

Pulmonology News

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In This Issue

- © Medical Liability Crises Update
- © Coding Corner
- © AAP Addresses Obesity
- © Washington Report

Chairperson's Report

Since November 2002, I have served as the Chairperson of the Section of Pediatric Pulmonology (SoPPu). Prior to this I have served on the committee for four years. During the last six months we have oriented five new committee members and reorganized future committee elections to ensure a staggered turnover of the committee.

During the last year, we have continued with our previous commitment to improve interactions with other pediatric pulmonary related organizations. As the AAP is not the primary medical home for Pediatric Pulmonologists, we continue our relationship with the American College of Chest Physicians (ACCP), American Thoracic Society (ATS), and American Association of Respiratory Therapists (AARC). This year we co-sponsored, with the ACCP, the successful Pediatric Pulmonary CME meeting in Scottsdale, AZ. As chairperson, I serve on the pediatric planning committee of the ATS. Dr. Stillwell, previous chairperson, continues to actively participate with the Federation of Pediatric Organization (FOPO). Dr. Stephen Boas, executive committee member, serves as our liaison for the AARC Board of Medical Advisors. During the next year, we will be working with the Cystic Fibrosis Foundation in a reevaluation of the role of newborn screening in the diagnosis of cystic fibrosis.

Within the AAP, we are currently working on several different projects. I am serving as a consultant to the task force on obesity in children. A member of our committee, Dr. Michael Light has been nominated to serve on the upcoming bronchiolitis task force. In the next year, we anticipate a project with the Committee on Fetus and Newborn regarding the care of the infant with bronchopulmonary dysplasia.

During the last year we have reviewed several papers from other committees and sections, including the recently released statement on apnea monitoring. We continue to work with the ATS on development of a statement on pulmonary function testing in primary care.



*Robert B. Mellins, MD, FAAP
Recipient of the third annual Edwin L. Kendig, Jr
Award, presented by Lynne Quittell, MD, FAAP*

Our primary contribution to the educational endeavors of the AAP is through our CME activities. The SOPPu participates in the Academy's National Conference and Exhibition as well as the annual pediatric pulmonary meeting.

Recruitment continues to be a focus of our committee. In the last year, we have increased section membership by 5%. As stated above, pediatric pulmonologists have allegiances to multiple professional organizations. Membership fees and time commitments limit membership to all organizations. This year, we have sent letters to all pediatric pulmonologists with AAP membership and reviewed the contributions of the AAP to our subspecialty in

continued on page 4

MEDICAL LIABILITY CRISIS UPDATE

Charles H. Deitschel Jr, MD, FAAP
Chairperson, AAP Committee on Medical Liability

Don't throw in the towel on federal medical liability reform.

Backers of national medical liability reform are vowing to keep pressure on after the Senate failed to move forward on comprehensive medical liability reform legislation this July. Despite the setback, reform advocates say there are several reasons to be optimistic about the long-term prospects for the bill:

- President George W. Bush supports the legislation.
- The House of Representatives in March passed a bill (H.R. 5) that includes a \$250,000 noneconomic damages cap, as well as several other critical reform provisions.
- A Gallup poll shows that 72% of Americans favor caps on noneconomic damages.
- The U.S. General Accounting Office (GAO) has issued a report on medical liability insurance which found that losses on medical malpractice claims—the largest part of insurers' costs—appear to be the primary driver of premium rate increases.

The GAO report "Medical Malpractice Insurance: Multiple Factors Have Contributed to Increased Premium Rates" also states that caps on noneconomic losses may indirectly reduce malpractice insurance premiums. Insurers report that economic damages (generally medical costs and lost wages) are more predictable than noneconomic damages, which are generally meant to compensate for pain and suffering and thus are very difficult to quantify. Capping noneconomic damages reduces the uncertainty that can give rise to premium rate increases. The report explains that after the frequency and severity of malpractice losses have been reduced, insurers will decrease premium rates because they may be better able to predict what they will have to pay out in losses.

