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News from the Section Chairperson

by **RICHARD SHIFFMAN, MD, MCIS, FAAP**

Pediatric informatics is a happening thing! Several initiatives with Academy links are underway to recognize and promote the use of information technology in child health care.

One of the principal themes of the upcoming Annual Meeting will be technology and, as always, SCOT will take a prominent part in providing continuing education activities. Moreover, the Task Force on Medical Informatics, a group that has been meeting for the past two years to help the Academy address national policy issues related to informatics, has applied for Committee status. This move clearly indicates the increasing prominence of technology concerns within the Academy.

Externally, the Center for Child Health Research in collaboration with the U.S. Agency for Healthcare Quality and Research (AHRQ) will sponsor an Expert Meeting in the fall to set a national agenda for research on topics related to information technology in child health. Members of SCOT and its Executive Board have been involved in all of these activities.

The SCOT Executive Committee will have several vacancies as three committee members finish their last terms and as I end my term as Section Chair.

This is a wonderful opportunity for SCOT members to become more involved with informatics issues. Service involves attending Executive Committee Meetings (generally scheduled to coincide with the Academy's national meetings) and participation in relevant subcommittees.

Contributing your expertise and energy will help maintain the excellent quality of SCOT offerings and inject new ideas. I would encourage anyone who might be interested to contact Don Lighter, SCOT Nominations Committee Chair, with a brief statement of interest. For me personally, service as a SCOT Executive Committee member and Chair has been an eye-opening, stimulating, and highly satisfying opportunity to learn about the Academy and to interact with like-minded colleagues and staff.

Interested in serving on the SCOT Executive Committee???

Contact Don Lighter, MD
DLighterMD@mc3co.com

CME Opportunities on the Internet

by DONALD E. LIGHTER, MD, MBA, FAAP

As the Internet becomes more a part of everyday life around the world, new uses arise nearly every day. Medical offerings, in particular, seem to proliferate almost uncontrollably, and medical information on the web varies from banal to intriguing. One of the newer opportunities for using the World Wide Web for physician education is the multitude of sites that now offer continuing medical education. These sites often are associated with a university or medical center, but a number of other sites have become available in the past year.

Web CME sites can be divided into interactive and non-interactive types. Many medical journals have established online sites, including the green journal, *Pediatrics*. Others that are on the web and their sites include:

New England Journal of Medicine www.nejm.org

Journal of the American Medical Association www.ama-assn.org

American Family Physician www.aafp.org

Ambulatory Child Health www.achjournal.org/

Archives of Pediatrics and Adolescent Medicine archpedi.ama-assn.org/

British Medical Journal www.bmj.com/cgi/collection/paediatrics:other

Infectious Diseases in Children www.slackinc.com/child/idc/idchome.htm

Journal of Pediatrics www.mosby.com

A comprehensive list of journals on the Internet can be found on Dr. Andy Spooner's comprehensive pediatric information site at <http://www.pedinfor.org/Journals.html>. Some journals offer continuing medical education options for their sites, primarily for reading material and answering a few questions.

Interactive CME programs come in several varieties. Some will have text-based descriptions of clinical conditions or sample patients, and the user simply answers a set of questions after reading the text. Others make an effort to provide some feedback, using explanations associated with the questions that appear after the user has entered an answer. If the



answer is incorrect, a longer explanation may be provided, but if the answer is correct, the user may see only a brief explanation of the proper response. Several interactive sites can now be found that provide inexpensive or free online CME. One of the earliest to offer CME was Medscape, a huge site that can be found at www.medscape.com. These programs are organized by specialty and can prove challenging to even the most experienced clinician. Other sites that have interactive material include:

HealthStream www.healthstream.com/

WebMD www.webmd.com

The Interactive Patient medicus.marshall.edu/mainmenu.htm

McMaster University www-fhs.mcmaster.ca/conted/online.htm

The Virtual Lecture Hall www.vlh.com

CME.CE www.cme-ce.com/courses/

Newer methods of online education are on the horizon. Live, interactive CME sites will be appearing as Internet conferencing becomes more available. A

new site, www.cyberce.net will soon be available that provides an online classroom setting, complete with PowerPoint slides, live lecturer, and the ability for attendees to ask questions and discuss issues live over the Internet. This system uses sophisticated web conferencing software, allowing the instructor to demonstrate software and take students on “safaris” around the web. We have been using the software for over two years as part of the University of Tennessee’s Physicians’ Executive MBA curriculum, and the software is very stable and well accepted by physicians. Students can “attend” live CME programs from their homes, using a computer with a web

browser, speakers, and a microphone. Thus, CME programs can be scheduled at times that don’t impinge on office hours and can bring targeted information from nationally known speakers directly to physicians’ homes or offices.

