MEMBERSHIP

Dr Yeh highlighted the Section on Critical Care (SOCC) Annual Report for FY1998-1999 and reported that there were 32 new and approved applications for SOCC membership. Current SOCC membership is 594 and has decreased slightly due to nonpayment of national AAP and/or section dues. Membership criteria were discussed and the group agreed that the bylaws are purposefully broad to be inclusive. In addition to full fellow, the section therefore accepts the following additional fellows: specialty, post-residency training, candidate, honorary, emeritus, corresponding, and dual.

Distinguished Career Award Recipient-
Dr George Lister

ELECTIONS

Elections were held over the summer. Drs Brahm Goldstein and Otwell Timmons were elected to the executive committee effective immediately following the Annual Meeting when the terms for Drs Amer and Notterman officially expired.

NEW STATEMENTS

The joint AAP/Society of Critical Care Medicine (SCCM) statement on regionalization of services for critically ill or injured children has been approved by both Boards of Directors and was published simultaneously in Pediatrics and Critical Care Medicine in January 2000.
EDUCATIONAL PROGRAMS

The proposed program for critical care during the AAP Annual Meeting in 2000 includes a full day and a half of programming for section members only with 2 half day sessions – one with the Sections on Cardiology and Emergency Medicine on new pediatric resuscitation guidelines and another on issues relating to acute lung injury.

REIMBURSEMENT AND CODING

Dr Storgion reported on current AAP activities related to RBRVS and the input she provided on the section’s behalf on critical care codes that seem to apply to the altered surgical field modifier. The executive committee discussed potential educational efforts for section members in this regard to include: (a) developing case vignettes describing critical care patients and appropriate billing, (b) instructions on how to code appropriately, (c) a coding workshop at a future AAP Annual Meeting, and (d) development of a brochure, slide set, and corresponding educational program by the SOCC and SCCM, similar to the one developed by the Section on Perinatal Pediatrics.

SALARY AND WORKLOAD SURVEY

A salary and workload survey proposal submitted by Dr Amer was approved by the AAP Office of the Executive Director. It was agreed that the survey is consistent with the Academy’s mission and that as long as the participants receive a composite of the results along with their individual data, there should be no antitrust problems. This survey will be coordinated by the University of California, Los Angeles School of Public Health.

REVISED GUIDELINES AND LEVELS OF CARE FOR PICUs

Dr David Rosenberg of the SCCM Pediatric Section will serve as the lead author in revising the 1993 AAP/SCCM “Guidelines and Levels of Care for Pediatric Intensive Care Units.” Drs Moss and Yeh will be the SOCC liaisons. The revised statement is intended to assist: (1) hospitals, in properly determining resource allocation, and equipping these units; (2) physicians, as a reference in referral and care of critically ill infants and children; (3) Emergency Medical Services personnel, for proper prehospital triage; and (4) the Level I and II Pediatric Intensive Care Units themselves as a means of ensuring appropriate patient care and professional credibility.

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The AAP Section on Bioethics Wants You!

The American Academy of Pediatrics’ Section on Bioethics encourages members of the AAP to join us in our work. As a member of the Section, you will discuss and help the AAP learn about a wide variety of bioethical issues.

The Section on Bioethics, founded in 1988, is dedicated to providing the general pediatrician and pediatric subspecialist with an understanding of the basic principles of bioethics and to helping promote the importance of compassion, sensitivity, commitment, and high moral standards in the delivery of health care.

Membership in the Section is open to all Fellows of the Academy with an interest in bioethics. An affiliate membership has been established; this category is open to licensed physicians who are not eligible for membership in the Academy, and licensed allied health professionals, actively involved in ethics committees.

The Section on Bioethics publishes a semiannual newsletter for Section members only. The Section also maintains a web site to inform its members of current activities. The site is freely accessible via the Academy’s web site at http://www.aap.org.

For more information or to apply to become a member, contact the AAP Division of Member Services at 800/433-9016, ext 7143 or visit the Section’s web site.
A 1 ½ hour conference call to discuss concerns and options regarding the recent changes in neonatal critical care coding began with an overview of the changes in neonatal intensive care coding language from 1999 to 2000. The primary difference is that neonatal critical care codes (99295-99298) may now only be applied to patients who are 30 days old or younger at the time of admission into an intensive care unit. Physicians may continue to use these codes beyond this 30 day age limit if the indications for critical care continue. The neonatal critical care codes are global 24-hour codes, and are not reported hourly as required for other pediatric and adult critical care services. This change will significantly impact billing and reimbursement of pediatric intensivists.

Based on explanations from AAP representatives to the AMA on coding and reimbursement, these changes were payor driven and evolved for clarification in defining stable vs unstable patients and the age limits of the neonatal period. Both AAP and SCCM provided input into the process. Concern regarding the lack of pediatric critical care representation, however, was noted. Options for addressing the coding dilemma were discussed.

Pros and cons of these options were considered. It was suggested that while a modifier to the existing neonatal code may be obtained, it may not necessarily be recognized by payors. It was also suggested that the AMA would be unlikely to add a new code, when something similar already exists. Opportunities for legal recourse were questioned. The group was reminded, however, that CPT codes are guidelines, not law, and that the AMA and insurance companies take no responsibility for each other.

In conclusion, it was determined that the options for addressing the limitations of the new guidelines for neonatal critical care coding should be further delineated and discussed by the SOCC executive committee at their February 11 meeting in Orlando and by any others willing to meet during the SCCM Annual Symposium on February 13. Whatever strategy is pursued, the request will be submitted to the AMA by the AAP and/or SCCM.

