



### From the Chair

S. Andrew Spooner MD, FAAP

The Section on Computers and Other Technologies (SCOT) has been providing education on clinical information technology in the Academy since 1984. As you read in the last SCOT newsletter (February 2002), SCOT has merged with the Task Force on Medical Informatics (TFOMI). TFOMI's mission, unlike SCOT's, was to comment on matters of clinical technology in health care policy (such as HIPAA and the use of data standards), and to develop Academy policy on cross-cutting technology issues that influence the practice of pediatrics.

The newly merged entity, which came to life officially on July 1, 2002 is called the Steering Committee on Clinical Information Technology (SCoCIT). The mission of SCoCIT is to: "Promote the importance of understanding how tools for information management in the clinical setting is beneficial to the health of children by cultivating three general areas of activity within the membership including education, policy, and the application of technology in the practice setting."

***Each area has its own special interest group (SIG):***

***Education:*** SCoCIT provides information technology education for AAP members through its presentations, meetings, and newsletter. The Education SIG continues the activities of The Section on Computers and Other Technologies (SCOT) by managing activities at the National Conference and Exhibition (NCE), including the Computer Lab. Also, the SCoCIT newsletter is included under this SIG as an educational benefit to SCoCIT members. This SIG is led by Mark Simonian, MD, FAAP ([msimonian@childrenscentralcal.org](mailto:msimonian@childrenscentralcal.org)).

***Policy:*** SCoCIT will provide the AAP with expertise in responding to the technology aspects of health policy. The Policy SIG focuses on legislation affecting and involving clinical information technology such as the Health Insurance and Portability and Accountability Act (HIPAA). It also continues the efforts of the Task Force on Medical Informatics (TFOMI) by developing policy statements, comments, and reports on areas of interest to the Academy and SCoCIT members. This SIG is led by Ed Gotlieb, MD, FAAP, [egotlie@emory.edu](mailto:egotlie@emory.edu).

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**Technology:** SCoCIT will develop ways for the AAP to provide guidance on applying and implementing technology in the pediatric office. This SIG will be of particular interest to SCoCIT members interested in emerging technology and its potentials in the pediatric practice.

This SIG is led by Kevin Johnson, MD, FAAP (kevin.b.johnson@vanderbilt.edu).

The structure of SCoCIT allows important SCOT and TFOMI activities to be maintained while simultaneously promoting original and fresh ideas.

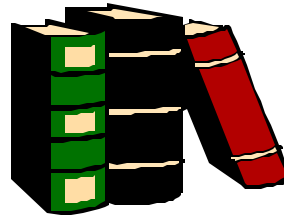
As a current member of SCOT, you are automatically a member of SCoCIT. You are encouraged to join one of the SIGs, available at no additional cost to SCoCIT members. Joining a SIG means you are “on the list” to provide input and collaborate with the Steering Committee on various interest areas. If you do not want to join a SIG, that’s OK, but we are counting on those of you with some extra energy to identify the area in which you would like to participate.

SCoCIT members will have the opportunity to participate in developing articles for upcoming newsletters. Writing articles is an excellent way to contribute to the Academy, as SCoCIT may be solicited for articles on clinical information technology, education and policy. The Education SIG will oversee the collection of written articles for newsletters, and Stuart Weinberg, MD, FAAP (sweinberg@aapscot.org) will continue to post articles on the web site. In addition, you will learn about how to sign up for the e-mail lists for the various SIGs!

***See you at the NCE in Boston in October!***

Sincerely,

Andy Spooner, MD, FAAP, Chair, SCoCIT



**From the Special Interest Group  
(SIG) Leaders Education SIG:**  
Leader: Mark M Simonian, MD, FAAP

The first year in the revised Steering Committee as the Education Chair has been fun and a challenge and a learning experience. Time schedules and unknown details in the program proposals have been unsettling at times. The good news is that four programs have been chosen for the 2003 National Conference and Exhibit in New Orleans. I am already at work to develop a program for the 2004 NCE program in San Francisco and Super CME 2004.

Not to jump too far ahead! There will be lots of interesting presentations for the upcoming Boston meeting in October including sessions, our Section program, Abstracts presentations, and our marvelous Computer Lab. You will be able to view the programs on-line through the [www.aap.org](http://www.aap.org) or our [www.aapscot.org](http://www.aapscot.org) site.

We have a new, terrific newsletter editor, George Kim. He is busy creating and soliciting content for this and future issues. We thank Stuart Weinberg for the hard work and dedication he put into the past newsletter editor job. In addition, Stuart continues to support our knowledge-rich SCOCIT web site.

If you have not already completed the on-line survey with your recommendations for future programs, please do it today. We have designed a simple to complete on-line form that will provide us with your input on technology topics that you want to see. I thank everyone for their input this year and hope to hear from you with any thoughts you have on the educational mission of the Steering Committee on Clinical Information Technology. You can reach me at email: (mms88@pacbell.net).

## ***Policy SIG***

Leader: Ed Gotlieb, MD, FAAP

The first order of business for the Policy Group is to finish up two technical reports on telemedicine in pediatrics and on electronic communications between pediatricians and their patients. Each is currently working its way through the lengthy but necessary process of committee and board review.

We have just activated the Policy Electronic Mailing List, which is likely to be the primary means for communicating among the members of the SIG. Join us at [scocit-policy@listserv.aap.org](mailto:scocit-policy@listserv.aap.org).

HIPAA continues to be a major focus (see *HIPAA Update* in this newsletter). We continue to liaison with a number of outside technology groups. We are represented on the Technical Working Group of the CDC National Immunization Program, which is currently field-testing a national certification process for immunization registries meeting the NIP's Minimal Functional Standards. We also are beginning to consider our role in assisting in a working collaboration between the AAP and HL7. We also continue our relationship with NAPCI (see *Primary Care Informatics in this newsletter*.)

