

From the Chairperson



By Mark M. Simonian, MD, FAAP
Chairperson, Council on Clinical Information Technology

This spring, the Council on Clinical Information Technology (COCIT) Executive Committee gathered in Chicago, IL, to develop a strategic plan that we could follow for the next 2 years. Much of it already was underway, and the meeting fashioned an agenda with assignments for each person on the Executive Committee. Many of the following activities represent some pieces of that plan.

A major part of all our initiatives is founded in the national awareness to set standards for electronic health records and our own efforts to ensure that pediatric-specific data are part of all these new standards and systems. All of us have learned that children's health issues are often an afterthought. We didn't want to react to new standards, but be part of the development of systems, standards, and associations.

Your Executive Committee and the American Academy of Pediatrics (AAP) leadership plan to work with Health Level 7 (HL7) standards that are currently employed in hospital and individual practice systems. S. Andrew Spooner, MD, FAAP, your past Chairperson, has been one of the lead advocates for the AAP to analyze and participate in the discussions. We are getting closer to seeing the results of that work.

Christoph Lehman, MD, FAAP, has been working hard to present an interesting program at the National Conference & Exhibition

(NCE) this year and next. He has made suggestions for plenary sessions on the national information technology (IT) agenda with a world-class speaker. He has passed some of his past responsibilities for the abstract sessions to George Kim, MD, FAAP, and we expect wonderful presenters covering many interesting topics. Lewis Wasserman, MD, FAAP, has built the Computer Lab into the center of technology, which has transformed itself into a continuing medical education (CME) bonanza. You will now be able to sit away from the Exhibit Floor, view great topics and speakers, and get CME credit. This new venue, called the Technology Learning Center, is supported by a grant from NextGen Healthcare Information Systems.

Joseph Schneider, MD, MBA, FAAP, COCIT's Vice Chairperson, has been our spokesperson for COCIT and pediatricians on the importance of the Electronic Health Record (EHR), and has spent considerable time educating the AAP leadership in the value of this technology to the future of pediatric practice. He has also spent time, along with Alan Zuckerman, MD, FAAP, examining a new standard to summarize the health record called the Continuity of Care Record (CCR), which recently had its implementation guide approved as a new standard.

Part of COCIT's service to AAP members' education is being out-

lined and developed by Kevin Johnson, MD, FAAP, with a tool kit on the value and selection process of the EHR. Kevin has also worked with Stuart Weinberg, MD, FAAP, our Webmaster, to design a tool for the AAP membership that allows you to see reviews of many EHR systems that pediatricians have used and for other members to submit their comments. Stuart has enhanced the Web site with more content about our activities.

Many congratulations to David Stockwell, MD, who has maintained a wonderful newsletter chock-full of varied articles. Don't forget David's great Web site on personal digital assistants (PDAs)—www.pediatricsonhand.com.

Eugenia Marcus, MD, FAAP, has been a dynamo, representing us on many standards committees and on almost every COCIT activity in which we are involved. Her article on the progress of the Certification Commission on Health Information Technology (CCHIT) is a must read. (See page 5.)

Our newest members, Kristen Benson, MD, FAAP, and Mark Del Beccaro, MD, FAAP, have participated in standards committee activities or policy statements to review, and Greg Lund, DO, FAAP, has taken on support for Chapter communications. Our newest Executive Committee member is Willa Drummond, MD, FAAP, who was appointed by the AAP Board
(continued on page 2)

inside this issue

BiliTool—A Web-Based Bilirubin Management Guide	2
Pediatric Electronic Health Record Face-Off in Utah	2
Committee Updates	3
Health Information Technology Standards and the Medical Profession	4
Certification Commission on Health Information Technology Update	5
Our Name Changes, But the Work Continues	5
INFOGENETICS® Using Genetics Information in Daily Pediatric Practice	6
The American Academy of Pediatrics Launches Partnership for Policy Implementation	7
Creating a Digital Reference Library for Personal Digital Assistants	8
Executive Summary: Steering Committee on Clinical Information Technology Executive Committee	8
New Technology Learning Center Offers Wide Range of Information	9
Call for Nominations: American Academy of Pediatrics Council on Clinical Information Technology (COCIT) Executive Committee	9
American Academy of Pediatrics Chapter Activities	9
2005 Technology Learning Center Educational Programming Schedule	10
Council on Clinical Information Technology (COCIT) Program for Council Members	10
Call for Nominations: 2006 Byron Oberst Award and Lectureship	12

