The SCOT Report

Newsletter of the AAP Section on Computers and Other Technologies

August 2000

News from the Section Chairperson

by Richard Shiffman, MD, MCIS, FAAP

With greatly mixed feelings I sat down this morning to write my final Chairman's Report. Serving on the SCOT Executive Committee from 1992 to 1998 and as Chairman of the Section for the past 3 years has made the Academy and its activities in support of children an integral part of my life. Working with stimulating colleagues in the Section and the superb staff at the Academy has been a real privilege. But I recognize that new blood and new ideas will energize the Section.

I've tried to use this column and other articles in SCOT News to share things I've learned about in my relatively unusual position as a pediatrician and academic informatician. Our group recently reviewed a subset of the literature that appeared at the intersection of pediatrics and informatics and made some observations you may find interesting. We found 179 papers since 1995 in *Pediatrics, Journal of Pediatrics*, and *Archives of Pediatrics and Adolescent Medicine* that were coded with subject headings "medical informatics," "hospital information systems," "medical records systems, computerized," "decision support systems, clinical," or "artificial intelligence." That works out to about 3 papers a month in the prominent pediatric literature, which bear directly on our particular interests. The most frequent type of publication in these journals was an editorial, followed closely by work that described issues in medical decision making, electronic medical records, and use of databases.

Equally interesting, we looked at articles that appeared in the *Journal of the American Medical Informatics Association, the Proceedings of the Annual AMIA Meetings*, and *Methods of Information in Medicine*. Here we limited the papers by age (newborn through adolescence) or searched for textwords pediatr$, child$, infan$, neonat$ or adolesc$. That search returned 69 papers, even though the AMIA Proceedings (which accounted for the largest number of papers) has not yet been published for the year 2000. Eliminating some ringers (you'd be amazed how often informatics people describe "child nodes"—maybe this is an under-served population for pediatric care!), most of these papers also de-

In this edition of the AAP SCOT Newsletter we have assembled statements from each candidate for the national Executive Committee of the Section on Computers. Over the past two years there has been increasing use of email and the web. This section has played a role in helping pediatricians be informed about that change.

Since this is an election year, I hope you will use this opportunity to review the candidate's statements and record of dedication to pediatrics. Thanks to Dr. Donald Lighter for running our section's election process!

Special thanks to Becky Levin-Goodman for assembling this newsletter. See you at the national convention!

Inside

SCOT Executive Committee Candidates

The following statements and biographies were submitted by the candidates for the SCOT Executive Committee.

Chairperson Candidate

Andy Spooner, MD

Andy Spooner, MD, FAAP, has been on the SCOT Executive Committee for the past six years. He is currently the educational program chair for the section, responsible for educational sessions at the annual meetings. He is a regular contributor to the Pediatric Office of the Future workshops. As a member of the Academy's Task Force on Medical Informatics, he has assisted with the Academy's response to the technology regulations in the Health Insurance Portability and Accountability Act of 1996 and other technology policy issues. His current day job is as the Buckman Professor and Director, Division of General Pediatrics, University of Tennessee, Memphis, where he attends in the resident's continuity clinic and on the inpatient ward services. He recently moved from the University of Alabama at Birmingham, where, in addition to general pediatrics duties, he ran a medical informatics rotation for residents. Spooner is a member of the American Medical Informatics Association, the American Telemedicine Association, and the Ambulatory Pediatrics Association. For more information, see http://www.pedinfo.org/spooner/.

SCOT's mission is to improve health care for kids by educating AAP members about technology. In the year 2000, we have a big "to do" list:

· **Internet-based care** will take an increasing role—how do we retool our practices to take advantage of it?

· **Federal HIPAA requirements** will force us to become more aware of the security and technology of our office systems—how can we become HIPAA-savvy?

· **Computer-based patient record** vendors are finally paying some attention to the pediatric market—how can we best select the system that meets our patients' needs?

· **New technologies** like handheld computers, telemedicine, and wireless networks advance too fast for a mere annual update—how can we keep up better between meetings?