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## ***Technology SIG***

Leader: Kevin Johnson, MD, FAAP

Recent advances in computer hardware, software, and communication technologies have begun to be adopted by select groups of health care providers. Although each of us can point to example technologies that need to remain on the shelves of the computer superstore, many applications or technologies hold promise or have been shown to be beneficial to health care. For example:

- Handheld computers are an effective, low-cost, and easy to use alternative to large textbooks
- Electronic prescription writing tools are being used by a few pediatrics practices today

- E-mail communication with patients has been shown to be an effective medium to allow both parties to transfer information.

The American Academy of Pediatrics has utilized committee reports, task force recommendations, brochures, policy statements, and presentations to help drive the appropriate use of information technology, but there has been no sustained group-level commitment to advancing the technical sophistication of the practicing pediatric health care provider. With the creation of the SCoCIT, and the formation of the Technology Special Interest Group (SIG), we now have the ability to forge a group focused on improving the adoption of technology.

The Technology SIG is clearly in the formative stages. Our charge is to "develop ways for the AAP to provide guidance on applying and implementing technology in the office of pediatric health care practitioners." Our activities for the upcoming year will be geared toward education of AAP members. We have lots of plans, and lots of questions to address! For example:

What technologies are prevalent in practice?

What new technologies show promise?

How can we work with other organizations (including the AAP) to improve the adoption of these technologies by practitioners?

One of our illustrious bow-tie wearing, twang-laden, Elvis-loving, and Memphis-living members has recommended as an initial project identification of practice management systems (that AAP members have purchased and used) and publication of a report where the vendors answer some questions about their products' functionality. This is a terrific first project, and we will begin working on it by surveying members during the meeting.

I'm sure each of us has project ideas, goals and thoughts about the ways the Technology SIG can benefit pediatrics. Please join our electronic mailing list and help us create an agenda for 2003!

## **Getting Involved**

**If you are not a member of SCoCIT, then join!** Dues are \$29.00 per year.

**Contact AAP Membership or SCoCIT for details**

### **AAP Membership**

Tel: 1-800-433-9016 Ask for Membership

E-mail: [membership@aap.org](mailto:membership@aap.org)

### **SCoCIT**

Manager: Aiysha S. Johnson

Tel: 1-800/433-9016 x4089 or 1-847/434-4089

E-mail: [ajohnson@aap.org](mailto:ajohnson@aap.org)

Choose an area or areas of interest and find the relevant Special Interest Groups (SIG). For details on each, see the SIG Leader articles in this issue:

### **POLICY SIG**

Leader - Ed Gotlieb, MD, FAAP:

[egotlie@emory.edu](mailto:egotlie@emory.edu)

Listserv: [scocit-policy@listserv.aap.org](mailto:scocit-policy@listserv.aap.org)

### **EDUCATION SIG**

Leader: Mark Simonian, MD, FAAP:

[mms88@pacbell.net](mailto:mms88@pacbell.net)

Listserv: [scocit-education@listserv.aap.org](mailto:scocit-education@listserv.aap.org)

### **TECHNOLOGY SIG**

Leader: Kevin Johnson, MD,FAAP:

[kevin.b.johnson@vanderbilt.edu](mailto:kevin.b.johnson@vanderbilt.edu)

Listserv:[scocit-technology@listserv.aap.org](mailto:scocit-technology@listserv.aap.org)

*A Special*  
SCoCIT Thanks!

### **Chair:**

S. Andrew Spooner, MD, FAAP

### ***Special Interest Group Leaders***

### **Education:**

Mark Simonian, MD, FAAP

### **Policy:**

Ed Gotlieb, MD, FAAP

### **Technology:**

Kevin Johnson, MD, FAAP

### **Webmaster:**

Stuart Weinberg, MD, FAAP

### **Newsletter Editor:**

George Kim, MD, FAAP

### **AAP Staff:**

Aiysha Johnson

American  
Academy of  
Pediatrics



***EDUCATION: Medem Pediatric Advisory  
Committee Update***

Mark M Simonian, MD, FAAP

The AAP Pediatric Advisory Committee for Medem (PAC) met June 29 and 30, 2002. A summary of Medem's achievements was discussed with Medem users and partner physicians participating. Considerable time was dedicated to On-line Consultation - its features and future development. This is a major issue for Medem and they are focusing much of their energies promoting it. Six physicians attended and four are very active Steering Committee members - Gotlieb, Simonian, Stetson, and Weinberg.

The PAC members were not passive and posed frank and pointed questions regarding the current capabilities of the Medem system. There has been some criticism that Medem has not met expectations as an information portal and a useful utility for AAP members or their patients. I had the feeling that there was intent to upgrade the features and that some action would be expected, but the timing and what would be changed was unclear. Most every physician said that Medem were making progress.

Medem is more than it first started out to be a health information knowledge base from the AAP and other health societies. It added electronic security and privacy guidelines supported by the majority of malpractice insurers, improved communication through secure e-mail, office product discounts, and recently, on-line consultation.

***What role will education of patients and physicians play?***

AAP should work with Medem and continue to grow the knowledge base for physicians and parents with better search engines to find information and arrange it. AAP staff needed to help the Web-enabled physicians by creating and distributing templates of frequently asked questions and

answers already available through Academy approved outlines.

***How can AAP promote Medem participation?***

Medem CEO, Ed Fotsch, discussed incentives to add users. A review of how information was listed in AAP News discussed providing usability pointers rather than news articles.

***PAC members are consultants to the AAP:***

PAC committee members represent the only society that meets with Medem to discuss Medem program development. They would like to be able to review program and technology development prior to release.

***On-Line Consultation:***

The tool seems to be well designed but needed an area to list comments. Because On-Consultation is a new service PAC member experience is limited. As PAC member patients use OC, there should be better insight to its functionality.

***Does PAC need a Committee Chair?***

With new members coming on board Ed Gottlieb felt there needed to be a leader to be accountable when decisions were published.

