also Letters to Editor)]

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**David Cimino, M.D.:** ...Prudential Healthcare recently shifted 80% of its 55,000 customers in the Tampa Bay area from their primary care physicians into a closed clinic. Prudential marketed its plan to groups of employees during April and May without mentioning its impending change of physicians. The April renewal went into effect on July 1, the same day as the change-over. Covered employees have expressed their dismay at being tricked and losing their primary care physicians and have referred to Prudential as using a "Bogus List" to entice them to sign up. This is managed care, and we "ain't seen nothin' yet".

---

October 3, 1994

David Cimino, M.D.  
President, Florida Chapter AAP  
c/o Herbert H. Pomerance, M.D.  
Department of Pediatrics  
USF College of Medicine  
12901 Bruce B. Downs Blvd, MDC 15CE  
Tampa, FL 33612

Dear Dr. Cimino:

It has been brought to my attention that you referred to the recent changes in the PruCare provider network in Tampa in your recent Chapter President's Message. While I understand fully the logic of physician concerns about managed care and its impact on their practices, it distresses me when responsible physicians such as yourself fail to check out the details fully before using items such as this in an emotional plea to others. It is more distressing to me when my colleagues and I are those mentioned in the story.

My purpose in writing this to you is to clarify those points which are erroneous. I am the President of the Tampa Bay Health Care Group. You referred to us as a "closed clinic" in your article. In the sense that we are a physician owned professional association, we are closed as is true for any other P.A. We have a contract as a group to see PruCare patients, but we are an independent P.A. comprised of Pediatricians, Internists and Family Physicians. We are not employees of Prudential, but rather employees of our own P.A. This is a significant differential in our opinion.

You mention that patients are shifted by Prudential from their former IPA to us. This is not correct. We are part of a mixed provider base, made up of over 150 primary care physicians and over 400 specialists. The only thing that changed is that a former IPA will not be involved in the care of PruCare patients after January 1, 1995. The patients can choose anyone from the alternative list of providers, but are in no way mandated to see us.

You must also bear in mind that the shift away from the former IPA by Prudential is a contractual issue between a group of physicians and an insurance company. Either party had the option to terminate that contract based on issues addressed in their contract. The same relationship exists for the patient and employer who choose to change their insurance carrier, an annual exercise commonplace throughout the nation. One must take into account the fact that there may have been contractual issues that prevented one party from taking action or announcing its plans prior to certain dates. This is not the same as trickery or the use of a "bogus list".

As a physician heavily involved with organized medicine for years, I am not in favor of the single payor system you seem to support. I may be wrong, but I do not feel most physicians support a single payor system either. I think the most patient choice is preserved by offering a menu of options, some more heavily managed than others, that allow the patient to select the plan best for their needs and desires. A single payor system invites the government to control the system tightly and undeniably. I fear that control much more than I do competitive pressures in the market place.

I would be happy to discuss this with you at any time should you wish to obtain more details. I would ask however, that before publishing a story, you do consult with the parties involved to make sure that the facts are accurately represented. Thank you for your time in reading this letter. Best regards.

Sincerely,

(sig)

Brad Bjornstad, M.D., F.A.C.P.  
President and Associate Medical Director

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# VACCINES FOR CHILDREN

ing letter was received by Ed. Zissman, Chairman of our Third Parties

er. Zissman:

ank you for your constructive letter. Your comments will reach our objective of making the Florida Vaccines for Children (VFC) program one of the best in the country. Our vaccine ordering and shipping experience have given us the information we need to insure that we are able to stock an adequate quantity of the vaccines being requested by our enrolled providers. In the event, should unforeseen circumstances arise, we've made arrangements for handling back orders. Whenever we are unable to fill a specific vaccine request, we will advise the provider that the requested vaccine is temporarily out of stock and when we expect to have our next supply. Back orders will be logged and shipped as soon as the vaccine is received from the manufacturer.

We're working towards our goal of routinely delivering all vaccines within five working days after receiving an order. Our strategy for full implementation of this objective is December 1, 1994. In addition, we are also moving towards our goal of quarterly ordering by providers. Experience has shown that quarterly ordering can best be reached in three steps. Step one is the implementation of a provider weekly usage base line of VFC supplied. This weekly baseline is derived from the provider's initial order. The second provider order uses this weekly baseline for a back order. The third provider order uses a further refined baseline for a twelve week order which gets us to our primary objective.

