

**Pediatric Section Business Meeting  
Society of Critical Care Medicine  
January 30, 2003  
San Antonio, TX**

**Executive Committee Members:**

Michele Moss, M.D., Chairman	Stephanie Storgion, M.D. Chairman elect
Ed Conway, M.D.	Bruce Greenwald, M.D.
Vicki Montgomery, M.D.	Tim Yeh, M.D., ex officio member

The meeting was called to order at 4:40 p.m. by Chairperson Michele Moss.

**1. Budget Report**

- a. At fiscal year end (09-30-02) we had \$659.04. \$500.00 was transferred from SCCM; \$190.00 in contributions for a current grand total of \$1,349.04. There have been no expenditures.
- b. A discussion ensued regarding section dues. The only extra monies the section receives is from contributions. The executive committee recommended that we have dues added to our section membership. Currently we have added \$50.00 for the Pediatric Critical Medicine Journal as a required fee of membership to the pediatric section. It was recommended that we add \$10.00 additional for pediatric section dues. A motion was made and seconded that a \$20.00 physician-only dues be added as a requirement for section membership. This would exclude physician trainees, nurses, and other members. A discussion ensued, after which a unanimous vote approved this addition of section dues to our membership fee.
- c. It was also unanimously approved that the Pediatric Section of SCCM give \$1,000.00 to the Pediatric Critical Care Medicine website.
- d. Further discussion continued regarding society support of sections. Ann Thompson, M.D. is on Council and reported that sections receive \$500.00 from the society. There is no organized effort for additional money. Additional monies can be requested from the society via project development associated with a strategic plan. It was recommended that if we had such a plan, that that be proposed to the society for additional funding.

**2. Refresher Course**

- a. The refresher course has continued to be very successful this year under the guidance of Tom Shandley, M.D. and Andrea Randolph.
- b. Ken Tegtmeyer, M.D. was nominated to chair the refresher course for next year, which was approved unanimously. Ken Tegtmeyer, M.D. was nominated to chair the refresher course for next year, which was approved unanimously

**3. Report from the SCCM Office**

- a. Information was provided regarding the eRoom use via the web. Once a member registers, if something is posted in the eRoom then members will receive an email to inform that there is something to review. We will try to

move the fellowship director listserv to the eRoom. We hope this will increase communication through email for section members

- b. The new fund raising policy for sections indicates that members can go to local reps for funds for sections, but not to national reps as these are the representatives that the SCCM solicits for funds for national meetings. The intent is to prevent diluting the national fundraising efforts by sections. Along this line, the Pediatric Section is considering developing a fundraising group and are seeking volunteers to help with this effort.

#### **4. World Federation of Pediatrics Intensive and Critical Care Societies (WFPICCS)**

**Ann Thompson, M.D.**

- a. The main activity of WFPICCS is the World Congress, which will be in Boston in June 2003. The move was made to Boston because of economic changes in Argentina, which will not allow the meeting to be held there.
- b. WFPICCS is currently trying to find other partnerships of the societies which would include:
  - educational products
  - spread of critical care to other countries, with skills and knowledge
  - research projects
  - bring basics of critical care to regions without any critical care medicine
  - end of life care practice around the world
  - possible development of a consensus paper.
- c. If section members have ideas regarding potential collaborations for WFPICCS please forward that information to Ann Thompson.

#### **5. American Board of Pediatrics Report : Alice Ackerman, M.D.**

- a. In August 2002, 156 new applicants for the critical care boards to the ABP; 51 received automatic approval by meeting all of our criteria, including a peer-reviewed, published paper; 105 applicants were passed by committee after review. Only 4 people were not approved to sit for the boards. All sub-boards are looking at qualifications to sit for the sub-board and possibly changing; however, there are no specific changes at this time.
- b. The above numbers are similar to those seen in pediatric pulmonary and pediatric cardiology board applicants. For this last cycle, 224 people were eligible and 21 did not show up or did not have a proper ID to sit for the boards, so a total of 203 sat for the boards. 69% passed, 14% failed. Second time failure rate was 15%. The first time pass rate was again higher for those who had published papers as part of their application. They are still working on meaningful accomplishments in academic endeavors and trying to make this a more meaningful part of the board requirements. As part of the restructuring of board requirements, there is some work looking at multi-track subspecialty training.
- c. There was also some discussion as to whether fellows should delay taking the boards, especially if a project is not yet complete. It was felt the fellowship directors need to counsel trainees in this specific area of board certification