***What are Medem's Future Ventures?***

- Investigating ways to secure attachments to the secure e-mail
- Some pharmaceutical companies want to help invest in Medem if there are compliance programs and clinical trials
- Rx Hub and Allscripts are interested in developing prescribing and refill programs through Medem
- Continued interest through WebMD and MedUnite to do eligibility and claims through Medem

## Articles

### **POLICY: HIPAA Update**

Ed Gotlieb, MD, FAAP, Ayisha Johnson

#### ***About the Health Insurance and Portability and Accountability Act (HIPAA)***

On August 21, 1996, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) was signed into law. Currently, the major compliance efforts will be focused on privacy, security and standards for electronic submission of claims, and these are covered in various rules within the Act.

The Final **Privacy Rule**, providing comprehensive federal protection for the privacy of health information was published August 14, 2002. Updated from previous versions, there are:

- Changes that allow for the rollback of required signed patient permission for delivery of medical care
- Clarifications in the rule's approach to medical trainees, research, and advertising
- Relegation of adolescent privacy standards to standing state law.
- The **Electronic Health Care Transactions and Code Sets Standards** have recently been published. You will be required to meet the HIPAA transaction and code set standards by October 16, 2002, unless you submit a request for a one-year extension. In order to qualify for this extension, covered entities must submit a compliance plan by October 16, 2002. Completion and timely submission of this model compliance plan will satisfy this federal requirement.

#### **PLEASE FILE FOR THIS EXTENSION BY SUBMITTING THE ADMINISTRATIVE SIMPLIFICATION COMPLIANCE ACT (ASCA) MODEL COMPLIANCE PLAN**

**ONLINE AT :** [www.cms.gov/hipaa/hipaa2/ASCAForm.asp](http://www.cms.gov/hipaa/hipaa2/ASCAForm.asp)

- **Regardless of this submission, the date for compliance with the Privacy Rule remains April 14, 2003 (2004 for small health plans).**
- The **Transactions Rule**, last modified in May 2002, requires the adoption of uniform national standards for health information, establishing how information should be formatted, shared, and protected.

This will affect every aspect of pediatric practice, and you should begin now to understand HIPAA. Over the next two years, the Academy will develop summaries and sample materials to help you incorporate these requirements into your practice.

For more details:

[www.hhs.gov/news/press/2002pres/20020809.html](http://www.hhs.gov/news/press/2002pres/20020809.html)

The DHHS press release and fact sheet: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

### **HIPAA: Highlights of the Final Rule on Privacy**

On August 14, 2002 the Final Rule on Privacy was published in the Federal Register. The Academy has been involved in the comment process of the HIPAA Privacy Rule to ensure appropriate provisions to the Final Privacy Rule. In 2001, the Academy submitted its first comments to the Department of Health and Human Services (DHHS) regarding the Privacy requirements. In addition, the Academy responded to the Notice of Proposed Rule Making (NPRM) in March 2002. Overall, the Academy provided comments that supported the provisions to the Privacy Rule. The Academy supported provisions that were intended to reduce administrative burdens on providers, provide clarification, and promote stronger protections for minors. The major highlights of the Final Rule on Privacy include:

1. **Consent:** Consent will no longer be required by the Final Privacy Rule of HIPAA. Instead, a notice of privacy policy will be required. The notice must include a description of the uses and disclosures of protected health information and patients rights over their protected health information. This is seen as the biggest change to the Privacy Rule.
2. **Authorizations:** A blanket consent will not be allowed under the Final Privacy Rule of HIPAA. Instead, patients will be required to authorize non-routine activities before a covered entity is allowed to use or disclose protected health information. Covered entities may use and disclose patient information for activities including treatment, payment, and health care operation.
3. **Marketing:** Covered entities must receive patient authorization before soliciting patients with marketing materials. The Final Rule also permits covered entities to communicate with patients about disease management and treatment programs. This alleviates the concern among many commenters that feared the Privacy Rule would not allow them to provide these materials to patients.
4. **Business associates:** Covered entities will have up to an additional year (small plans not included) to change existing written contracts to comply with the requirements. Covered entities whose existing contracts or other written agreement among business associates is not renewed or modified between the effective date of the final rule and April 2003 will have up to a year to finalize their business agreements.
5. **Minimum necessary:** The minimum necessary standard permits covered entities to use and disclose information that is minimally necessary to complete activities for most routine functions. Uses and disclosures of information for which the covered entity received an authorization are exempt from the minimum necessary standard.
6. **Incidental uses and disclosures:** The Final Privacy Rule will allow incidental uses and disclosures of information that result as a by-product of permitted disclosures, as long as the covered entity provided reasonable safeguards to meet the minimum necessary requirements.
7. **Personal representatives:** HIPAA states that covered entities should defer to state law or other applicable law when deciding whether or not to grant parental access to medical information of a minor.

### **HIPAA Updates on AAP Activities**

On August 15, 2002, The American Academy of Pediatrics and representatives, mainly administrators and analysts, from several other medical specialty societies attended their first Medical Specialty Society HIPAA Electronic Data Interchange (EDI) meeting to discuss HIPAA implementation of the Transaction and Code Set standards in physician offices. Initially the HIPAA EDI Medical Specialty Group began as a coalition of specialty societies formed to discuss managed care and third party payor issues. Some members of that coalition recognized the need to assist members of their societies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations. As a result, a Privacy Coalition was formed and the group worked together with consultants to develop a HIPAA Privacy Manual. Currently, many of the societies are offering the manuals to their members and the Academy provides them as a member benefit. The Privacy group also recognized the need to assist member physicians with the HIPAA Transactions and Code Sets Rules, but the issues and needs were considerably different, so the HIPAA Medical Specialty EDI group was formed. The HIPAA EDI group consists of members of the Privacy Coalition as well as other representatives from additional medical societies.

Three key goals of the HIPAA EDI Medical Specialty Group were identified:

1. Identify key stakeholders and determine how the coalition can work with them to facilitate a smooth transition to standardized electronic transactions without major additional costs, disruptions or dislocations to our members.
2. Develop a consistent cross-specialty message and information base related to the HIPAA Transactions and Code Set Rule.
3. Investigate best strategies to educate and provide services and tools for members and to “get our members’ attention” on this topic.