As newer forms of Internet based education become available, the face of continuing medical education will change. Rather than traveling long distances and incurring extraordinary expenses, many physicians will avail themselves of these opportunities. Sure, we’ll all want to have a week in Aruba for CME, but the rest of the year, we’ll have the Internet!

AAP Working on Privacy Issues

by *KENNETH HAYASHIDA, MD*

The creation of affordable database technologies is creating an interesting trend in healthcare. The advent of PC technology and database systems lowers the cost of design, implementation, and testing of sophisticated data collection and analysis systems.

Datasets can potentially allow a client to drill down from a population based set to individual information. The repercussions of such a lack of privacy for the individual can lead to ramifications in the ability of the person to gain insurance and jobs.

Of particular importance, the American Academy of Pediatrics commented on the Department of Health & Human Services’ “Proposed Rules on Standards for Privacy of Individually Identifiable Health Information”. Members can review the full document through the members only channel of the aap.org website. Among the comments were the following major points:

- 1) “Adolescents have a unique need for privacy concerning the many sensitive issues they often face.”
- 2) “Health care providers should not be held accountable if protected health information is used for prohibited purposes by the entities to which they disclose the information.”
- 3) “Privacy standards should apply to all identifiable health information, regardless of whether it has ever been electronically transmitted or maintained.”
- 4) “The scalable nature of the regulations is very important in preventing an undue burden for

physicians and ensuring effective provision of health care.”

- 5) “The provisions regarding research require substantial revision and clarification to better direct IRBs and privacy boards and so that responsible research into important health concerns is not hampered.”

In October 1999 the AAP’s Task Force on Medical Informatics (TFOMI) and Pediatric Practice Action Group published “Privacy Protection of Health Information: Patient Rights and Pediatrician Responsibilities” (RE9927). The document discusses the pediatrician’s role and response to various medical privacy issues and includes several different recommendations. It can be read at the AAP website.

In February 1999, the United States General Accounting Office released a report for the US Congress called, “Medical Records Privacy.” You can find the document, among other places, at <http://www.epic.org/privacy/medical/gao-medical-privacy-399.pdf>.

Here are some other links on the internet that are interesting and relevant to medical privacy.

- 1) <http://www.massmed.org/physicians/pubs/privacy/index.html> The Massachusetts Medical Society has an extensive set of material published on the internet and available for review by interested providers.

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Frequently Asked Questions About Medem

by LISA REISBERG,
AAP DIRECTOR OF PUBLIC EDUCATION

How much will a Web site cost me?

Physician and practice Web sites are free to members of Medem participating societies. A small sponsor logo will appear in the right navigation area of the site pages. If patients click on the logo, a disclaimer will come up stating that you are not affiliated with the company or its products, and also notifies them that they are leaving your site.

Beside the medical societies, who else is involved in Medem and what is the extent of their involvement?

J. H. Whitney & Co., one of the country's original private equity firms, recently announced a \$20 million investment in Medem. The investment from J. H. Whitney will add to Medem's ability to deliver third generation Internet features and functionality for *Your Practice Online*, as well as launching a magnetic e-health portal for consumers into the Medem network.

Also just recently announced is a long-term agreement with Intel Corporation. Under the agreement, Medem will accept the AMA physician digital credential being managed by Intel® Internet Authentication Services (IAS). The services provided by Intel enable trusted online health transactions and communications. Medem will use the AMA digital credential to grant physicians access to the Medem network. The online credentials will provide a more reliable and secure authentication technique than simple passwords for privacy protection. The new authentication system will be available on the Medem network in late 2000.

The newest society to join Medem is the American Association of Neurological Surgeons. In addition, there are many other medical societies that are interested in coming on board.

Medem no longer has any relationship with Healtheon/

WebMD.

What is the timeline for the Medem launch?

Medem will launch *Your Practice Online*™ – www.yourpracticeonline.com – in early May 2000. *Your Practice Online* will offer a group or individual medical practice a customizable Web site that will provide practitioners with the ability to share the most current clinical information, trends and treatment options with their patients. The consumer Web site will launch in late summer 2000.

Where is the editorial content coming from and what is being done to ensure its accuracy?

The participating societies are initially providing existing editorial content. All content is subject to the same rigorous standards for other educational materials, including technical review and approval by appropriate medical experts (in the case of the AAP, our committees and sections). Content will be reviewed and updated on an ongoing basis to ensure that it is consistent with recommended policies of the societies.