- d. There was additional discussion regarding the recertification process for the American Board of Pediatrics. David Nichols, M.D. gave part of the report on this. The anticipated pass rate for proctored exam will be the same as the take-home exam. There are other components, including licensing, as requirement for recertification. It is very unclear as to what the practice component of the recertification will look like, and it was emphasized that this should not be trivialized as busywork, but it should be some kind of meaningful experience. Additionally, there will be lifelong learning components and it was recommended that the section be involved with developing standards and develop its own module so as to truly reflect what we do in pediatric critical care.

**6. Pediatric Critical Care Medicine Journal Report: Pat Kohanek, M.D.**

- a. Subscription rates to this journal have increased with 750 subscriptions in 2000, 1644 in 2002, and now 2483 in the year 2003.
- b. There is increasing support from the international community with the British Critical Care Society having 557 members subscribe to the journal en bloc this year. Also working with the Australian and Indian Critical Care Societies to increase their subscription rates.
- c. The journal has increased in size to 125 pages with submissions of 59%, with a 40% rejection rate.
- d. The quality of papers is increasing and 83% of the reviews are done by the editorial boards. There is an increasing number of international submissions, which has been enhanced by the abstracts in different sections of the journal being in other languages.
- e. Two new sections include Pediatric Critical Care Medicine Perspective by Ann Thompson, M.D. and CME Issues by Hector Wong, M.D.
- f. The journal is now in the National Medical Library Listing. Once it makes it to the PubMed listing, the journal will go to bimonthly.

**7. Council Report: Rich Brill, M.D.**

- a. Membership was the main theme for Council and members are being asked about their desires and expectations. All societies have decreased in membership and the SCCM is seeing decreasing rates of physician memberships, while membership is at an all time high overall.
- b. Section members are asked to send comments to Rich Brill or Ann Thompson regarding what membership of this society should look like and types of members and what do physician members and others expect from their membership to the society.
- c. Most members who have left the society are fellow members who have been members for 2-5 years. It is confusing as to their reason for leaving and if finances are a major issue or if there are other aspects of this.
- d. It was noted that other societies have a graduated, tiered membership fee for physician career points and perhaps this should be considered by SCCM. It was suggested that a survey be done of those who have left the society to figure out why they have chosen not to continue. It was also suggested that

perhaps we are losing addresses of fellows once they have completed their training and that this may be something to pursue. Heidi Dalton, M.D. is on the membership committee and it was suggested that perhaps we add younger members on these committees

#### **8. The American College of Critical Care Medicine Report: Tim Yeh, M.D.**

- a. A few pediatric guidelines are still in the process due to an attempt to jointly publish these guidelines with the AAP. This process of jointly publishing guidelines with other societies does create a significant delay and it has become a somewhat difficult hurdle to overcome. Admission and discharge criteria to intermediate care units level of care of pediatric critical care units are the guidelines that are currently pending. The review and revision cycle is three years and we are close to this time period for these guidelines. Hope to have them published soon.
- b. The College election for new members of the board of regents, Bruce Greenwald is running and Alan Fields is the past chancellor and will be rotating off. There is an effort to increase the number of fellows in the college.
- c. It was recommended that many of the pediatric section would qualify and should apply for membership to the ACCM. The ACCM is looking to expand what it does and looking to the impact of guidelines and perhaps branch out in doing outcome studies on these guidelines Also discussed was electronic voting for the ACCM, which may increase participation in the process.