Editor's Column



by David C. Stockwell, MD
Editor, cocitnews

As you will soon see, there are many activities within our group. First off, we changed our name to COCIT (the Council on Clinical Information Technology). Read about the new structure at the National Conference & Exhibition (NCE) with our Technology Learning Center. We have follow-up to a wish list from the last newsletter, an introduction to a helpful resource for genetics information, excellent articles by our committee chairs, and a helpful hand-held article. We are proud to have an article by David Kibbe, MD, co-chair of the Physician' Electronic Health Record Coalition (PEHRC), on the Health Information Technology (HIT) standards and their

importance (as Mark Simonian, MD, mentions in his article above). This issue completes the introduction to the Certification Commission on Health Information Technology (CCHIT) with the article by Eugenia Marcus, MD. We will, of course, have more on this interesting group and its impact on pediatric HIT. With all that is happening inside COCIT and pediatric HIT, it is no wonder that our newsletter is bursting with articles. Read on to see all that is mentioned and much more.

Thank you to all of our authors. Please consider writing an article or sending feedback at anytime to dstockwe@cnmc.org.

From the Chairperson

(continued from page 1)

of Directors and began her term on July 1, 2005. We look forward to her participation.

Robert Gerstle, MD, FAAP, who chairs the COCIT Policy Committee, has been working hard examining policy questions and writing commentary on errors with Computerized Provider Order Entry (CPOE) and on e-prescribing.

I also wear a different hat while serving as chairperson of COCIT. I represent the professional societies on the Medem Board of Directors. The latest service from Medem, beyond a Web site and secure e-mail, was announced in May—the Interactive Healthcare Record (www.ihealthrecord.com). This allows any physician practice with a Medem Web site to provide a personal health record for its patients. It has received national and international press, and I have been advising them about pediatric features that are necessary for a good children's personal health record.

BiliTool—A Web-Based Bilirubin Management Guide



By Chris Longhurst, MD, FAAP,
COCIT Member (left);
Stuart Turner, DVM, MS; and
Tony Burgos, MD, MPH (right)

In the last newsletter (Volume 3, Number 1, Spring 2005), J. Randolph Bak, MD, outlined “An Information Technology Wish List” on page 7. The first item on his wish list was a Web-based bilirubin management guide. We are happy to report that our group had the same idea and has created a working version that is available for free at <http://www.bilitool.org/>.

BiliTool currently includes electronic versions of both the hour-specific bilirubin nomogram for hyperbilirubinemia risk stratification and the phototherapy guideline from the 2004 American Academy of Pediatrics (AAP) guidelines for management of hyperbilirubinemia in the newborn infant at 35 or more weeks of gestation. BiliTool will return a risk zone and the AAP phototherapy recommendation when given a total bilirubin level and an infant's age in hours at the time of blood draw. This input can be entered directly or calculated based on birth day/time and blood sampling day/time.

Our group's future efforts are focused on evaluating BiliTool and creating a handheld version. All feedback is welcome and may be entered online at <http://www.bilitool.org/>.

The screenshot shows the BiliTool web application interface. It has two main sections: Option 1 and Option 2. Option 1 includes fields for 'Date & time of birth to closest hour' (set to May 23, 2005, 12 am - midnight) and 'Date & time of blood sampling to closest hour' (set to May 24, 2005, 12 am - midnight). Option 2 includes 'Patient Age (hours)' (set to 48) and 'Total Serum Bilirubin (mg/dl)' (set to 12). There are 'Submit' buttons for both options. Below the forms, there is a disclaimer: 'By using this application, you indicate your acceptance of the following terms' and links for 'References | Feedback | © 2004-5 BiliTool.org'.

The screenshot shows the results of the BiliTool calculation. It displays the 'Bhutari Nomogram for Risk Stratification' with an infant's age of 48 hours and a total bilirubin of 12.0 mg/dl, resulting in a 'High Intermediate Risk' zone. Below this is the 'AAP Phototherapy Guidelines (2004)' table.