IN CONGRESS

The US House of Representatives passed comprehensive medical liability legislation known as the "Help Efficient Accessible, Low-cost, Timely Health Care" (HEALTH) Act (H.R. 5) in March by a vote of 229-196. The bill, which was reintroduced in the 108th Congress by Representatives Jim Greenwood (R-PA) and John Murtha (D-PA), would among other things:

- limit non-economic damages, such as pain and suffering awards, to no more than \$250,000;
 - limit punitive damages to the greater of two times the amount of economic damages or \$250,000;
 - establish new guidelines for joint and several liability so that providers could be held liable only in direct proportion to their percentage of responsibility; and
 - allow providers to request periodic payments if an award for damages exceeds \$50,000.
- The bill also would limit the number of years a plaintiff has to file a health care liability action; in cases involving care to minors under the age of 6, claims would have to be filed within 3 years or the minor's 8th birthday, whichever is later.

In July, the US Senate failed to agree on moving forward to consider similar legislation known as the "Patients First Act" (S. 11), which was introduced by Senator John Ensign (R-NV). However, Senate Majority Leader Bill Frist (R-TN) has indicated the measure is a priority and may return to the Senate calendar before the end of the 108th Congress. S. 11 is nearly identical to the House-passed HEALTH Act, with the addition of new language that requires expert witnesses in malpractice cases to be competent and experienced in the type of treatment under review.

~~These are resolutions that the Academy and~~

others in the health community have supported for over ten years. Moreover, they are not untested remedies. States such as California that have enacted and maintained these reforms have been shielded from the worst effects of the current crisis.

AT THE STATE LEVEL

Medical liability reform was a top legislative issue in many states in 2003. Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Kentucky, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, West Virginia, and Wyoming considered medical liability reform legislation. Of these states, Oklahoma, Texas, and West Virginia enacted legislation that places caps on non-economic damages. Missouri vetoed a cap on non-economic damages. Delaware enacted legislation that makes it more difficult to file medical malpractice lawsuits. Florida is poised to enact a medical liability reform package as well. The final details are still being worked out at the time of this writing. This issue will continue to be a contentious one in the 2004 legislative sessions.

NEXT STEPS

Through the Committee on Medical Liability and its leadership network of sections, committees and chapters, the Academy is monitoring the current malpractice crisis and its effect on pediatric care. Low reimbursement rates are already a major issue in many states, and the medical liability crisis places an added strain on the financial viability of pediatrician practices in these states. The Academy is very aware of these problems and is working aggressively to address them through public sector and private sector

continued on page 4

AAP Ready to Address Obesity in the Office, School, and Community

by AAP Staff

With the prevalence of obesity is at an all time high of about 15% among children between ages 6 and 19, many AAP committees, sections, and chapters have taken steps to separately address obesity. The Committee on Nutrition-authored policy statement, "Prevention of Pediatric Obesity and Overweight" will be published in the August issue of Pediatrics. Recognizing that this problem is multifactorial requiring a comprehensive approach and cognizant that pediatricians need specific guidance for prevention and treatment, the Academy's leadership recently formed a Task Force on Obesity.

Experts from various disciplines (adolescent medicine, endocrinology, reimbursement, gastroenterology, media/public relations/public education, psychosocial issues, behavioral modification, school health, surgery, pulmonology, and community pediatrics) and liaisons from the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) were appointed to address childhood obesity prevention, treatment, and reimbursement. Nancy F Krebs, MD, MS (Current Committee on Nutrition

Chairperson) and Reginald Washington, MD (Current Committee on Sports Medicine and Fitness Chairperson) will co-chair the Task Force. The goals of the Task Force will be to develop organization-wide goals and a coordinated action plan on obesity, develop or identify practical resources for pediatricians to use in their offices, identify ways to advocate for improved reimbursement and research needs, serve as a conduit and coordinator for all obesity-related activities, initiatives, and programs proposed by an AAP group, and develop proposals for external funding as appropriate.