We should implement three strategies to help with this list:

1. In the next two years, we need to tap the talents of members of the section to produce more educational news about technology for section members. By **enlarging the number of energetic Executive Committee members responsible for the production of the newsletter**, we will produce a more tangible benefit for our members.

2. Most of our sessions focus on practice management systems and the use of the Internet. We need to **diversify our annual and on-line educational offerings** to include a broader range of technologies.

3. Technology policy is more and more an important part of health policy. SCOT members need to **push for a permanent medical informatics committee within the Academy** to create the pediatrician's response to governmental regulations on clinical data management.

Executive Committee Candidates

Anthony J. Battista, MD

I have been interested in computing since the early 1980's. At the most local level of the AAP, as Secretary of the Nassau Pediatric Society, I computerized the Society's budget, membership database, mailings and voting process. The programs are still used today by the Society. I am Web-master for the Nassau Pediatrict Society, New York Chapter 2, and New York District II, and wrote the web sites for all three from their inception. I have been a beta tester for the AAP's WebCMS program, making suggestions for the program over the last two years. Most recently, I have given e-mail classes for the Executive officers of my Chapter and District.

I am amazed how many of our colleagues are still uncomfortable with computers, so I think that SCOT should continue to provide basic computer skills necessary for most practioners at meetings and as a database FAQ on the internet. Although members of SCOT have hestitated to review office management programs, I nevertheless feel that providing guidance to AAP members for their office management programs would be a tremendous service, and I would encourage the AAP to work toward this goal.

For the future, I believe that SCOT should play a major role in the development of AAP web-based programs, including improvements in WebCMS, communication between members, online CME and evidence-based medicine, and an internet office management program, standardized for the pediatric patient. I would also hope that SCOT would play a more active role in co-ordinating Medem home pages. As we expand into these projects, I see SCOT as the primary source of education for the AAP membership regarding the computer skills

needed to use these programs.

Mary Cataletto, MD

I am interested in a position on the executive board of SCOT because I would like to play a more active role in the integration of computer assisted medicine and information technology into the day to day practice of Pediatrics.

My background includes boards in Pediatrics and Pediatric pulmonology, subspecialty practice in peds pulmonology, authorship in 3 different online medical references (Pediatrics, Emergency Medicine and Internal Medicine), ass't editor, Pediatric Sports Medicine for Primary Care and a busy lecture schedule which includes speaking engagements for our pediatric society, NYS Developmental Disabilities and various pharmaceutical companies. I have attended courses in Information Technology and national symposia on the integration of computers into today's medical communities. Some of the areas I would hope would be addressed in the upcoming year include confidentiality, integrity and availability of information related to the care of pediatric patients.

Susan Conley, MD

I am new to the section, but very interested, and I would be very interested in serving on the SCOT Executive Committee.

I am an active ped nephrologist at St. Chris's. I own/moderate a listserv for parents of children with kidney disease as part of the National Kidney Foundation Cybernephrology Initiative. The listserv has over 200 parents subscribed from around the world, including the US, Canada, countries in Europe, India, Korea, Australia, NewZealand, and it is a very exciting, active group with 30-40 messages, sometimes even more now, a day. It is growing fairly rapidly. We also have a web page (see below in signature).

I use email with my patients on a regular basis and am expanding its use in my practice.

I am working on my Masters in Medical Management through the American College of Physician Executives and Carnegie Mellon University, with an emphasis in informatics.

Tom Courtney, MD

I have presented talks on the floor of the national AAP convention on "Palmtop Computing and Pediatrics". I have written an article for the SCOTTIE web site on Palmtops and Pediatrics. I have been an active member of my local medical informatics committee. I have programmed palmtops for utilization as a mobile reference for Pediatrics. I have participated in national SCOT meetings as a resident as an observer.

After spending four years in a busy private practice, I have recently accepted a position as Assistant Professor of Pediatrics at Eastern Virginia Medical College. My responsibilities in this capacity will include half time in clinical Pediatric practice and teaching and half time in medical informatics research and teaching. In particular I will be aiding in the implementation of portable computing for resident and attending Pediatricians.