New Investigator Research Award Applications:

This is the 5th year that the Section on Critical Care will fund a New Investigator Research Award. This year’s award will be for $10,000 and is available to section members during their pediatric critical care fellowship, or within 2 years of completing an accredited critical care fellowship. The award, which is competitive, will provide support to an individual who has demonstrated aptitude for clinical or basic science research and who presents a sound plan of investigation. Section on Critical Care membership is required.

The award will be judged on: scientific merit, clarity of presentation, likelihood of productivity by the investigator, sponsor’s evidence of appropriate academic environment, and relevance to critical care.

Applications are available from:
Sue Tellez
800/433-9016 ext. 7395
e-mail: stellez@aap.org

Deadline: May 1, 2000
Transport Section Update

One of the most important missions of our Section is education on both local and national levels. The Section on Transport Medicine is pleased to sponsor two Critical Care Transport Conferences in June 2000. The first will be our biannual Critical Care Transport Medicine Clinical Conference, to be held in Chicago from June 8-10, 2000. A Pediatric Transport Medicine Leadership Conference will immediately follow on June 10 and 11, 2000. Both of these conferences promise to be exciting, interesting, and thought provoking. The clinical care conference has routinely received rave reviews for content and presentation and I have no doubt it will continue to do so. The Transport Leadership Conference is a follow-up to the previous Transport Leadership Conference held approximately 10 years ago in Sun Valley. From that conference came several recommendations and publications regarding pediatric transport medicine. This leadership conference will follow a similar small group format and offer the opportunity for those involved in pediatric transport medicine to be heard and help shape the future of our specialty. We are looking forward to a significant turn out, so please respond early to ensure your spot at the table. More information is available through the AAP (cswan@aap.org).

Please look for our transport section database to be up and running on the web in the next couple of months. This will include data we have received over the past two years regarding demographics and transport team information. This web posting should help us to identify each other and allow for more interaction and sharing of information and best practices among pediatric transport providers across the country. Any suggestions regarding content or inclusion within the list are always appreciated. As always, please visit our web site at http://www.aap.org/sections/transmed/.

Look for the 1999 “Guidelines for Air and Ground Transport” of the Pediatric and Neonatal Patient to be published by the American Academy of Pediatrics in conjunction with the fall 1999 meeting. This guideline/text will be the second edition of this excellent reference. The text has been developed with editorial and authorship input from a variety of subspecialists, and has been reviewed in its completed format by several of the sections. This has been a significant undertaking and one I’m sure we will be very proud of. Thanks to Dr. Mhairi McDonald and the editorial committee for a job well done.

Also, a reminder of the Pediatric Interfacility LISTSERV. This is a web list that allows professionals with involvement in pediatric or neonatal transport medicine to have a forum to discuss ideas, ask questions, and obtain information. I have found this extremely useful with specific questions and topics, as have many of the list participants. The list can be joined by sending an e-mail to listserv@brownvm.brown.edu and within the body of the message, place “subscribe PBTPT-L your first name, your last name.” Please contact me at (woodwardG@email.chop.edu) if you have difficulties signing onto this list or have any suggestions, thoughts or comments regarding transport section activities.

The Transport Section has been designed to meet the needs of professionals who are involved in pediatric and neonatal transport. If you are interested in being more involved in the activities of the Transport Section, please contact me at Children’s Hospital of Philadelphia, 3400 Civic Center Blvd, Philadelphia, PA 19104; (215) 590-4988 or e-mail woodwardG@email.chop.edu. I look forward to hearing from you.

Tony Woodward, MD

A must for health care professionals who make decisions about the emergency interfacility transport of children.

Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients provides guidelines and education for all health care professionals who make decisions about the emergency interfacility transport of children. This essential guide has been completely updated and new chapters have been added that address the current issues related to financing a neonatal-pediatric transport program and to marketing the service through benefits, communication, and training.

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Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients

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Transport Section News

Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients provides guidelines and education for all health care professionals who make decisions about the emergency interfacility transport of children. This essential guide has been completely updated and new chapters have been added that address the current issues related to financing a neonatal-pediatric transport program and to marketing the service through benefits, communication, and training.

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Call 888/ 227-1770 to order or visit us on the web at: http://www.aap.org
**PEPP 2000 Rollout**

The AAP will rollout a new national education program to help prehospital professionals better assess and manage ill or injured children. The course, Pediatric Education for Prehospital Professionals (PEPP), has been under development over the last 18 months by a multidisciplinary steering committee.

The PEPP course will address pediatric objectives identified in the National Highway Traffic Safety Administration National Standard Curricula. The manual includes 13 case-based chapters addressing topics specifically geared toward EMT’s and Paramedics. There are also 21 specific procedures that outline management strategies and point out important differences to be aware of when dealing with pediatric patients. The PEPP continuing education course has an 8-hour BLS and a 16-hour ALS course schedule. The course is highly interactive with hands-on skill stations, small group scenarios, and case-based lectures. The Academy in conjunction with our PEPP partner, Jones and Bartlett Publishers, is also developing a special PEPP Web site.

After extensive internal and external review and revision, the PEPP BLS and ALS courses were field tested in North Carolina on September 12-14, 1999 and in California on October 3-5, 1999. Important evaluation data was gathered from students and faculty using written tools throughout the courses and focus group discussions afterward. Additional refinement of the materials is currently underway with a goal of introducing the course next spring, March 25 - 26, 2000 at the 2nd National Congress on Childhood Emergencies in Baltimore, MD.

For more information contact the Division of Life Support Programs via e-mail at svaladez@aap.org or call 800/433-9016 ext 7083.
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Executive Committee
1999 - 2000

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