It should be noted that except where there is a measles outbreak among young children under twelve months of age and single measles vaccine is recommended, it is rare that single measles, mumps or rubella would be used instead of a combined MMR vaccine. This is consistent with the recommended MMR found on page 314 of the 1994 Red Book.

Nevertheless, we can deliver vaccine, under special circumstances within two days of receipt of an order. I suggest that this strategy addresses the issue of single antigen vaccines. My opinion is that providers who need these single antigen vaccines should inform us with a request for second day delivery. Since the beginning of October 1, 1994, the requests for these vaccines have been very minimal. Therefore, it appears that with a little bit of advance notice and planning on the part of the very few providers that use these vaccines, we should be able to supply them in a timely manner.

The Centers for Disease Control (CDC) determines the brand and manufacturer of the vaccines we receive. It is my understanding that providers in turn are constrained by the contracts they were able to negotiate with manufacturers. In the past week I spoke with your colleagues Dr. White and Dr. Ayoub regarding the use of Lederle "Act-Hib" versus Comabaught "Act-Hib" combination vaccines and interchangeability. Dr. Ayoub told me that he intended to call Dr. Orenstein at the CDC to discuss this problem. I would like to see if Pedvax - Hib/TITER question in the same category. The information is that we send you what the CDC sends us. Regarding the information sheets, since the CDC is the contractor with the manufacturers, it is probably appropriate that this issue be dealt with at the CDC on a national level.

The VFC program is both large in scope and complexity. As we appreciate, the startup period has presented us with many challenges for problem solving. We believe we are meeting the challenges and that the Florida program has shown measurable improvement on a daily basis during these early operational days.

The Immunization Program remains committed to making Florida VFC a program in which service to our providers is our primary mission. In that way we feel we can best support our public and private provider partners as they immunize Florida's children against vaccine preventable diseases.

Sincerely,  
Al Sulkes  
Operations & Management  
Consultant Manager  
Immunization Program

## WELCOME TO OUR NEW MEMBERS!

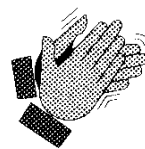
Thomas M. Andrews, M.D.	St. Petersburg
Charles A. Aplin, M.D.	Pensacola
Jan N. Arango, M.D.	Tampa
Salvador G. Badillo, M.D.	Tampa
Brenda A. Baracka, M.D.	Sanford
Paul S. Berger, M.D.	Gainesville
Laura N. Beverly, M.D.	Jacksonville Beach
John M. Brinsko, M.D.	Ocala
Tracey R. Burton-Lindner, M.D.	Niceville
Janusz B. Burzynski, M.D.	Orlando
Jan C. Cantor-Hockman, M.D.	Miami
David F. Cowan, M.D.	Orlando
Thomas E. deBrigard, M.D.	Brandon
Bruce Eisenberg, M.D.	Miami Beach
M. Catalina Fortun, M.D.	Miami
Bertram R. Girdany, M.D.	Sarasota
Ginny L. Guyton, M.D.	Orlando
John K. Hall, M.D.	Jacksonville
Shelly L. Hall, M.D.	Green Cove Springs
Stanley I. Hand, M.D.	Orlando
Brian E. Harris, M.D.	Altamonte Springs
Michele A. Johnson-Townson, M.D.	Tampa
Susan F. Kerns, M.D.	Gainesville
Izak H. Kielmovitch, M.D.	Winter Park
Onelia G. Lage, M.D.	Miami
Eduardo J. Lugo, M.D.	Orlando
Bruce R. Maddern, M.D.	Jacksonville
Elmor Miranda, M.D.	St. Petersburg
Rommel R. Morales, M.D.	Miami
Ross A. Morgan, M.D.	Orlando
Shailaja S. Nadkarni, M.D.	Orlando
Bindoo Narain, M.D.	Leesberg
Peter W. Orobello, M.D.	St. Petersburg
Hector S. Pabon, M.D.	Jacksonville
Bernard Pollara, M.D.	Tampa
Lydia M. Quintero, M.D.	Miami
Augustin Ramos, M.D.	Orlando
Arthur S. Raptoulis, M.D.	Orlando
Mobeen H. Rathore, M.D.	Jacksonville
Mark A. Rich, M.D.	Orlando
Marcus A. Robbins, M.D.	Orlando
Debra A. Santasiero, D.O.	Sanford
Eugene F. Schwartz, M.D.	Altamonte Springs
Mehtar M. Siddiqui, M.B.B.S.	Frostproof
Mark D. Stavitsky, M.D.	Plantation
George R. Termatto, M.D.	Hollywood
Karen H. Toker, M.D.	Jacksonville
Arthur J. Vaughn, M.D.	Jacksonville
Nelson Vega, M.D.	Jacksonville
Satranjan S. Virdee, M.B.B.S.	Miami
Sangita Walia, M.B.B.S.	Coral Springs
Judith E. Wall, M.D.	Boca Raton
Lily J. Whetstone, M.D.	Orlando
	Ft. Lauderdale

Andrew W. Townes, M.D.  
William A. Ausbon, M.D.