As medical information continues to explode the need for a "peripheral brain" to facilitate timely access to current therapeutic and diagnostic information becomes an imperative. Soon it will be an absolute necessity. Other new technologies like voice recognition, broadband Internet access, and viable telemedicine will literally change the way Pediatricians interact with patients, educate themselves, document encounters, operate their offices, and conduct research.

We must as an academy advocating the best health for children be at the vanguard of adapting these technologies into our practices. Pediatric Medical Informatics will continue to emerge as a viable and valuable subspecialty and deserves formal treatment and recognition as a true subspecialty. We should promote this development. Pediatric informaticists should be a part of every academic Pediatric program. Pediatric informatics education, research, and consultation services is as with other subspecialties a valuable asset and a great benefit in the development of future Pediatricians.

We should also actively pursue relationships with government and private industry to promote funding of Pediatric informatics projects while maintaining high standards of ethics regarding possible bias introduced by advertising and funding. We should actively evaluate new technologies as they become available and communicate these unbiased evaluations to Pediatric care givers directly through a newsletter or our web site. We should increase our visibility as an academy section to be relied upon by academy members for information, education, and research. In the future an online refereed journal may be possible for Pediatric informatics. In a sense we should become the "Consumer Reports" for Pediatricians evaluating new technologies to be implemented into their practices. We should encourage the development of local and state informatics groups to allow for collaboration. We should be at the forefront of providing continuing medical information to practicing Pediatricians, not only at national meetings, but throughout the year at many of the other Pediatric update conferences. At some time in the future a subspecialty board certification may help document and validate expertise for informatics in

Pediatrics.

I feel I am uniquely qualified to help the SCOT take the next steps as outlined above. Before medical school I received degrees in electrical engineering and biomedical engineering and have been active in computing since high school. I have been active in the SCOT and have made a career decision to pursue Pediatric Medical Informatics. I will have the time to be an active member of the executive committee as well as staying in direct touch with the needs of the practicing Pediatrician and will directly participate in the education of future Pediatricians and Pediatric Medical Informaticists.

Carl Eisenberg, MD

I would like to see the Section bring to the general membership more frequent, practical, educational items relating to computers and other technologies by increasing the SCOT's presence in the AAP News. I currently work in a multispecialty clinic that uses an electronic medical record for clinical practice; I have done all my clinical documentation using an electronic medical record for approximately 18 months. I am also employed part-time as the Physician Analyst for this EMR. This position involves making software adjustments to the product such that it becomes more user friendly. I believe that this clinical and IT experience would be valuable on the Executive Committee of the SCOT.

Kevin Johnson, MD

My career in medicine has married pediatrics and medical informatics. After completing my residency in pediatrics, I obtained a Masters degree in Medical Informatics from Stanford. My research focus at the time was using speech recognition technology to obtain patient histories. I left Stanford to be chief resident at Hopkins, and from there, a member of the Hopkins faculty. I have been an active clinician in our primary care pediatrics clinic and on the inpatient wards. I also have been teaching a variety of informatics topics both here and around the country. Finally, I have been actively involved in many research projects. I currently am the medical director for Grant-A-Wish's Dreamsurfer network, and am funded to investigate the impact of structured reporting tools (point and click documentation) in pediatric primary care. I also am involved in two computer-assisted instruction efforts here. Finally, I've been fortunate to be appointed to the American Board of Pediatrics, where I've worked with a team to redefine recertification, and am currently on the program committee for the American Medical Informatics Association Fall Symposium.

My contribution to the field has been, and will continue to focus on evaluating new technologies that affect patient care and children's overall health. I believe that as an advocate for families, with an understanding of medical informatics technologies, policies, and processes, my career can help to define ways to use advances in our field effectively to care for children. I see involvement in the executive committee of SCOT as a way to both learn and to inform others about informatics issues that affect children and child health care professionals. Through this Committee, I hope to help our colleagues better utilize these technologies and understand the limitations as well as the promise of these technologies.