The first meeting of the Task Force will be in the fall. If you have any questions, comments, or concerns, feel free to contact Drs Krebs (Nancy.Krebs@uchsc.edu) and Washington (rlwash@aol.com) or the Primary Staff person to the Task Force, Pamela Kanda, MPH (pkanda@aap.org). If you or your colleagues have had questions about bariatric surgery, you may want to check out, "Weighing the consequences: Bariatric surgery sometimes considered for obese children, but information lacking on long-term outcomes" that was published in the July issue of AAP News (www.aapnews.org).

Upcoming Meetings

Chest 2003
October 25 -30, 2003
San Diego, CA
www.chestnet.org

AAP National Conference and Exhibition 2003



Celebration of Pediatric Pulmonology 2004
April 2-4, 2004
Sonesta Beach Resort
Key Biscayne
Key Biscayne, Florida

SAVE THE DATE!!

Celebration of Pediatric Pulmonology 2004



The American Academy of Pediatrics Section on Pediatric Pulmonology and the American College of Chest Physicians will again co-sponsor a pediatric pulmonary CME course! The course is scheduled for April 2-4, 2004 at the Sonesta Beach Resort in Key Biscayne, Florida. The course content includes infectious disease, radiology, pediatric surgery, as well as pulmonology topics such as asthma, cystic fibrosis, sleep medicine, and the impact of lung disease. The ever popular Chest Rounds will again be offered! More information about the course will soon follow. If you have any questions, please contact the American College of Chest Physicians at 847/498-1400 or visit them online at www.chestnet.org

continued from page 2

solutions. The AAP is very concerned that the combination of low reimbursement and dramatic increases in malpractice insurance costs may trigger problems with access to health care for children. These twin problems are likely to drive physicians away from particular states. These same states will likely have trouble attracting new pediatricians and pediatric medical and surgical specialists.

The problems of high liability premiums and low reimbursement rates are not confined to one section of the country. Arkansas, Illinois, Mississippi, Missouri, New Jersey, New York, Ohio, Pennsylvania, and Washington are all vulnerable states. These states are from different regions of the country, they have varying populations, and they occupy different points on the political spectrum. Already Pennsylvania and New York have reported concerns about the physician population in their states. The AAP recognizes that these two problems need to be addressed with a two-tier federal and state strategy, and the AAP is in the process of doing just that.

WHAT CAN YOU DO?

- Sign up for the AAP Federal Advocacy Action Network to receive action alerts on this important issue. Visit the site on the AAP Members Only Channel under Federal Affairs for the latest legislative news and action alerts.
- Stay abreast of the crisis by visiting the Medical Liability Crisis page on the AAP Members Only Channel.
- Watch for the latest information on the liability crisis in AAP News.
- Attend the session on "Navigating the Medical Liability Crisis" at the 2003 NCE in New Orleans.
- Contact your chapter to learn about its efforts to address this issue on the state level. You can also review the Issue Brief prepared by the AAP Division of State Government Affairs on medical liability reform.

You can access it on the State Government Affairs page of the AAP Members Only Channel.

- Request copies of the Physician Action
- Kit includes everything you will need to educate and motivate your patients on this issue at www.ama-assn.org/ama/pub/category/10155.html

It's time to act. Without comprehensive medical liability reform today, many physicians may not be able to continue caring for children tomorrow.

For more information on the AAP response to the medical liability crisis, contact:

Julie Kersten Ake
Senior Health Policy Analyst
Phone: 847/434-7662
E-mail: jake@aap.org

Chairperson's Column
Continued from page 1

the areas of education and reimbursement. We offer section membership to all AAP members and have recently increased our attention to training fellows in the Academy. We have opened our section to resident members as well. We continue to participate in the Fast Track application process. We will continue this effort and also encourage more active participation of section members in the AAP activities.

This year we have utilized our budget funds to cosponsor the National Conference on Asthma and provided financial support for three committee members to attend the Washington meeting. We also sponsored pediatric pulmonology fellow scholarships to attend the annual Pediatric Pulmonary Meeting. This sponsorship is believed to benefit in two areas: Primarily, it offers an extraordinary opportunity for fellows to attend a national educational meeting. And secondly, it offers us an opportunity for us to introduce fellows to the AAP.