Requests for Emeritus Status

Orlando  
Naples

Best wishes to all!



## LETTERS TO THE EDITOR

(Please send letters to the Editorial Office. Letters may be edited for length to conform to space constraints, or to improve readability.)

To the Editor:

I just received the August, 1994, edition of *The Florida Pediatrician*. I want to tell you how much I admire your Chapter President's Message. I agree completely with your comments regarding a single payor system, but I remain totally pessimistic regarding any significant progress on this issue. I doubt if we will hear even any significant debate about a single payor system at either the state or the federal level for at least the next two years.

I also agree with your comment regarding the influence of the insurance industry, but I believe that the doctors, at least most of them, have not helped much.

Sincerely yours,

Ira H. Gessler, M.D.  
Gerold L. Schiebler Eminent  
Scholar in Cardiology  
Department of Pediatrics  
University of Florida

\* \* \* \* \*

(This letter is repeated from the last issue because of its timeliness)

To the Editor:

The Department of Transportation of the State of Florida has produced an excellent brochure on truck safety. It is called **The Truck Bed is for Cargo...Not for Passengers**. Not only is this message given and repeated, but there are tips on proper stowage of cargo, the dangers of riding in the cargo bay, some statistics on crashes involving passengers in cargo areas of trucks, and a catchy slogan: **Use the Rules of Common Sense! FIND A SEAT AND BUCKLE-UP...Don't ride in the Back of a Pick-Up Truck!**

The statistics for our state are bleak, and too often it is the children who are placed in the cargo bay. We can do a lot to help.

The brochure is available *free* on request on request from the State of Florida Department of Transportation. Shouldn't you have a supply in your waiting room?

Sincerely,

Gary Bong, M.D.  
North Miami, FL



## UPCOMING CONTINUING MEDICAL EDUCATION EVENTS

THE FLORIDA PEDIATRICIAN will publish *Upcoming Continuing Education* events planned in the State. Meeting planners are requested to send notices to the Editor as early as possible, in order to accommodate press times in February, May, August, and November.

- Program:* Innovations in Pediatric Hematology/Oncology Care  
*Dates:* November 17-19, 1994  
*Place:* Sheraton Plaza Hotel, Orlando, FL  
*Credit:* (not determined)  
*Sponsor:* Florida Association of Pediatric Tumor Programs  
*Inquiries:* Susan Easter, (813)632-1309
- Program:* Pediatric Trauma: The Next Millennium  
*Dates:* January 19-21, 1995  
*Place:* Embassy Suites Hotel, Singer Island, Florida  
*Credit:* 15 hours Category I for AMA Physicians Recognition Award. ACEP accreditation applied for St. Mary's Hospital Continuing Medical Education Dept.  
*Sponsor:* ANCOMP, Inc., (407)392-9494  
*Inquiries:*
- Program:* Masters of Pediatrics: A Leadership Conference Exploring Contemporary and Future Pediatrics  
*Dates:* January 19-23, 1995  
*Place:* Fontainebleau Hilton, Miami Beach, FL  
*Credit:* 23.5 hours Category I for AMA Physician Recognition Award  
*Sponsor:* University of Miami School of Medicine Department of Pediatrics  
*Inquiries:* Fran Fabrikant, (305)547-3994:
- Program:* First Annual National Conference on Maternal and Child Health  
*Dates:* March 9-11, 1995  
*Place:* Boca Raton Resort and Club, Boca Raton, FL  
*Credit:* 12 hours Category I for AMA Physician Recognition Award  
*Sponsor:* One Family Place at Boca Raton Community Hospital  
*Inquiries:* Teri Chenot (407)361-2123
- Program:* Issues and Advances in Pediatrics  
*Dates:* April 6-8, 1995  
*Place:* Sheraton Sand Key Resort, Clearwater Beach, FL  
*Credit:* 18 hours Category I for AMA Physician Recognition Award  
*Sponsor:* University of South Florida College of Medicine Department of Pediatrics  
*Inquiries:* Rebecca Scott, (813)272-2744



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