Christoph Lehmann, MD

Ever since I started my first bookmark collection of pediatric links in 1992 (which turned into the Pediatric Points of Interests[1], a collection of links to the Pediatric World Wide Web[2]), I have been fascinated by the Internet and its potential for the education of students, resident, physicians and patients. We conducted a study of health care professionals and laypersons using the Pediatric Points of Interest, to discover their information needs and browsing behaviors.[3] We employed the techniques developed for this study to later evaluate the behaviors of visitors to a medical education web site.[4]

In 1995, we launched the Interactive Patient[5], a multimedia interactive case simulation for the education of medical students, which drew international attention and received multiple awards. With the development of the Interactive Patient I became interested in the science of Medical Informatics and the research into the development of new tools. I began work on a natural language engine for use in case simulations[6] and began exploring the use of decision analysis in the evaluation of students in a case simulation. These research projects were made possible by a fellowship in Medical Informatics through the National Library of Medicine, which I completed in June of 2000.

I have been a reviewer for the Annual Symposium of the American Medical Informatics Association since 1998, and had the honor to review submissions for the 2000 SCOT section meeting. I have contributed to the SCOT Report and was elected during my fellowship in Medical Informatics as Chair of the AMIA Student Working Group. I also served on the Clinical Systems Advisory Committee and the Children's Center Computing Committee at the Johns Hopkins Hospital.

Currently I am a faculty member and neonatologist at the Johns Hopkins University, where I continue to work on clinical simulations[7], developed an online pediatric parenteral nutrition order system and started a project on Virtual Visitation for the parents of our Newborn

Intensive Care Unit patients.

I would hope that becoming a member of the SCOT Executive Committee would allow me first through communication and collaboration with the other members to learn from their experience and knowledge. The section meeting has become in the past years a strong showplace for advances in Medical Informatics and I would like to further this development. As an observer, I have noticed that the natural resources and expertise of SCOT are not always utilized to its full potential by the AAP. I would use the position as a member of the SCOT Executive Committee to lobby for greater involvement and oversight of AAP projects involving Medical Informatics by the section.

Trained in Pediatrics, Neonatology and Medical Informatics, dedicated to my patients and with a strong interest in research and academics, I believe that I am a good candidate. Therefore, I would like to ask you for your support in becoming a committee member.

[1] http://www.med.jhu.edu/peds/neonatology/

[2] Spooner SA. The Pediatric Internet. Pediatrics 98: 1185 -1192, 1996.

[3] Utilization of a Pediatric Link Collection by Health Professionals and Laypersons. Lehmann CU, Wang DJ, Kim GR, Johnson K. Medical Informatics 23(1): 53-62, 1998.

[4] Active Learning Centre: Design and Evaluation of an Educational World Wide Web Site. Turchin A, Lehmann CU. Medical Informatics & The Internet in Medicine. Accepted for publication, 2000.

[5] The Interactive Patient - A Multimedia Educational Tool on the World Wide Web. Hayes KA, Lehmann CU. MD Computing 13(4): 330 - 334, July/August 1996.

[6] Restricted Natural Language Processing for Case Simulation Tools. Lehmann CU, Nguyen B, Kim GR, Johnson KB, Lehmann HP. Proc AMIA Symp 575-579, 1999.

[7] The Use of Simulations in Computer-Aided Learning Over the World-Wide Web. Lehmann HP, Lehmann CU, Freedman JA. JAMA 278(21):1788, Dec 3 1997.

Doug Mailman, MD

Before beginning private practice 4 years ago, one of my goals was and is to implement in my office "The pediatric office of the future". This goal started with an image of an efficient computerized medical record system and subsequently evolved from a paperless office into a complete practice management system utilizing the efficiency of advanced technology. After extensive investigation into digital clinical and administrative technology, my journey to implement "the pediatric office of the future" came into complete focus after reading Dr. William Zurhellen's article titled the same. With the rapid evolution of information availability on the internet, the incredible efficiency of digital technology and the AAP's thoughtful involvement in the aforementioned; the possibilities for involving myself with

SCOT are exciting.

I have been enthusiastically involved with several groups who have developed electronic medical records and/or practice management systems and as a result of diligent and persistent effort, my office is paperless. The clinical patient record and the business/administrative tasks are computerized. The information is stored on disk and we are beginning to utilize the information for both clinical and administrative quality improvement purposes.