Michelle Howenstine, MD, FAAP
Chairperson, Section on Pediatric Pulmonology

We continue to coordinate the nomination and award process of the annual Edwin L. Kendig Award that recognizes exemplary life-time achievement in pediatric pulmonary medicine. This year's recipient was Robert B. Mellins MD of Columbia University School of Medicine.

Michelle Howenstine, MD, FAAP
Chairperson, Section on Pediatric Pulmonology

Welcome!

New Members

The Section on Pediatric Pulmonology would like to welcome new members that have joined since January 2003.

Gabriel Aljadeff, MD, FAAP
Pablo Anglas, MD, FAAP
Monica Brown, DO
Maria Camacho, MD, FAAP
Catharine Cesal, MD, FAAP
Aaron Chidekel, MD, FAAP
Devang Doshi, MD, FAAP
Hiren Gandhi, MD, FAAP
Luz Garcia, MD, FAAP
Varsha Gharpure, MD, MBBS, FAAP
Griselda Grullon, MD, FAAP
Essa Hassan, MD, FAAP
Natalie Hayes, DO
Shiv Kapoor, MD, MBBS, FAAP
Scot Morris, MD, FAAP
Capt. Ronald Morton, MD, FAAP
James Most, MD
Laura Mulreany, MD, FAAP
Michael Pickens, DO
Giovanni Piedimonte, MD, FAAP
Vatsala Ramprasa, MD, FAAP
Marilou Romero-Reyes, MD, FAAP
Kathryn Self, MD, FAAP
Ahmed Shinaishin, MD, FAAP
Sathyanarayan Sudhanthar, MD
April Wazeka, MD

We want to hear from you!
Please complete the enclosed
survey and return it by
October 31, 2003

Fax to: Laura Laskosz
847/434-8000

**CODING CONCERNS
WITH DR. AD JACOBSON**

Problem: I was asked to see a 17 year old male because he was applying to a military academy. The health letter written by his Pediatrician identified an episode of acute bronchitis two years prior to his application. The academy requested a pulmonary consultation and pre- and post-bronchodilator spirometry before further consideration of the application.

The "patient" had no complaints related to his respiratory system. The past medical history revealed only a single episode of acute bronchitis that did not require hospitalization and recovery was complete. There was nothing of concern in the Family History, Social History, or Review of Systems. The examination was normal. The pre- and postbronchodilator spirometry was normal with no obstruction and no bronchodilator responsiveness.

What is the appropriate E&M code and what diagnosis should I list?

Will his commercial insurance carrier pay for this or will the military academy?
Will the parents be forced to pay for it?

What's your answer?

**For Dr. Jacobson's answer and discussion,
please visit our website:
www.aap.org/sections/pulmonology**

**Get Involved in Your
Chapter!!**

*Section Seeks Members To Serve
As Chapter Contact*

There has been much discussion recently about how sections and chapters can work together to further the Academy's mission. At the 2000 Annual Chapter Forum, members of the Council on Sections Management Committee (COSMAN) met with chapter representatives to discuss ways to facilitate collaboration.

Based on these discussions, COSMAN has asked each section to designate a member to serve as a contact person for each chapter. The contact person is not obligated to attend all meetings of the chapter; however, it is hoped the individual will attend at least the chapter's annual meeting. In addition, the chapter leadership may call upon the section contact for expertise on a particular issue or to discuss joint projects with the section.

If you are interested in serving as the Section's contact for your local chapter, please contact:

Laura Laskosz
AAP Staff, Section on Pediatric
Pulmonology
Phone: 847/434-4928
Fax: 847/434-8000
E-mail: llaskosz@aap.org

**Section on Pediatric Pulmonology in New Orleans!
Conference Sessions**

Sunday 11/2/2003

6:45 - 7:45am Meet the Expert

Difficult Asthma Cases - Sai Nimmagadda

Monday 11/3/2003

9:30 - 10:20am Selected Short Subject

Obesity: Impact on Breathing - Susanna McColley

1:00 - 3:00pm Seminar

What to Do With a Snoring Child - Susanna McColley

Tuesday 11/4/2003

1:00 - 1:50pm Selected Short Subject

Beyond Asthma: When the Wheezing Doesn't Stop - Michael Kiernan

3:45 - 5:45pm - Audience Response Case Discussion
Great Cases from the Tulane Chest Clinic - Robert Beckerman

Interested in writing an article
for the newsletter?