Neurotoxicity risk zone	Start phototherapy?	Approximate threshold at 48 hours
Lower Risk (≥ 38 weeks and well)	No	15.3 mg/dl
Medium Risk (≥ 35 weeks + neurotoxicity risk factors or 35 to 37 4/7 weeks and well)	No	13.1 mg/dl
Higher Risk (35 to 37 4/7 weeks and neurotoxicity risk factors)	Yes	11.4 mg/dl

Below the table, there is a note: 'The phototherapy guidelines are based on limited evidence and the levels shown are approximations. Infants are designated as "higher risk" because of the potential negative effects of the conditions listed on albumin binding of bilirubin, the blood-brain barrier, and the susceptibility of the brain cells to damage by bilirubin.' There are also links for 'References | Feedback'.

Pediatric Electronic Health Record Face-Off in Utah



By Joseph H. Schneider, MD, MBA, FAAP,
COCIT Vice Chairperson
(reprinted from the August 2005 issue of AAP News)

A record-setting 10 pediatric electronic health record (EHR) vendors went head-to-head in the third Documentation Challenge and second annual Pediatric EHR Recognition Program at this year's 21st TEPR (Toward an Electronic Patient Record) meeting in Salt Lake City, UT, in mid-May.

In the morning the vendors participated in the unjudged Documentation Challenge. This was a scenario-driven presentation. The scenario was a 3-year-old child with asthma who was being seen for a well child check after a recent emergency room visit for an exacerbation. The script was prepared by Eugenia Marcus, MD, FAAP, and member of the American Academy of Pediatrics (AAP) Council on Clinical Information Technology (COCIT) Executive Committee. Since the script was available in advance, most of the vendors did an excellent job and the audience of about 75 had a lively discussion as the different ways of handling the scenario unfolded. Not all of the vendors could do all of the necessary steps, but all promised to return to future challenges with this capability.

The afternoon Recognition Program was extremely lively as the demonstrators had 20 minutes to show how their system handled 10 difficult pediatric issues, including overdue vaccinations, adoption, name changes, growth charts, adolescent confidentiality, pediatric normal value ranges, and pediatric weight-based prescribing, among others. These standard scenarios are available to COCIT members and were created by S. Andrew Spooner, MD, MS, FAAP, COCIT Immediate Past Chairperson; Lewis Wasserman, MD, FAAP, COCIT member; and Joseph H. Schneider, MD, MBA, FAAP, COCIT Vice Chairperson. They are based on the paper, “Special Requirements for Electronic Medical Record Systems in Pediatrics,” published in *Pediatrics* in August 2001. The background historical information on the scenarios was entered by the vendors before the presentation. In their 20 minutes, each demonstrated how they would

handle live data not previously known to them. The moderators were Drs Marcus and Schneider. The judges for the Pediatric Recognition Program were COCIT Chairperson Mark M. Simonian, MD, FAAP, and COCIT members Eric Handler, MD, MPH, FAAP, and William Zurhellen, MD, FAAP.

Although the sessions were designed as a competition, Dr Schneider set the tone of the sessions early by stating that they “were a collaboration, not a competition, and represent a way to improve all pediatric EHRs by raising awareness of what they can do.”

Electronic health record performance on each scenario was scored using an APGAR-like system of 0 (couldn't do it) to 2 (able to demonstrate the scenario well). Unlike last year, where the race was a split decision, this year all 3 judges gave first honors to Office Practicum. Then, in an extremely close race, e-MDs won second honors and GE Healthcare got third honors. Last year's winner, Electronic Healthcare Systems tied for fourth place, missing third honors by 1 point.

All of the EHRs that received honors were capable of handling most of the complex scenarios posed. The presenters were permitted to skip scenarios that they could not handle, and this impacted the score of several who did not win honors. “I would have been happy with any one of the EHRs that won honors,” said Dr Simonian. “Of course I'd want to know more about costs such as licensing, support, training, and hardware costs.” Dr Marcus added that, “this is the second time that these awards have been given for Pediatric EHRs and we were very pleased at the level that the honors winners performed. Several other vendors who declined to participate were in the audience and have said that they want to be part of the programs in the future.”