Participating physicians also can easily create a tailored, patient education library by posting their own individual content, as well as content provided by the societies, on their practice sites. In the future, society and Medem staff will work together to develop new content for both the physician and consumer sites.

To learn more about Medem, we encourage you to visit the Medem Web site (www.medem.com), the AAP Web site (www.aap.org), or contact me directly. My email address is lreisberg@aap.org or I can be reached by phone at 800/433-9016 ext. 7873.

Remember to visit the official
SCOT Website for more
information on all SCOT activities!

www.aapscot.org

Thoughts on Web Design and Administration

by *KENNETH HAYASHIDA, MD*

Some physicians are building web sites for themselves, their practice, or their family. As physicians are examining the issues involved with construction of web sites, we decided to chat with Dr. Eugenia Marcus about her practice's website.

SCOT News: How did you decide to put your practice on the internet?

Dr. Marcus: I live in an area that is highly wired. So my instinct was that people would be looking on the internet for a doctor. My initial venture onto the internet was to market the practice. It evolved into a more interactive activity as more and more people went to the site and were willing to use it.

SCOT News: If you were to pick 2 or 3 major issues that a physician needs to consider in publishing a website on the internet, what do you think those issues are?

Dr. Marcus: Ask yourself what do you want to accomplish with the site. Having an identity on the web that was mine was important to me. So having a web page on someone else's site did not appeal to

me. I have a web page on some other sites but my practice site is my main one and the one I direct patients to. The site can be used to educate, communicate, and market. Also the site can be used to gather clinical data before a visit. This can be linked to the medical record.

SCOT News: Do you think that the website has been beneficial or detrimental?

Dr. Marcus: The website had been very beneficial!!!! It gives patients a very positive image of the practice. They think we are avant garde and that is the image I wanted to convey. And...patients do use it to communicate.

SCOT News: Has patient care ever had problems due to the website? Or has it actually improved the well-being of the children in the practice?

Dr. Marcus: To the extent that patients can communicate better with the practice, care is improved. The added benefit is that the kids themselves communicate with me thru the website or directly with e-mail. This is a level of communication I never had before. One example, "My testicle hurts" came from a 16-year-old boy. We tracked him down and got him in right away. "Thank you for piercing my ears" came from an eight-year-old girl.



New Members Only Channel Feature for AAP Chapters

by *ANDREW SPOONER, MD, FAAP*

At the Task Force on Medical Informatics meeting on March 11, we heard from Jim Nauta, Director of Internet Services for the Academy. He highlighted several new features of the AAP web site. One feature that SCOT members are going to want to make their local chapter leadership aware of is the capability to send chapter-wide e-mail broadcasts from the Members Only Channel (MOC) area of the AAP web site. Each chapter has a designated person who has the authority to send out e-mails to chapter mem-

bers. The e-mail addresses are taken from the information the members supply to the Academy.

As a SCOT member, you can help your chapter by doing two things: (1) reminding people to update their e-mail address info at the MOC area of aap.org, and (2) encouraging your chapter leadership to use this communications tool.

If you are interested in learning more about this feature, contact Jim Nauta, Director of Internet Services at jnauta@aap.org or (800) 433-9016, ext. 4328.

**2000 AAP Annual Meeting
October 28 - November 1
Chicago, Illinois
Chicago Hilton & Towers and
Lakeside Center at McCormick Place**



Save the dates for the following SCOT sponsored programs at the 2000 Annual Meeting:

Sunday, October 29

9:00 am - 12:00 pm

The Virtual Medical Home for Children with Special Needs

Andrew Spooner, MD, David Treloar, MD, and Joshua Alexander, MD

(joint Section program with Section on Children with Disabilities)

12:00 pm - 1:00 pm

SCOT Business Lunch

2:00 pm - 5:00 pm

SCOT Abstract Session

2:30 pm - 5:30 pm

Office-Based Pediatric Telephone Care: Proven Protocols, New Technologies, Controversies, & Reimbursement

This seminar offers practical information on how to team the best of pediatric telephone care protocols with the latest technology for primary care offices. Participants will learn how to optimize the use of the telephone for patient care, how to train and support staff, the use of protocols, and safe and efficient documentation. Participants will also learn how to apply the latest communication systems and technological tools for practice management to telephone care in order to maximize efficiency, cost-effectiveness, and quality of care. The controversies around and movement towards reimbursement for telephone care will also be discussed.