In the latter part of the meeting representatives from The Centers for Medicare and Medicaid Services (CMS) discussed outreach activities geared to help rural physicians and smaller physician become compliant with the privacy rule. In addition, representatives from the Workgroup on Electronic Data Interchange (WEDI) attended the meeting to discuss ways in which they can assist the medical specialty societies with their goals.

### **AAP Resources on HIPAA - Members Only Channel**

HIPAA Compliance Manuals and Tool Sets on the Electronic Transactions and Code Sets standards and the Privacy Rule are posted on the AAP Members Only Channel (MOC) and are available through the “HIPAA” link from the left hand navigation toolbar and from the MOC Front Page (both immediately visible on “login”)

- Be sure to download the Word files that contain the template forms you’ll be able to customize for your practice.
- Plan to read both manuals as you seek to become compliant with HIPAA.
- A recently completed update of these publications, taking into account the August 2002 changes in the Final Privacy Rule will be posted on the MOC when AAP review is completed.
- Also, check out AAP Associate Executive Director Roger Suchyta’s PowerPoint presentation on HIPAA from the AAP District I/IV Meeting held April 4–7, 2002 in Canada. This is also accessible from the MOC.



- AAP Members Only Channel: [www.aap.org/moc](http://www.aap.org/moc)

### AAPNews

Beginning in June 2002, AAP News started to feature a monthly article highlighting some aspect of HIPAA implementation. It will include timelines and suggested tasks for that month to help you get started and to keep you on track. Topics will include options on compliance, definition of business associates and training to name a few.

- AAPNews: [www.aapnews.org](http://www.aapnews.org)

### ***POLICY: Electronic Health Records (EHRs)***

#### *AMIA President's Commission on the EHR*

The AAP Section on Computers and Other Technologies (SCOT) and the Task Force on Medical Informatics (TFOMI) recommended Douglas Stetson, MD, FAAP and Eugenia Marcus, MD, FAAP to serve on the American Medical Informatics Association (AMIA) President's Commission on the EHR. The AAP Executive Committee approved the nominations of Dr. Marcus and Dr. Stetson.

The mission of the 15 member Commission on the EHR is to promote education and policy efforts and to support clinical information technology. The nominations were submitted to the Board of AMIA to promote a pediatric presence in clinical information technology efforts. The Commission will develop a White Paper on the EHR to identify standards necessary to achieve interoperability and to outline challenges that must be overcome and to enumerate the actions that must be taken in order to advance the EHR successfully.

### ***TECHNOLOGY: Online Personal Medical Records***

AAP News will reprint "Online Personal Medical Records" an article by Joseph Schneider, MD, FAAP originally appearing in Critical Care Medicine and in the February 2002 SCOT Report.

### ***POLICY: Primary Care Informatics***

*Kevin Johnson MD, FAAP* has been actively involved with AMIA's Primary Care Informatics Working Group to complete the White Paper: "Moving Toward a United States Strategic Plan in Primary Care Informatics."

*Richard Shiffman MD, FAAP* serves as the AAP representative to the National Alliance for Primary Care Informatics (NAPCI), which supports the vision of "One Voice" in primary care informatics. The NAPCI meeting was convened during the AMIA May Summit 2002.

NAPCI recently had a paper "A Proposal for Electronic Medical Records in U.S. Primary Care" accepted for publication in the Journal of the American Medical Informatics Association. This will also be the topic for a roundtable to be presented at the Fall AMIA meeting.

## ***POLICY: Task Force on Medical Informatics***

### Final Executive Summary

The Task Force on Medical Informatics (TFOMI) held its last meeting at the American Academy of Pediatrics in Elk Grove Village, Illinois on March 23, 2002 and March 24, 2002. TFOMI addressed several major issues including the proposed modifications to the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Extension Application for Transactions and Code Sets Implementation. Staff will develop a written response to the proposed modifications related to consent for the uses and disclosures of protected health information for the purpose of treatment, payment, and operations by covered entities within healthcare. In addition, TFOMI discussed the importance of electronic activity within the Academy and recognized the importance of keeping the membership informed through electronic mechanisms including the AAP Website, the Members Only Channel, and useful distribution of current information via email notifications.

TFOMI has supported and initiated several organizational partnerships between the Academy and other entities in order to support medical informatics and technology within pediatrics. Specific partnerships include standardizing organizations including HL7, the National Alliance of Primary Care Informatics, whose goal is to promote electronic medical records, and the Work Group on Electronic Data Interchange, whose goal is to ensure appropriate information data transfer and documentation among health systems. Within TFOMI, immunization registries are a significant issue including how to fund registries for individual provider use. TFOMI has investigated this issue jointly with the Committee on Ambulatory and Practice Management. Currently, members of both committees are working to complete a technical report on immunization registries in the near future. In addition, TFOMI discussed issues related to their merger with the Section on Computers on Other Technologies. The new medical informatics entity will begin July 1, 2002. TFOMI members are actively developing position papers on e-mail communication and telemedicine, policy statements and continue to develop intellectual products for the Academy.

Two such products include the *Evaluating Practice Management Software* manual, which is currently available to members, and the soon-to-be released *Pediatric Office Documentation Forms*. In addition, manuals on HIPAA are available on the Members Only Channel to members at no cost: *Electronic Transactions Manual for Physicians Offices* and *A How to Guide for Your Medical Practice: Privacy Manual*.