Submit your suggestions to
Laura Laskosz at
llaskosz@aap.org

Executive Committee Roster 2003-2004

Chairperson

Michelle Howenstine, MD

Chair-Elect

Michael Light, MD

Executive Committee:

Steven Boas, MD

Albert Faro, MD

Andrew Gelfand, MD

David Gozal, MD

Christopher Harris, MD

Jeffrey Wagener, MD

Immediate Past Chairperson

Paul Stillwell, MD

AAP Staff:

Laura Laskosz, MPH

Public Education Brochures ^{NEW}

Sleep Apnea and Your Child

Sleep apnea is a common and often undiagnosed childhood problem that can lead to sometimes serious health and behavior problems. This new brochure presents the symptoms, causes, and treatments for sleep apnea, with a focused discussion of tonsillectomy and adenoidectomy as the primary treatment.

What is a Pediatric Pulmonologist?

The American Academy of Pediatrics has created a series of fact sheets that offer information about the many different pediatric subspecialists which parents may be referred to.



Washington Report From the AAP Department of Federal Affairs

For 33 years, the Academy has maintained a Washington, DC office to ensure that the federal government addresses the needs of pediatricians and their patients. The AAP Department of Federal Affairs, commonly known as the Washington office, works with AAP members on such issues as securing health care coverage for all children, passing medical liability reform and securing appropriate reimbursement for pediatric services.

With the help of AAP members, the Academy has played a major role in helping to create important programs, ranging in the earliest days from poison prevention packaging to the more recent State Children's Health Insurance Program (SCHIP). Pediatricians often serve as a source of information in Washington by testifying at congressional hearings, attending federal agency meetings and visiting with members of Congress.

In this Congress, the Academy is working hard to pass medical liability reform. AAP members should contact their U.S. senators and representatives about supporting legislation that would limit the amount of damages awarded in malpractice cases. The AAP-backed bill, "The Help Efficient, Accessible, Low-Cost, Timely Healthcare (HEALTH) Act" (H.R. 5), has already passed the House. We need your help to pass legislation in the Senate this year.

AAP members can get the names and phone numbers of their congressional delegation from the AAP Members Only Channel, www.aap.org/moc, then click on Federal Affairs. This web area also provides additional background information on medical liability reform, and a sample letter to send to Congress. Questions? Contact Molly Hicks, AAP Dept. of Federal Affairs, 800-336-5475 ext. 3007 or mhicks@aap.org.

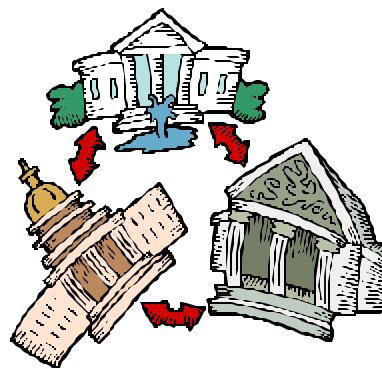
In between section newsletters, the Members Only Channel will keep you up-to-date on other federal legislative efforts by the

Academy. Another source is the monthly Washington Report column in *AAP News*.

Please feel free to contact the Washington office any time you have a question about federal legislative efforts or if you are interested in advocating for pediatricians and children. Your participation is critical to our success! We can teach the easy steps it takes to help. The phone number is

800-336-5475 and e-mail is kids1st@aap.org.

Dated: April 2003



Visit us on the WEB!

www.aap.org/sections/pulmonology

Statements and opinions expressed in this publication are those of the authors and not necessarily those of the American Academy of Pediatrics

American Academy
of Pediatrics



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