Hanna Sherman, MD and William Zurhellen, MD
(joint Seminar with Provisional Section on Telephone Care)

Monday, October 30

9:30 am - 12:30 pm

The Pediatric Office of the Future - Essential Computer Applications for the Practitioner

Presentations of computer-based strategies for the primary care office, including practice operations,

electronic communication, and Internet use. Practical, currently available, and cost effective--these innovative solutions can help practitioners deal with the difficulties of ambulatory practice and enhance their productivity.

William Zurhellen, MD, Andrew Spooner, MD, and Julius Edlavitch, MD

2:30 pm - 5:30 pm

The Pediatric Office of the Future - Information Systems in Ambulatory Practice

Computerization has made tremendous inroads in the business sector, but is just now making an entry into office-based pediatric practice. Listen to experts in the field present information on electronic medical records, patient-based data acquisition, Internet-based on-line patient and practice management tools.

David Paperny, MD, William Zurhellen, MD, and Andrew Spooner, MD

Tuesday, October 31

9:30 am - 12:30 pm

The Pediatric Office of the Future - Multimedia and Telecommunication Strategies

The computer is not only a tool for charges, billing, and scheduling. It is an excellent educational tool for the physician, as well as patients and parents. Faculty with hands-on experience will present computer-based multimedia approaches to in-office patient education and physician CME. A "how-to handbook" for the practitioner--become familiar with these technologies, take them home, and try them out yourself! Donald Lighter, MD, David Paperny, MD, and Julius Edlavitch, MD

2:30 pm - 5:30 pm

The Pediatric Office of the Future - Putting Pediatric Informatics to Work in Practice

You've installed and started to use your information systems including your integrated electronic records, and you have accumulated a lot of data. Now what? Experienced pediatricians will present practical, ef-

fective strategies to put your data to work for you, improving the quality of care you offer, enhancing your practice environment, and helping raise your "bottom line."

Andrew Spooner, MD, Donald Lighter, MD, and William Zurhellen, MD

Wednesday, November 1

2:30 - 4:30

Telemedicine and Beyond

Telemedicine has the potential to transform pediatric care, but progress has been slow in introducing this technology to practice. In this session, we will explore the barriers that must be overcome in order for children to realize the benefits of telemedicine, and discuss example applications of telemedicine technology in primary care, urgent care and for children with special needs. We will also describe child advocacy measures that may help speed the introduction

Privacy

(continued from page 3)

- 2) http://www.eff.org/pub/Privacy/Medical/20000216_eff_dhhs_medpriv_comments.html
The Electronic Frontier Foundation also voiced concerns over the proposed HIPAA regulations in a letter to HHS in February 2000. EFF appears to be supporting the use of an email listserver to facilitate discussion of issues. You read more about the EFF discussion group at: http://www.eff.org/pub/Privacy/Medical/med_infosys_forum.announce
- 3) <http://www.aclu.org/action/medregs/> The American Civil Liberties Union has published a website on medical privacy also. Their website includes a link to a page which lists a variety of "horror stories" related to the loss of medical privacy. You can review the ACLU's concerns related to the proposed HIPAA regulations at <http://www.aclu.org/congress/1021700a.html>
- 4) <http://www.washingtonpost.com/wp-srv/national/longterm/exposed/exposed1.htm> Speaking of difficult situations, the Washington Post also examines the issue in an on-line discussion of medical privacy and how certain technologies undermine physician and patient control over the distribution of medical information.

These difficult issues will not be resolved easily. Staying well-informed of national and state legislation is encouraged. Comments from other members of SCOT are welcome.

of telemedicine into your community.

Andrew Spooner, MD, David Treloar, MD, and Joshua Alexander, MD

(joint Dialogue Session with Section on Administration & Practice Management and Section on Children with Disabilities)

In the Exhibit Hall

Stuart Weinberg, MD will be coordinating the **SCOT Computer Lab**. SCOT members will answer pediatricians' questions, assist with one-on-one demonstrations, and conduct informal didactic sessions on introductory and advanced topics relevant to pediatric practice, including computerized medical records, MEDLINE, and Internet issues. A detailed schedule of small group sessions will be available on the SCOT Web site at www.aapscot.org/labhome.htm.

See you in Chicago!

Remember to use the SCOTtie e-mail mailing list for discussion on all the latest issues of interest to SCOT.