Several cautions are in order:

- Eight additional vendors chose not to participate for a variety of reasons, some of whom have an excellent EHR product, so this year's winner may have stronger competition next year.
- While the AAP cannot endorse a particular EHR, it is important to note that the vendors who participate in this program put a lot of effort into it and it shows their dedication to pediatrics.
- While our judges were impartial, what they value in an EHR may not be what is valuable to you.
- No effort was made to judge financial stability, support capabilities, etc.

The participating vendors and their physician presenters were as follows:

AltaPoint	Vendor representative
Amazing Charts	Jonathan Bertman, MD
eClinical Works	Vendor representative
Electronic Healthcare Systems (Care Revolutions)	Constance Shih, MD, FAAP
e-MDs	Tracy Angelocci, MD
GE Healthcare (Logician)	John Joe, MD, MPH
JMJ Technologies (Encounter PRO)	John Ivan Sutter, MD, MS, FAAP
Misys Healthcare	Vendor representative
Visual Data LLC (Office Practicum)	Harold Raucher, MD, FAAP
Practice Today	Vendor representative

The TEPR meeting is conducted by the Medical Records Institute (MRI) of Boston. Peter Waegemann, President of MRI, was very supportive of the Pediatric programs and said, "We are very happy to offer this

service to pediatricians. We have been supporting pediatrics for several years now through TEPR and we look forward to continuing these valuable programs in future TEPR meetings."

The vendors who participated indicated their interest in participating in the Pediatric Documentation Challenge™ that will be given in the Technology Learning Center at the AAP National Conference & Exhibition (NCE) in October 2005. This session will be a first for the AAP, where pediatricians will demonstrate how the software they use can handle a scenario. The Pediatric Documentation Challenge™ sessions will also be held at AAP Coding & Management Workshops in Newark, NJ, in November and San Antonio, TX, in December.

For those not able to attend TEPR, COCIT has developed a Web site where AAP members can post comments and score pediatric EHRs on a variety of functions or review comments posted by others. Visit www.aapcocit.org/emr to see this unique tool in action.

☆☆☆ COMMITTEE UPDATES ☆☆☆



Education Committee

By Christoph U. Lehmann, MD, FAAP
Education Chairperson

It has been a busy spring for the education efforts at the Council on Clinical Information Technology (COCIT). Of course, there were the usual activities such as proposing new courses for the American Academy of Pediatrics (AAP) 2006 National Conference & Exhibition (NCE) and reviewing the large number of scientific abstracts submitted to the 2005 conference. This year, George R. Kim, MD, FAAP, and I will co-chair the scientific session. Dr Kim will take over the complete task for the coming years. Two large new projects dominate the education news.

1. Technology Learning Center

Last year Mark M. Simonian, MD, FAAP, and Lewis C. Wasserman, MD, FAAP, were able to bring COCIT truly onto center stage at the AAP NCE in Washington, DC. They were given the green light to launch the Technology Learning Center (TLC). This fall, the TLC will showcase knowledgeable faculty members and live demonstrations that will be available all day throughout the duration of the NCE. The Technology Learning Center will move from the Exhibit Hall to a larger, self-contained room, which will facilitate taping the lectures and make the sessions more accessible. Dr Wasserman is the Director of Technology Learning Center.

This exciting new center is an upgrade from the computer lab of previous years. One-hour sessions (listed in the NCE program book) will be presented on a wide variety of technology topics—most of which are eligible for continuing medical education (CME) credits. In addition to the readily available computers, there also will be demonstrations of hardware and software products, informal consultations, and hands-on opportunities to "test-drive" many of the products. The TLC is supported by a grant from NextGen Healthcare Information Systems.