The main reason for my ongoing enthusiastic efforts is simple. I want to improve the quality of my patient's medical care as well as to improve the management of my pediatric practice. I have a thriving pediatric practice and spend much less time developing "the pediatric office of the future" than the project deserves. However, I hope to contribute the same energy to the SCOT as I do to my office...one project at a time.

Richard Ripple, MD

No statement received.

John Rosenfeld, MD

I am presently a general pediatrician in an isolated rural location that relies heavily on medical informatics. Previously, I was a biomedical engineer designing medical equipment including interfacing with microprocessors and computers using hardware and software. I represented our region in tailoring the IDX Lastword system for the group of hospitals in our corporation. I then became involved with designing and tailoring IDX's provider office tools for our clinic. I am still involved in expanding this systems capability for query's, health maintenance alerts and order entry. I represent our region in the quality improvement leadership team, which is one of the main benefits from good medical informatics. I have my own Internet site to help with patient care.

My main goal is to help expand the use of medical informatics tools to more practitioners. I would like to help solve some of the problems that pediatricians have with using medical informatics and understanding its use. Finally, I have worked locally and regionally in this area and wish to broaden my horizons.

Joseph H. Schneider, MD, MBA

After 15 years of working in business, I went to medical school in 1991. Having come from a medical device company that was virtually paperless, I was amazed at the lack of computerization in medicine. One of my goals is to help bring patients, pediatrics and pediatricians up to the same level of computer/electronic device use

as in other industries.

My particular area of interest is the electronic medical record. In my opinion, electronic medical records (EMRs) and, eventually, patient controlled EMRs will be widely used. Payors and patients will increasingly pressure pediatricians to utilize these in order to improve the cost, quality and continuity of care whether we want to or not. We must therefore have pediatric-friendly EMRs that are provided by economically stable corporations and that easily transfer data to and from patient EMRs.

Therefore, I firmly believe that the AAP must take a leadership role now in guiding the development of EMRs of all types. In addition, the AAP should help members find systems that are secure and pediatric-friendly from vendors that have economic stability or a viable plan for continuation of their systems in the event of bankruptcy or acquisition. I find it disturbing that the AAP strategic plan for the next several years appears to be silent on the importance of EMRs. Finally, I also firmly believe that the AAP should take a leadership role in helping to educate parents on choosing a personal EMR.

All of this will cost money but the cost of an uncontrolled marketplace for EMRs is greater. Whenever a child's medical records go into a pediatric-unfriendly system or into a system of a vendor that goes bankrupt, the child, their parents and their doctor all lose.

If elected to the SCOT Exec Committee I would utilize my experience in business - including a medical device company and medical Internet startup - to lobby for a stronger role by the AAP in EMR development. This would be supported by a plan for how the AAP could manage this process both now and in the future.

While my primary interest is in EMRs, as part of the SCOT Executive Committee I also would work in earnest on the other initiatives of the Committee including the always difficult issue of improving communications among members.

Doug Stetson, MD

I seek reelection to the SCOT Executive Committee to continue my efforts to help pediatricians gain access to, and effectively use computer-based tools in their practices. Having worked for since the early 1990's as a medical informatics consultant in the real economy, while maintaining a part-time practice in general pediatrics, I bring the SCOT a particularly non-academic viewpoint. My associations are largely with small practices and community hospitals and with software

manufacturers and vendors rather than with academic institutions and large health care delivery organizations. My approach is one of physician advocacy. I work wherever I can to introduce my colleagues to the value of computer-based tools in their own practices, and to encourage software developers and vendors to create tools that will have genuine value to primary care physicians.

Within SCOT I look forward to continuing my personal educational contributions, and to advocating a customer service approach to member service. I feel that the Academy and the Section exist to provide services to their members and through them to children everywhere. I'm very proud of the excellent job that SCOT has done in making information available to its own members and to the hundreds of attendees at its workshops. Because I believe that computer-base tools are of such enormous value to pediatricians, I seek ways to expand the section's activities by both expanding its membership in my role as membership chair, and also to expand its work in additional activities benefiting the entire Academy.