Annual Chapter Forum Resolution # 45, "Dissemination of Prescribing Information," which resolves to develop clear and appropriate guidelines for third parties ability to access proprietary information concerning physicians was referred to TFOMI. This referral was most likely sent to TFOMI since reference was made to "information technology" within the text of the resolution. TFOMI has responded to the resolution with the intent on addressing this matter. TFOMI plans to submit the following response:

"The Task Force on Medical Informatics (TFOMI) agreed that the issue of dissemination of prescribing information needs to be addressed in current and future medical informatics policy statements. Additionally, the issue needs to be kept in mind when TFOMI is reviewing other entities' policy statements, guidelines and recommendations. TFOMI will also contact Ken Kenward, AMA staff, in an initial effort to discuss access to the AMA Physician Master File."

**EDUCATION: Pediatric Informatics in the Literature**

Compiled by George Kim, MD, FAAP

***Recent Articles on Pediatric Informatics***

Kim, K, Lanni KA, Collazo E, Gracely E, Belfer R, "Pagers Combined With Telephones Improve Successful Follow-up From a Pediatric Emergency Department", *Pediatrics (Electronic Article)* Vol. 110 No. 1 July 2002, pp. e1.

URL: [www.pediatrics.org/cgi/content/abstract/110/1/e1](http://www.pediatrics.org/cgi/content/abstract/110/1/e1)

"In a prospective comparison of intervention and control groups from convenience samples of patients seen in an ED of an urban, tertiary care children's hospital, 185 patients whose families had access to both a pager and a telephone (intervention group) and 112 patients whose families had access to only a telephone (control group) were enrolled. No significant difference in successful contact was seen whether paged or telephoned initially. The combination of both pagers and telephone follow-up was more successful than telephone follow-up alone when confined between 11:00 am to 1:00 pm."

Treweek SP, Glenton C, Oxman AD, Penrose A, "Computer-generated Patient Education Materials: Do They Affect Professional Practice? A Systematic Review", *Journal of the American Medical Informatics Association* 9:346-358 (2002).

URL: [www.jamia.org/cgi/content/abstract/9/4/346](http://www.jamia.org/cgi/content/abstract/9/4/346)

"Computer-generated PEM seems to have a small, positive effect on professional practice. The small number of included studies and the complex nature of the interventions makes it difficult to draw conclusions about the ability of computer-generated PEM to change professional practice. Future work should involve well-defined interventions that can be clearly evaluated in terms of effect and cost."

Rothschild JM, Lee TH, Bae T, Bates DW, "Clinician Use of a Palmtop Drug Reference Guide", *Journal of the American Medical Informatics Association* 9:223-229 (2002).

URL: [www.jamia.org/cgi/content/abstract/9/3/223](http://www.jamia.org/cgi/content/abstract/9/3/223)

"Self-reported perceptions by responding clinicians endorse improved access to drug information and improved practice efficiency associated with the use of handheld devices. The clinical and practical value of using these devices in clinical settings will clearly grow further as wireless communication becomes more ubiquitous and as more applications become available."

Sectish, T, Floriani V, Badat M, Perelman R, Bernstein H, "Continuous Professional Development: Raising the Bar for Pediatricians," *Pediatrics* Vol. 110 No. 1 July 2002, pp. 152-156.

URL: [www.pediatrics.org/content/vol110/issue1/](http://www.pediatrics.org/content/vol110/issue1/)

An overview of the paradigm change in continuing medical education and the design and implementation of Pedialink, the AAP's CME portal for members.

URL: [www.pedialink.org](http://www.pedialink.org)

Gupta P, Guglani L, Shah D, "Exploring the Power of PowerPoint," *Indian Pediatrics* 2002; 39:539-548. URL: [www.indianpediatrics.net/june2002/june-539-548.htm](http://www.indianpediatrics.net/june2002/june-539-548.htm)

"The present article seeks to cover some basic points for communicating effectively through PowerPoint software. The paper is meant for those who have always wanted to utilize modern communication options but require a little push to go ahead..The article discusses a five-step approach to effectively utilize PowerPoint."

Kleiner KD, Akers R, Burke BL, Werner EJ, "Parent and physician attitudes regarding electronic communication in pediatric practices," *Pediatrics* 2002, May;109(5):740-4.

URL: [www.pediatrics.org/cgi/content/abstract/109/5/740](http://www.pediatrics.org/cgi/content/abstract/109/5/740)

“The majority of parents and pediatricians at both general and subspecialty pediatric offices are capable of communicating electronically. Parents and pediatricians are aware of the issues surrounding e-mail use for patient communication. Most parents express an interest in using e-mail for patient-physician communications, whereas most physicians are opposed to this practice.”

D’Alessandro D, Kingsley P, “Creating a pediatric digital library for pediatric health care providers and families: using literature and data to define common pediatric problems,” J Am Med Assoc 2002 Mar-Apr;9(2):161-70.  
URL: [www.jamia.org/cgi/content/abstract/9/2/161](http://www.jamia.org/cgi/content/abstract/9/2/161)

“The goal of this study was to complete a literature-based needs assessment with regard to common pediatric problems encountered by pediatric health care providers (PHCPs) and families, and to develop a problem-based pediatric digital library to meet those needs. The needs assessment yielded 65 information sources information sources ([www.generalpediatrics.com](http://www.generalpediatrics.com)). This pediatric digital library provides current authoritative, easily accessed pediatric information whenever and wherever the PHCPs and families want assistance.”

***EDUCATION: THE NCE  
Computer Laboratory***  
Lewis Wasserman, MD, FAAP

The 2002 SCOT Computer Lab is a potpourri of Pediatric Informatics. We have a broad variety of topics, a great selection of speakers, and always someone who can give you a hand learning something new about information technology.

We open this year with a discussion that anyone who uses or is thinking about using a computerized medical record will want to attend, and then take off to the internet, practice management and patient record software, PDAs and many points between.

The AAP SCOT Computer Lab is presented by the AAP Steering Committee on Clinical Information Systems (SCoCIT). It is located in Information Alley in the exhibit hall. Discussion topics are informal, fun, and interactive. Computers and PDAs are available to practice and learn on, and a sampling of AAP and other software is available for demonstration.