2. Partnership for Policy Implementation

The AAP Board of Directors, under the leadership of S. Andrew Spooner, MD, MS, and Paul G. Biondich, MD, both members of COCIT, started a new initiative that aims to increase the ability of pediatricians to implement AAP recommendations at the point of care. The program, entitled the Partnership for Policy Implementation (PPI), will assign a medical informatician/pediatrician to serve as a consultant to the statement's lead author or writing group. The goal is to produce clear guidance to pediatricians on how to implement AAP policies in their practices, as well as to ensure that vendors of electronic health record (EHR) software can incorporate AAP recommendations into electronic decision support systems. This project is supported in part by logistical funding from the Genetic Services Branch of the Maternal and Child Health Bureau (MCHB). The informatician assigned to each statement will

- Help develop an algorithm that will define how the recommendations or key points are to be carried out at the point of care.
- Help identify and clearly define key vocabulary terms and ensure that they are used consistently throughout the statement and in related documents (eg, a technical report that accompanies a policy statement).
- Help ensure the transparency of the statement's evidence.
- Help ensure that the statement can be implemented by the pediatrician at the point of care, either by following the algorithm in print or through its incorporation into an EHR.

A set of 12 statements currently in progress was selected for the PPI's pilot year. It is hoped that 7 to 10 of the statements will be completed by June 2006.

In closing, I would like to use this opportunity to point out that, without the many volunteers, reviewers, and faculty, we would not have such an excellent program for the NCE, and, without the wonderful help of COCIT's staff person, Beki Marshall, none of this would be possible.



Policy Committee

By Robert Gerstle, MD, FAAP
Policy Chairperson

The Council on Clinical Information Technology (COCIT) Policy Committee was reinvigorated with the addition of 2 new members as a result of actions to expand the size of the Committee taken at our Spring Committee meeting in Baltimore, MD. Gregg Lund, MD, and Mark Del Beccaro, MD, were appointed to the Policy Committee. They join Joseph Schneider, MD, Eugenia Marcus, MD, and me.

In June, the Committee, with the additional valuable input of Christoph Lehmann, MD, COCIT Executive Committee member, developed (in record time) and submitted to *Pediatrics* a Commentary on Computerized Physician Order Entry (CPOE) and electronic prescribing. The Commentary was prompted by a recent *JAMA* article by authors at the University of Pennsylvania (Koppel R, Metlay JP, Cohen A, et al. Role of computerized physician order entry systems in facilitating medication errors. *JAMA*. 2005; 293:1197-1203). The article described types of errors introduced by the use of CPOE at their institution using the TDS/Eclipsys CPOE system.

The Committee felt it was important to weigh in and lend support to advocates of CPOE (including the Institute of Medicine and Leapfrog Group). We believe that, despite the possible introduction of new error types, CPOE is a responsible move to reduce medical errors overall during the ordering process. The Commentary was developed as outgrowth of the Committee's (continuing) work on a technical report on electronic prescribing, which is nearing completion. I must add that what started as a good working draft ended up, I believe, to be an excellent commentary, thanks the input of all the Committee. We hope the editors of *Pediatrics* agree.

Other activities include updating the American Academy of Pediatrics (AAP) policy on the functional requirements of an electronic health record (EHR) for pediatric practices. We expect that the HL7 Pediatric Data Standards Special Interest Group, chaired by Andy Spooner, MD, MS, FAAP, will soon be finished with its analysis and recommendations for an electronic medical record (EMR) data transmission and functionality standard. Once the group finishes its work, we will update the existing policy statement in light of its recommended functionality standards. We also will be revisiting our policy statement "Privacy Protection of Health Information: Patient Rights and Pediatrician Responsibilities," in light of the Health Insurance Portability and Accountability Act (HIPAA).

As you can see, we do not suffer from boredom. I want to express my appreciation and thanks to the members of the Policy Committee, Christoph Lehmann, MD (from the Executive Committee), Mark Simonian, MD, COCIT Chairperson, and, of course, Beki Marshall, our wonderful AAP Support Staff member, for all their hard work and great collaboration.



Technology Committee

By Kevin B. Johnson, MD, FAAP
Applications/Technology Chairperson

Greetings from the Technology Committee of the Council on Clinical Information Technology (COCIT)!

The Technology Committee has focused on 2 projects: a Web site on which reviews of electronic medical records (EHRs) are posted, and a speaker's kit and toolkit to help with electronic medical record (EMR) adoption. The EMR review site, at <http://www.aapcocit.org/emr>, has been up and running for approximately 6 months now. Reviews are slowly but steadily coming in, although we can always use more. Our goal is to have more than 100 reviews before the National Conference & Exhibition (NCE) this fall. Please post a review of an EMR that your practice uses so that we may have an easy time reaching that milestone. As of now, we have had just over 250 visitors per month. We can and need to do much better.