In this outreach role, I coordinate communication with the Section on Administration and Practice Management, and have gained their cooperation in emphasizing the role of computer-based tools in their educational offerings. I have instituted a survey of the SCOT membership, seeking to learn how the Section can better serve its members as well as the Academy membership at large. I have volunteered my time to helping the Academy develop guidelines and recommendations for practice-management software, and represented the Academy in the first commercial Internet Health Day jointly sponsored by the AAP and others. I contributed recently to a conference jointly sponsored by the AAP, AAFP and ACP on eliminating barriers to adoption of computer-based tools by primary care practitioners. I am serving on a committee to advise the AAP leadership with respect to the new Medem project (the AAP practitioner web portal developed jointly with other medical societies)

My interest in medical informatics stems from my use of computers in my own practice of medicine beginning in 1981 and extending through management of a major research laboratory project to develop computer-based tools to assist clinicians in medical decision support and documentation. I have since developed guidelines for medical computer interface development and contributed to the design and testing of marketable products, always with the aim of making these tools useful to my colleagues and myself. In this work I have been a frequent speaker at national conferences and traveled nationally and internationally to contribute to the development of physician friendly medical information

systems. I value my contacts with other practicing pediatricians and learn continuously from them regarding what we want and need. I hope to project those interests to those who can execute the task of making what we need available.

F. Wayne VanSaun, MD

Experience:

1999
ClinNet Solutions, Inc, New York, NY
Medical Editor – internet medical news site – www.newsrounds.com

1999
Healthcare Practice Website Design, Latham, N.Y.
Business Startup - custom designed practice websites

1999
Acumen Medical Consultants, Latham, NY
Medical record review
Start-up company, a physician network, that reviews medical records for attorneys
Part-time, consultant on chart review

1997-1999
Schoolhouse Road Pediatrics, Albany, N.Y.
Pediatrician
Designed and updated webpage for the practice including many patient care educational pieces
Was co-chairman of upstate NY American Academy of Peds computer committee and their webmaster (www.ny1aap.org/)
Clinical Associate Prof Pediatrics, Albany Medical College, volunteer participant resident teaching at morning report rounds

1980-1997
CHP (Kaiser Permanente), Latham, N.Y.
Pediatrician
Was Physician Coordinator for 8 man group for several years
Started website for patient education, Old Wives Tales and other Pediatric   Myths (http://members.aol.com/ tireswing/) which won several awards including Lycos Top 5%.
Wrote oncall scheduling program (Basic compiler on Mac)
Clinical Associate Prof Pediatrics, Albany Medical College

Education

1967-71
Princeton University, Princeton, NJ
B.S.E. Chemical Engineering.

Graduated Summa Cum Laude.

1971-74
University of Pennsylvania School of Medicine, Phila, Pa
M.D.

1999
College of St. Rose/ SUNY-Albany, Albany, NY
9 credits in Computer Info Systems courses at CSR including database management, C++ and Javascript
7 credits in Computer Science courses at SUNYA, including becoming familiar with Unix operating systems
Master's program in Computer Info Systems at CSR Started fall 1999
Part-time evening program
15 credits to date, planned graduate in June 2001.
Courses: Data structures, Design of the User interface, Data communications and networks, computer architecture, internet programming seminar.


Lewis Wasserman, MD

I am committed to the application of information technology to the point of care in a way that is acceptable to the practitioner, with a goal of providing the best possible care of the patient. I would like to contribute to medical informatics by continuing to participate in and support SCOT programs, and by adding my voice to the leadership of SCOT.

Fred H. Weiss, MD

Serving on the executive board of SCOT would certainly be challenging but I think would be an excellent platform to follow-up on my thoughts for future applications of technology in Pediatrics. I am a member of SCOT and also the Pediatric Cardiology section of the AAP. I was in academic settings practicing Pediatric Cardiology and Pediatrics until 1992. Since then I have been a member of an independent group of four Pediatricians in King of Prussia, PA (that is a Philadelphia suburb). I'm the only one with sub-specialty board certification and devote about twenty five percent of my time to Pediatric Cardiology. My exposure to computers and technology dates back to 1979 when I had to teach myself echocardiography and its computer applications. The self-teaching was necessary since my fellowship ended in 1975 when echo was still almost investigational and not widely available. Since then I have continued to become more involved in technology issues relating to non-invasive cardiology diagnostic issues as well as direct computer applications in our office setting.
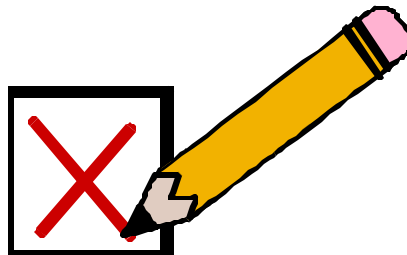
Annual Meeting 2000
SCOT Abstract and Poster Session
Sunday, October 29, 2000, 2:00 pm – 5:00 pm