*SCOT Computer Lab Website:*  
<http://aapscot.org/labhome.htm>

*AAP NCE 2002 Computer Lab Hours:*  
Saturday, October 19, 2002: 3:00 PM - 7:00 PM  
Sunday, October 20, 2002: 10:00 AM - 4:30 PM  
Monday, October 21, 2002: 10:00 AM - 4:30 PM

*Computer Lab Schedule of Discussion Topics*

Saturday, October 19, 2002, 3:00 PM  
*EMR and the Scribe/Pediatrician Team*  
Peter Kenny, MD, FAAP

The Key to Cost-Effective & High Quality Documentation - Combining an Electronic Medical Record (EMR) with a Professional Scribe liberates the pediatrician to truly focus on the patient and guarantees independent expert documentation of the office visit. We will discuss all aspects of this cost-effective method of delivering and documenting excellent health care for children.

Saturday, October 19, 2002, 4:00 PM  
*Internet Prep Course, Part I*  
Joe Schneider, MD, FAAP

Learn Internet basics to get prepared for the “Getting the Most Out of the Internet” classes on Tuesday and Wednesday at 1 PM. We will cover the basics of e-mail, Internet addresses, browsers, and search engines. Win a prize for bringing the Internet address of a pediatric site that is voted “best of the session” by the audience!

Saturday, October 19, 2002, 5:00 PM  
*Selecting Practice Management Software*  
Mitch Feldman, MD, FAAP

A Computer-based Practice Management System is an important part of the core infrastructure for business operation, and is a major investment in time and money. We will review the most important features of these systems including scheduling, electronic billing, accounts receivable, reports, integration with other software and vendor support.

Saturday, October 19, 2002, 6:00 PM  
*Microsoft Office Basics*  
Mark Simonian, MD, FAAP

This talk will include a discussion of several common applications in this commonly used suite of programs. Highlights of Word, Excel, Access, and PowerPoint will be reviewed with examples of uses for personal and pediatric oriented tasks. Some sample applications and the covered material will be included in a complimentary CD-ROM for those attending the workshop.

Sunday, October 20, 2002, 10:00 AM  
*Overview of NLM Offerings*  
Donna Berryman, MLIS

Through the National Library of Medicine, a wealth of information is available free online. This session will review those offerings and highlight some of the new developments in information access. Included will be a look at PubMed, MedlinePlus, the NLM Gateway, OMIM, the gene and protein databases and books available online.

Sunday, October 20, 2002, 11:00 AM  
*Choosing an EMR System for Outpatient Care of Children*  
Peter Kenny, MD, FAAP

Essential Features for Every Pediatrician - No individual EMR system has everything and trade-offs are inevitable. In evaluating EMR systems we will discuss prioritizing features into Essential - Desirable - Optional for the busy pediatric office.

Sunday, October 20, 2002, 12:00 Noon  
*Using Your Computer to Monitor Quality in Your Office*  
Don Lighter, MD, FAAP

There are a number of inexpensive programs that can help you analyze information in your office to identify issues that can be improved to enhance patient care. This session will acquaint you with some of these capabilities and show you some inexpensive software, as well as use programs you already own!

Sunday, October 20, 2002, 1:00 PM  
*Searching PubMed*  
Donna Berryman, MLIS

PubMed is the world's premier biomedical bibliographic database containing over 11 million citations to articles from over 4,600 journals published worldwide. Learn to build an effective search strategy, save searches for periodic updating, and learn about improved access to full text articles in PubMed. Whether you're new to using PubMed or an experienced searcher, this session will have tips, tricks, and information useful for everyone.

Sunday, October 20, 2002, 2:00 PM  
*The Pediatric Internet: The Good, the Bad, and the Ugly*  
George Kim, MD, FAAP

How do you find useful, relevant information on the Internet? This talk will focus on finding the information you need, when you need it. Participants will learn where to find good searching tools and how to craft a search to yield the best results.

Sunday, October 20, 2002, 3:00 PM  
*Online Conferencing and e-Learning*  
Don Lighter, MD, FAAP

Physicians are being called upon to keep up with their profession as never before. New methods of education can provide you with the information you need without leaving your home. Dr. Lighter will demonstrate the use of technology that has been used at The University of Tennessee for the past several years to help physicians earn their MBA degrees in a year - online! Highlights of this program will be repeated on Monday - in half the time.

Sunday, October 20, 2002, 4:00 PM  
*Blitzlecture: Internet Safety: Firewalls & Proxy Servers*  
Lewis C. Wasserman, MD, FAAP

How do you keep your data where it belongs? We will discuss some simple steps you can take today to help keep your private data safe.

Monday, October 21, 2002, 10:00 AM  
*Palm Pilot Databases*  
Mark Simonian, MD, FAAP

This presentation will include the built in utility Address Book plus an add-on database product called ThinkDB. There will be a description of the programs with examples of projects you can do to improve efficiency like vaccine inventory and developing an in-office survey tool. Some sample applications and the covered material will be included in a complimentary CD-ROM for those attending the workshop.

Monday, October 21, 2002, 11:00 AM  
*Pediatric Databases for the Palm*  
Mitch Feldman, MD, FAAP

This talk will explain how to create simple databases on your Palm device using inexpensive 3rd party software. Attendees will receive a database with over 1000 pediatric diagnoses and ICD-9 codes. We will review the function and features of databases. We will also demonstrate transferring a database between the desktop and the Palm including conversion from MS Access (eg a practice database of patient names and phone numbers). Finally the 'must-have' ePocrates database will be demonstrated.

Monday, October 21, 2002, 12:00 Noon  
*Consumer Health Informatics: What Your Patients Are Seeing*  
George Kim, MD, FAAP

Have you had a patient bring in a printout from the Internet to discuss with you? What are your patients actually seeing when they look for medical information on the Internet? This discussion will focus on what your patients and their parents are learning online and how you can counsel them to know what is worthwhile and what is not.