Members of SCOT can subscribe to the list by sending a subscription request as follows:

- 1) Make sure your email software has your full name and your correct email address, so that they show in the "from" header of messages that you send
- 2) Address an email message to majordomo@listbox.com
- 3) Ignore the subject line
- 4) Put "subscribe SCOTtie" (without the quotes) in the body of the message. If you need the subscription to go to another address, such as a virtual domain or an email alias, add the email address to the message such as "subscribe SCOTtie email@address"
- 5) If you use a signature file, disable it if possible
- 6) Send the message
- 7) You will receive a confirmation by email when your subscription is approved (allow 1-2 weeks)

If you are already subscribed to SCOTtie, you can simply address a regular e-mail message to SCOTtie@listbox.com to send a message to the list.

For more information, contact Lewis Wasserman, MD at lwasserman@aapscot.org.

Informatics in *Pediatrics*

A Guideline Implementation System Using Handheld Computers for Office Management of Asthma: Effects on Adherence and Patient Outcomes

Richard N. Shiffman, MD, MCIS; Kimberly A. Freudigman, PhD; Cynthia A. Brandt, MD, MPH; Yischon Liaw, MD; and Deborah D. Navedo, MSN.

ABSTRACT. *Objective.* To evaluate effects on the process and outcomes of care brought about by use of a handheld, computer-based system that implements the American Academy of Pediatrics guideline on office management of asthma exacerbations.

Design. A before-after trial with randomly selected, office-based Connecticut pediatricians. In both the control and intervention phases, physicians collected data from 10 patient encounters for acute asthma exacerbations. During the intervention phase, the computer provided for structured encounter documentation and offered recommendations based on the guideline of the American Academy of Pediatrics. Patients were contacted by telephone 7 to 14 days after the visit to assess outcomes.

Results. Nine study-physicians enrolled 91 patients in the control phase and 74 in the intervention phase. Follow-up information was available for 93% of encounters. Use of the intervention was associated with increased mean frequency/visit of: 1) measurements of peak expiratory flow rate (2.18 vs 1.57) and oxygen saturation (1.12 vs .42), and 2) administration of nebulized β_2 -agonists (1.25 vs .71). Visits in the intervention phase lasted longer and fees were higher (\$145.61 vs \$103.11). There were no significant differences in immediate disposition or subsequent emergency department visits, hospitalizations, missed school, or caretaker's missed work during the 7 days post visit.

Conclusion. Use of handheld computers that provide guideline-based decision support was associated with increased physician adherence to guideline recommendations; however, visits were prolonged, fees were higher, and no improvement could be demonstrated with regard to the observed intermediate-term patient outcomes. Guideline implementers (and users) should be cautious about putting unvalidated recommendations into practice.

Pediatrics 2000;105:767-773.

Use of Telemedicine for Children With Special Health Care Needs

Warren B. Karp, PhD, DMD; R. Kevin Grigsby, DSW, LCSW; Maureen McSwiggan-Hardin, RN, MS, CS; Suzanne Pursley-Crotteau, RN, PhD, CARN; Laura N. Adams, BS; Wyndolyn Bell, MD; Max E. Stachura, MD; and William P. Kanto, MD.

ABSTRACT. *Objective.* In 1995, the Children's Medical Services (CMS) of the State of Georgia contracted with the Department of Pediatrics of the Medical College of Georgia (MCG) and the MCG Telemedicine Center to develop telemedicine programs to provide subspecialty care for children with special health care needs. This article presents project statistics and results of client evaluation of services, as well as physician faculty attitudes toward telemedicine.

Design. A demonstration project using telemedicine between a tertiary center and a rural clinic serving children with special health care needs was established. Data were collected and analyzed for December 12, 1995 to May 31, 1997, during which 333 CMS telemedicine consultations were performed.

Results. Most CMS telemedicine consultations (35%) involved pediatric allergy/immunology. Other subspecialties included pulmonology (29%), neurology (19%), and genetics (16%). Overall, patients were satisfied with the services received. Initially, physician faculty members were generally positive but conservative in their attitudes toward using telemedicine for delivering clinical consultation. After a year's exposure and/or experience with telemedicine, 28% were more positive, 66% were the same, and only 4% were more negative about telemedicine. The more physicians used telemedicine, the more positive they were about it ($r = .30$).

Conclusions. In terms of family attitudes and individual care, telemedicine is an acceptable means of delivering specific pediatric subspecialty consultation services to children with special health care needs, living in rural areas distant to tertiary centers. Telemedicine is more likely to be successful as part of an integrated health services delivery than when it is the sole mode used for delivery of care.

Pediatrics 2000;105:843-847.

Section on Computers and Other Technologies

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1999-2000

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