If you haven't been to the site, I encourage you to go to it. Stuart Weinberg, our Webmaster and overall great guy, has been actively making

(Continued on page 4)

Technology Committee (continued from page 3)

changes to the site in response to the feedback from our pediatric community. We hope that this site will be useful to pediatricians as they begin the process of adopting an electronic health record (EHR) into their practices. But, for that to happen, we need as much help from members of COCIT as we can. So please, please, please, take a look at the site, post a review, and let us know what you think about it!

For the last year, we also have been working on a speaker's kit and toolkit for people who are interested in adopting EHRs or are in the process of selecting one. The kits should be released this winter. Each will contain a slide

presentation—the speaker's kit will focus on the value of an EHR, and the toolkit will focus on issues to consider when selecting an EHR. In addition to the slide components, the kits will provide a list of resources to review policy information, and a glossary of terms that are likely to be encountered as one selects an EHR. We also will list vendors from the Web site as a part of the tool kit and plan to include supplementary articles for speakers who will want to be well informed when they go into foreign lands to give their talks. We are considering posting the speaker's kit and accompanying toolkit on the Web site.

Stay tuned for more details about that as it gets closer to being released.

Health Information Technology Standards and the Medical Profession



By David C. Kibbe, MD
Director, Center for Health Information Technology, American Academy of Family Physicians, and
Co-chair, Physicians' EHR Coalition

The recent release by the US Department of Health and Human Services (HHS) and the Office of the National Coordinator for Health Information Technology (ONCHIT) of several request for proposals (RFPs) for standards work at the national level, and the recent announcement of the Clinton-Frist Bill, have again increased the need for physician involvement in health information technology (HIT) matters. The following are some of my thoughts regarding the importance of HIT standards to the medical profession. I hope that you will find this work informative and useful as your organization sets policy regarding electronic health records (EHRs) and HIT.

Why health information technology standards are so important to the medical profession and the medical professional organizations

At first glance, the issue of how HIT standards are developed, maintained, and harmonized may seem esoteric and even arcane. However, nothing could be further from the truth. Health information technology standards will play an increasingly important role in determining the costs, the ease-of-use, and the benefits that physicians and patients derive from such tools as EHRs, software applications for practice management, work flow automation, quality improvement, and research. Although it is true that some HIT standards require IT technical expertise for a full appreciation of their uses and benefits, the majority do not. Therefore, it is vitally important that physicians, and the organizations that represent them, become much more actively involved in HIT standards.

The Physicians Electronic Health Records Coalition (PEHRC) can be a means of achieving this more active involvement.

There are many sorts of HIT standards, but those that have the greatest impact on physicians involve **clinical content** of some form or another. Health information technology standards are merging with clinical guidelines. This is a relatively new development; messaging, formatting, and vocabulary standards for HIT in the past have been primarily concerned with the billing and claims processes. In fact, it is fair to say that all of HIT has a legacy that has been shaped by practice management rather than clinical management.

But that is about to change. Pay-for-performance, quality improvement, and practice-based research of many kinds is shifting the emphasis from use of administrative data only to use of a combination of administrative data and clinical data, including medications, clinical laboratory results, physical findings, and vital signs. The recently approved "starter set" of performance measures agreed upon by the Ambulatory Care Quality Alliance (AQA) is an example of this changing emphasis. So too are the advances made in e-prescribing and the federal promotion of personal health records (PHRs), both of which have found their way into significant federal legislation sponsored by many of the major medical professional organizations. All of these recent developments increase the relevance of **clinical** information and the HIT standards that apply to its collection, storage, management, reporting, and exchange.

Following are several arguments in favor of medical professional organizations paying close attention to, and becoming more involved in, the development of these standards.