Posters will be set up in and around the meeting room by noon on the day of the meeting. Interested attendees should plan to view the posters prior to the beginning of the oral presentation session, during the break, and afterwards.

2:00 pm
Welcome
S. Andrew Spooner, MD, FAAP
Chair, Scientific Committee

Abstract Presentations

2:00 pm
Immediate Telemedicine Consultations by E-Mail (Store and Forward) Using a Telemedicine-in-a-Box (TIB) Laptop to Reduce Cost, Reduce Complexity, and Improve Consultant Availability
Curtis S. Toma, Loren G. Yamamoto, Cathy W. Bell, and Patrice Ming Tim-Sing. Department of Pediatrics, and Native Hawaiian Center of Excellence, University of Hawaii John A. Burns School of Medicine, Honolulu, HI.

2:20 pm
Patient-Accessible Internet Medical Records: Benefits, Risks, and Proposed Standards for Pediatric Use
Joseph. H. Schneider and Daniel Kofos. Department of Pediatrics, Baylor College of Medicine, Houston, TX.

2:40 pm
Using Telemedicine to Address Children with Special Health Care Needs: Case Examples of Telemedicine Services in Kansas
Georgina Peacock, Pam K. Shaw, David Cook, Gary C. Doolittle. Department of Pediatrics, University of Kansas, Kansas City, KS.

3:00 pm
Instant Telemedicine EKG Consultation with Cardiologists Using Pocket Wireless Computers
Patrice M. Tim-Sing, Loren G. Yamamoto, and Lance K. Shirai. Department of Pediatrics, and Native Hawaiian Center of Excellence, University of Hawaii John A. Burns School of Medicine, Honolulu, HI.

3:20 pm
A Pilot Project of an Outpatient Electronic Medical Record and Database for HIV-Infected Children and Their Families
Joseph Richter, Anne Martin, James S. Wheelock, Katherine Shreve, Thomas M. Mundy, Nancy A. Wade, Barbara L. Warren, Vida A. Behn, Gloria C. Maki, Jeffrey W. Karaban, Tien-Huei Tung, and Stephen W. Nicholas. Department of Pediatrics, Columbia University, New York, NY.

3:40 pm
Coffee and Poster Break

4:00 pm
GPS Computer Navigators to Shorten EMS Response and Transport Times
Floyd S. Ota, Russ S. Muramatsu, Blake H. Yoshida, and Loren G. Yamamoto. Department of Pediatrics, University of Hawaii John A. Burns School of Medicine, Honolulu, HI.

4:20 pm
The Impact of a Pediatric Antiinfective Decision Support Tool
Charles J. Mullett, R. Scott Evans, John C. Christenson, and J. Michael Dean. Department of Pediatrics, West Virginia University, Morgantown, WV.
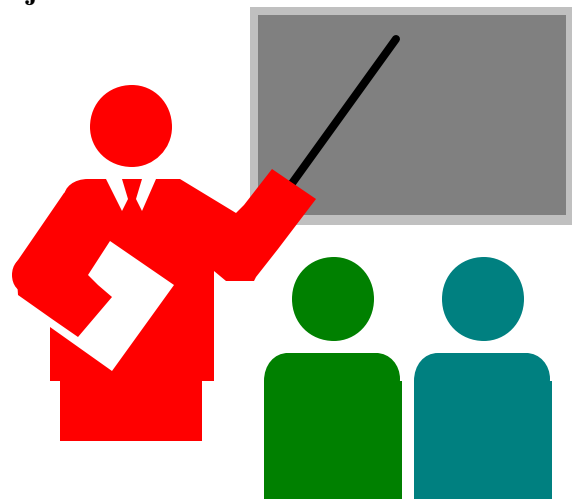
4:40 pm
Computerized Monitoring of Pediatric Residency Education
Jerry Niederman and Govindaraj Ramanathan. Department of Pediatrics, University of Illinois at Chicago, Chicago, IL.