#### **9. Section Committee Reports**

- a. **Resident Education Committee** : Mohan Mysore.
  - The PICU course which can be found at [PICUCOURSE.org](http://PICUCOURSE.org). has been up and running for about a year. There have been 1,450 unique visitor hits on this site. The online exam is up and running with 11 demographic questions and 39 actual questions.
  - They plan a second and possibly a third exam by this summer and hope the exam will address some competency issues for residents during this critical care rotation.
  - The third phase of this project would be to develop a database which will then transition this project to the SCCM website with a link to the current domain. The SCCM IT team then will become the administrator of the site; however, editorial comment and administrative control will stay with the resident education committee of the pediatric section. Mohan Mysore and Margaret Winkler will be rotating off of the PICU course and the co-chairs will then be Ken Tegtmeyer and Mary Lieh-Lei.
  - Mary Lieh-Lei is dealing with some of the RRC requirements and is our rep to the RRC to lobby for continued critical care education in general pediatric training
- b. **Coding and Reimbursement Committee: Bruce Greenwald, M.D.**
  - New codes are out now and can be utilized this year. CMS will apply RB/RVS by March 1 and it was proposed that it be the time that these

codes start to be used. Since intensivists do the same type of work indicated by these codes, it was felt that individuals in states that don't allow these use of the codes, can use these letters to help lobby for change.

- The Coding Reimbursement Committee will be sending out sample letters helping the case for the new PICU codes and make the case for pediatric intensivists to get reimbursement for neonatal and anesthesia codes as in some states, only the specialist in these two areas can use the codes. The committee will try to get endorsement from the AAP for these letters
  - The new code for pediatric critical care is for 31 days - 2 years is 99293 with an RVU of 21.83. Subsequent days are 99294 with 10.8 RVU. The neonatal critical care codes now stop at 31 days. 99295 is initial with 24.67 RVU and subsequent is 99296 with an RVU 10.84. The transport codes are 99289 for 30-74 minutes of attending physician transport, RVU 6.81, with 99290 to each additional 30 minutes at 3.41 RVU.
- c. **Advanced Practice Nurses:** Maureen Madden, RN, NP and Alice Ackerman, M.D.
- requested an increase presence of physicians on this committee and that the committee develop educational and practice standards.
  - Section members voiced their appreciation of advanced practice nurses in PCCM and the value they bring to the care of critically ill children.
  - The committee plans to meet twice a year and to develop an executive committee with physician and advanced practice nurse balance on it.
- d. **Virtual PICU :** no report
- e. **Fellowship Committee Report : Stephanie Storgion, M.D.**
- The committee met and statistics were shared regarding the current status of the match.
  - It was unanimously voted that the match continue for the pediatric critical care fellowship.
  - Great deal of time was spent discussing the ACGME RRC competency issues and we are trying to develop our own set of competencies for Pediatric Critical Care Medicine that would most reflect that which we do, rather than having them imposed on us by those unfamiliar with what we do.
  - There will be an online survey of fellows regarding issues of training including the match process.
- f. **Internet Working Group Barry Markovitz, M.D.**
- The Internet Working Group is now 7 years old
  - PCCM Web site continues to appreciate the donations from the section.
  - Evidence-based medicine journal club is continuing to do well. The institution with the most reviews is Baylor and the most prolific individual author is Al Torres, M.D.

- g. Pediatric Patient Safety Committee: Vicki Montgomery, M.D.**
  - Committee will meet on Feb. 1, 2003 therefore no report at this time
  
- h. Task Force for Recruiting: Michele Moss, M.D.**
  - Need to capture medical students and interns in the early years
  - Will try to generate a list of suggestions of this recruiting reception for the resident section at the AAP was recommended for this coming Fall.
  - Will also try to generate a mentor list.

**10. Additional item:**

- There was a brief discussion on the ethics of malpractice expert witness and members were referred to the Journal of Pediatrics as to a recent article on this issue

There being no further business the meeting was adjourned.

Respectfully submitted;

Stephanie A. Storgion, M.D. Chairman elect