Monday, October 21, 2002, 1:00 PM  
*Online Calculators*  
Chris Lehmann, MD, FAAP

Online calculators are becoming increasingly popular. Most web surfers have used online form mortgage calculators, pregnancy calendars or cardiac risk calculators. During this session, the audience will visit and evaluate online clinical calculators of interest to the practicing pediatrician and will discuss the different ways to design these calculators. Every participant will be able to design a simple online survey tool for the office practice by the end of the session.

Monday, October 21, 2002, 2:00 PM  
*Internet Prep Course, Part II*  
Joe Schneider, MD, FAAP

See Listing from Saturday, October 19, 2002, 4:00 PM

Monday, October 21, 2002, 3:00 PM  
*DermAtlas: Online Dermatology Database*  
Chris Lehmann, MD, FAAP

DermAtlas is an online database of largely pediatric dermatology images. The audience will learn how to search effectively for images of interest and to test their knowledge with the online quiz. By the end of this session, every participant will learn how to become a contributor to DermAtlas and how to submit his/her own clinical dermatologic images to the collection. If time permits, fundamentals of the design and implementation of online collections will be discussed.

Monday, October 21, 2002, 4:00 PM  
*Blitzlecture: Online Conferencing and e-Learning*  
Don Lighter, MD, FAAP

See Listing from Sunday, October 20, 2002, 3:00 PM

### ***EDUCATION: Totally Online CME***

S. Andrew Spooner, MD, FAAP

Love to travel? Love to spend lots of money on travel? No? Then maybe getting some or all of the 20 to 50 hours per year you need of CME via a web site is the way to go. There are 3 basic models of web-based CME:

- Read article, take test (RATT): This is just like the old method used in magazines for providing CME credit: using your answers to multiple-choice questions to document that you read and understood the article. Not particularly fun, but easy.
- Learning in Clinical Context (LICC): This is where you look things up in a clinical context (i.e., “I have a patient with such-and-so dis-

ease, and I have a question”), find the answer, and document how you are going to apply the answer in a clinical context. You get credit for the actual time you spent studying, provided you take a little extra time to document the clinical context, the question you had, and a little bit about how what you learned will change your practice. It introduces some tedium, but allows you to get credit for the learning you do as part of daily patient care.

- Watch video, take test: In this method, one watches a tiny video of a person giving an hour-long talk (e.g., grand rounds at a university), and then you take a quiz. Check out the University of Nebraska at: [www.unmc.edu/Pediatrics/GrandRounds/](http://www.unmc.edu/Pediatrics/GrandRounds/) for an example of this.

Listings of Available Online CME (with Type as Above)

Pediatrics in Review (RATT)

[www.pedsinreview.org](http://www.pedsinreview.org)

The same quiz is in the Academy’s CME journal. You must do the quiz for the whole issue (not article-by-article). Quiz questions are tied to the relevant PIR text.

\$140/year (AAP Fellow)

Up to Date (LICC)

[www.uptodate.com](http://www.uptodate.com)

Basically an electronic textbook with continuously updated reviews. Pediatric section under development. Comes with CD version for off-line use.

\$495/year (\$395 renewal), plus “nominal” fees for CME credit

SKOLAR (LICC)

[www.skolar.com](http://www.skolar.com)

Some pediatric textbooks (e.g., Oski); decent full-text journal collection

\$219/year



MDCConsult (RATT)

[www.mdconsult.com](http://www.mdconsult.com)

No pediatric CME as of August 2002. Excellent general pediatric book collection (e.g., Nelson, AAP red Book), Good pediatric journal collection. CME is via articles in a content area which are refreshed every month \$219.95/year for Core Collection (most appropriate for peds)

Medscape (RATT)

[www.medscape.com/cmecenterdirectory/pediatrics](http://www.medscape.com/cmecenterdirectory/pediatrics)

From WebMD, many pediatric topics  
Free

CMEWeb (RATT)

[www.cmeweb.com](http://www.cmeweb.com)

Tests listed per specialty, charge per test  
\$15 per 1.5 credit hour per course

Contemporary Pediatrics (RATT)

[www.contpeds.com](http://www.contpeds.com)

Offered as a subset of CMEWeb.  
Free

Baylor College of Medicine Online (RATT)

[www.baylorcme.org](http://www.baylorcme.org)

Audio and slides, with a post test. It requires Real Player. Low-bandwidth version is available.  
Free

## **EDUCATION: AMIA**

### ***Symposium: Careers in Medical Informatics***

Christoph Lehmann, MD, FAAP



The American Medical Informatics Association Annual Symposium will be held in San Antonio, Texas from November 9-13, 2002. For the first time, AMIA will hold a panel on careers in Medical Informatics which might be of interest of ScoCit members.

Six panelists from all reaches of medical informatics will discuss medical informatics career options and training pathways as well as needed and desired skills based on their observations and experiences in the field. Entry into the work force as well as career satisfaction will be addressed. This exchange of experiences and ideas will be of interest to students, to practicing professionals interested in next steps and future directorion in their own careers, to companies employing informatics professionals, and to all educators in medical informatics and related fields. The panel will be moderated SCoCIT member Christoph Lehmann MD, FAAP.





### ***EDUCATION: SCoCIT Online Survey Results***

Mark Simonian, MD, FAAP

SCoCIT is running an online survey of topics that YOU, the SCoCIT membership, want to see covered in future CME programs. So far, a significant number of members want information on Personal Digital Assistants (PDAs) with HIPAA, Electronic Medical Records (EMR) and Clinical Decision Support leading the way. These topics will have priority when planning future programs. Topics listed in the table are already on the drawing board for the 2004 programs for Super CME and NCE 2004.