5:00 pm
Adjourn

Poster Presentations

P1
The Human Embryology Digital Library: A Valuable Resource For Embryology Research And Education
Mark J. Holterman, Ra-id Abdulla, Greg A. Blew, Doug Dillon, Michael Doyle, Robert Morreale, Chales P. Paidas, Jeffrey Pentecost, Kent Thornburg, Adrianne Noe, Elizabeth Lockett, and Mark Pullen. Department of Pediatric Surgery, University of Illinois at Chicago, Chicago, IL.
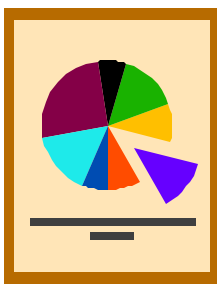
P2
Curbside Consults On The Internet: A Common Practice Hits The Superhighway
Daniel A. Rauch. Department of Pediatrics, Albert Einstein College of Medicine

P3
Wide Area Network Electronic Data Interchange And Database Replication, Developed For a State-Wide Poison Control System
Ernest S. Stremski. Department of Pediatric Emergency Medicine, Medical College of Wisconsin.

P4
Web Based Medical Survey: Data Collection Using CGI Script
Abu N.G.H. Khan, David H. Rubin, Giora Winnik, and Stacey Suecoff. Department of Pediatrics, St. Barnabas Hospital, Bronx, NY.

P5
A New Software For The Virtual Pediatric Emergency Network
Riccardo Lubrano, Umberto Manto, Carlo Cappelli Elvezia Trapasso, Silvana Brenna, Pietro Scoppi, Laura Tucciarone, and Manuel Castello. Department of Pediatrics, University of Rome "La Sapienza," Rome, Italy.

P6
An Analysis Of Distinctive Factors That Impact The Utilization Of Telemedicine In Child Abuse Examination Settings
J. M. Whitworth, Eric G. Handler, Robert Brooks, Herbert A. Marlowe, and William J. Pammer. Department of Pediatrics, University of Florida – Jacksonville, Jacksonville, FL.

P7
Web-Based Applications In Graduate Medical Education
Terrence Chun and Raymond G. Duncan. Department of Pediatrics, Cedars-Sinai Medical Center, Los Angeles, CA.

Chairperson's Report
(continued from page 1)

scribed issues related to clinical decision making and decision support, followed by electronic medical records, and consumer informatics.

I suspect that there is very little cross-fertilization between the two communities. Yet pediatricians interested in clinical computing can learn valuable lessons from the informatics literature and informaticians can learn about the unique needs and clever solutions described in pediatrics journals. Relatively little activity is going on at the intersection of pediatrics and informatics in studying practice management, modeling of concepts and standards-setting for constructs uniquely relevant to pediatrics, or information retrieval and education. Our review underscores the need for work to be done **and reported** on issues that are vital to practicing pediatricians.

I recently attended a meeting sponsored by the American Academy of Family Physicians (with Don Barich, Lane France and Bob Gerstle also representing the AAP). The results of 2 surveys of the AAFP member-ship were presented. In 1990, 2% of AAFP members reported using an electronic medical record system. When they repeated the survey in 1999, the number of EMR users had risen to 3% of the membership. I suspect that these results are generalizable to primary care pediatrics.

There are lots of reasons for the limited penetration of electronic medical record systems, but they boil down to things we don't know—how such systems might affect practice, are they technically ready, are they cost-effective, what's the best way to implement them, etc, etc, etc. SCOT Members have always been and will continue to be at the forefront in bringing advanced information technologies to child health care. I urge you to get involved in the Section, to talk to your colleagues about how information technology benefits your practice, and to think about writing up your experiences in using technology.

My best to everyone and thanks for your support.

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