It is NOT too late to add your ideas to the survey at: [www.aapca1.org/aapca1/scocit.html](http://www.aapca1.org/aapca1/scocit.html)

#### SCoCIT Survey Results

General Topics	Totals	% of Group	% of Total
PDA Use in Pediatrics	26	33%	15%
HIPAA Practical Tips	16	21%	9%
Electronic Prescriptions	13	17%	8%
Education Tools in Office Practice	10	13%	6%
CME online	13	17%	8%
Subtotal	78	100%	

Advanced Topics	Totals	% of Group	% of Total
EMR General	29	31%	17%
Clinical decision support	23	25%	13%
Speech Recognition	11	12%	6%
PDA Tools	11	12%	6%
Database Development	9	10%	5%
Internet Best Sites	10	11%	6%
Subtotal	93	100%	100%

**Total Votes** 171  
Membership responding 13.13%  
(Votes shown represent the top 11 topics selected)

## **Informatics Events Calendar**

*Please verify all listings with the originating organizations:*

### **September 2002**

- 09-12: Association of Telehealth Service Providers  
Telehealth 2002: Briefings on Telemedicine  
Activity in the U.S. and Abroad During the Past 12 Months  
Portland, Oregon  
[www.telehealthconference.org/telehealthconference.htm](http://www.telehealthconference.org/telehealthconference.htm)
- 09-13: MIS Training Institute  
HealthSec 2002 Conference & Expo  
Atlanta, Georgia  
[www.himss.org/ASP/ContentRedirector.asp?ContentId=15449](http://www.himss.org/ASP/ContentRedirector.asp?ContentId=15449)
- 18-20: National Managed Health Care Congress and  
Reed Exhibition Companies  
World Healthcare Information and Technology Congress  
Washington, DC  
[www.nmhcc.org/nmhcc/page.cfm/T=m/Action=Press/PressID=2](http://www.nmhcc.org/nmhcc/page.cfm/T=m/Action=Press/PressID=2)
- 18-20: World Genomics Symposium and Exposition  
Atlantic City, New Jersey  
[www.world-enomics.com/2002/V30/index.cvn?id=10000&p\\_navID=1](http://www.world-enomics.com/2002/V30/index.cvn?id=10000&p_navID=1)
- 21-26: American Health Information Management Association  
74th National Convention and Exhibit  
San Francisco, California  
[www.ahima.org](http://www.ahima.org)
- 23-24: Center for Business Intelligence  
3rd Annual Clinical Electronic Trials  
Philadelphia, Pa  
[www.cbinet.com/events/HB238/index.html](http://www.cbinet.com/events/HB238/index.html)

### **October 2002**

- 01-02: National Institute of Standards and Technology (NIST)  
Pervasive Computing 2002  
Gaithersburg, Maryland  
[xsun.sdct.itl.nist.gov/~lewa/](http://xsun.sdct.itl.nist.gov/~lewa/)
- 03-04: Center for Business Intelligence  
Fall Forum on Patient Compliance  
Philadelphia, Pennsylvania  
[www.cbinet.com/events/HB286/index.html](http://www.cbinet.com/events/HB286/index.html)

03-05: Canadian Society for Telehealth  
e-HealthCare: What Constitutes Return on Investment?  
Vancouver, Canada  
[www.cst-sct.org/conference.php](http://www.cst-sct.org/conference.php)

19-23: American Academy of Pediatrics  
National Conference and Exhibition  
Boston, Massachusetts  
(See Schedule in this issue for details)  
[www.aap.org](http://www.aap.org)

20-22: Society for Medical Decision-Making  
2002 Annual Meeting  
Baltimore, Maryland  
[www.smdm.org](http://www.smdm.org)

### **November 2002**

06-08: eHealth Institute  
Developer's Summit 2002  
Tempe, Arizona  
[www.ehealthinstitute.org/summit/index.cfm](http://www.ehealthinstitute.org/summit/index.cfm)

09-13: American Medical Informatics Association  
Fall Symposium  
"Bio-medical Informatics: One Discipline"  
San Antonio, Texas  
[www.amia.org](http://www.amia.org)

14-15: Center for Business Intelligence  
HIPAA - Compliant Practices for Sponsors & Researchers  
Washington, DC  
[www.cbnet.com/events/HB290/index.html](http://www.cbnet.com/events/HB290/index.html)

### **December 2002**

### **January 2003**

03-07: Pacific Symposium on Biocomputing  
PSB 2003  
Kauai, Hawaii  
[psb.stanford.edu/index.html](http://psb.stanford.edu/index.html)

### **February 2003**

09-13: Healthcare Information Management Systems Society  
HIMSS 2003 Annual Convention and Exhibition  
San Diego, California  
[conference.himss.org/ASP/Index.asp](http://conference.himss.org/ASP/Index.asp)

### **March 2003**

- 09-12: Association for Computing Machinery  
COMPAHEC 2003: Computer Applications in Health Care  
Melbourne, Florida  
[webepcc.unex.es/vmasero/compahec/](http://webepcc.unex.es/vmasero/compahec/)
- 10-13: National Managed Health Care Congress  
15th Annual National Managed Health Care Congress  
Washington DC  
[www.nmhcc.org/NMHCC/page.cfm](http://www.nmhcc.org/NMHCC/page.cfm)

### **April 2003**

- 07-08: Center for Business Intelligence  
6th Annual Drug Delivery Systems  
Location: TBA  
[www.cbinet.com/events/HB306/index.html](http://www.cbinet.com/events/HB306/index.html)

### **May 2003**

- 02-07: Medical Library Association  
Annual Meeting 2003  
“Catch the Wave”  
San Diego, California  
[www.mlanet.org](http://www.mlanet.org)
- 10-16: Medical Records Institute  
TEPR 2003: 19th Annual Conference and Exhibition  
San Antonio, Texas  
[www.medrecinst.com/conferences/tepr](http://www.medrecinst.com/conferences/tepr)
- 28-30: American Medical Informatics Association  
2003 Spring Congress  
Bridging the Digital Divide: Informatics and Vulnerable Populations  
Philadelphia, Pa  
[www.amia.org](http://www.amia.org)

### **June 2003**

- 07-10: SCAR 2003  
20th Symposium for Computer Applications in Radiology  
Boston, Massachusetts  
[www.scarnet.org/html/calendar.html](http://www.scarnet.org/html/calendar.html)