1. Health information technology standards will impact costs. Standards are often seen as a way to reduce costs to consumers. Clearly, lack of standards often drives up the cost for HIT products. For example, in the current environment, there is considerable variability in the methods used to transport laboratory result messages from the laboratory to the practice EHR, and much of the work and cost of custom interfaces is devoted to creating these custom transport protocols. These costs increase the costs of the products involved. There is an urgent national need to create a single national method for using the Internet to

provide secure delivery of laboratory messages, but, it is also important to point out that there are usually choices between standards that can determine whether "high dollar" or lower cost applications and implementations are used. We need physicians and their organizations intimately involved in determining the "use cases" for which the standards need to be developed, implemented, or both, and we need to ensure that the standards do not impose new and unintended costs on members who purchase these systems.

2. Health information technology standards will impact choice.

Standards are notorious for influencing customer behavior through their impact in the marketplace. If certain techniques or methods originating with a particular company A's product find their way to the market faster than another company B's, for example, then company A may establish a de facto standard and achieve greater sales. If the government or a certifying entity is persuaded to support a standard used by company C, but not by company D, then company D's product may not survive. In either case, choices in the marketplace for consumers of HIT products will be determined by the standards that prevail either through competition and/or through government intervention. In either case, the medical professional organizations have an important stake in ensuring that there remains a wide choice of HIT products and services, and that choices are not artificially narrowed nor competition and innovation restricted.

3. Health information technology standards will impact quality of care.

There is often assumed to be a linear relationship between the use of HIT and improvements in quality (and safety) of care, but, this is not true, and is like saying that there is a linear relationship between technology and quality of life in modern urban areas. Recent experiences with computerized physician order entry (CPOE) systems and other HIT have documented that there are challenges here, and that *how* the technology is implemented and used is a critical element in its successful impact on quality. Similarly, it is likely that we will find that HIT standards and their use will have a variable effect on the ease with which physicians and provider organizations make progress improving clinical care, with items such as interoperability and portability of informational flow affecting this variability. Physicians and medical professional organizations have a large stake in ensuring that HIT standards help us to "get it right" and not simply amass large amounts of data or transfer data without attention to relevance, specificity, and clinical context.

At a recent standards development meeting, the audience was appealed to "let the 'experts' decide these matters." The individual who said this was referring to the technical members of the audience, those with experience as software developers and standards industry experience. My response was to rise and state that "we are all experts here. Some of us are doctors and nurses, some of us are technicians, and some of us have both clinical and technical expertise. But I assure you that these matters are much too important to leave them as the prerogative of a single professional group to decide."

I recognize fully that involvement by physicians and medical professional organizations in the standards world may seem uncomfortable, and will require patience as well as resources in time and money. The standards development and maintenance process is long and can be tedious, in part because consensus is required and the standard balloting process favors the negative voters and negative comments by design. Meetings are often long and the discussions can be very boring at times. These are, perhaps, some of the reasons that physicians have tended to drop out of standards development in the past, leaving gaps that were filled by very large companies with the resources to support the costs of full-time standards personnel and their attendance at long meetings.

However, we must overcome these barriers to our involvement in the standards development and maintenance processes, perhaps by changing the processes themselves to make them more efficient.

Certification Commission on Health Information Technology Update



By Eugenia Marcus, MD, FAAP
COCIT Executive Committee Member

The American Academy of Pediatrics (AAP) and its Council on Clinical Information Technology (COCIT) made a commitment on behalf of AAP members and their patients. Children will be represented in the room when standards are set for electronic medical records (EMRs). In August of 2001, the AAP published a policy statement on the “Special Requirements for Electronic Medical Record Systems in Pediatrics.” This policy statement laid out the needs for documentation and functionality that pediatricians using electronic documentation needed to adequately record the care of children. There were no standards then, and few vendors were aware of this policy. In 2004, 3 organizations, the Healthcare Information and Management Systems Society (HIMSS), the American Health Information Management Association (AHIMA), and the American Medical Informatics Association (AMIA), came together to establish the Certification Commission on Health Information Technology (CCHIT) in response to the call for standards from David Brailer, MD, National Coordinator for Health Information Technology, as the start of developing a National Health Information Network (NHIN). Commissioners were chosen from a cross-section of the stakeholders. Four work groups were established: functionality, interoperability, security and reliability, and certification process.

A call went out for interested parties to apply for these work groups. At the AAP, Beki Marshall, one of our health policy analysts, monitors these opportunities and, through our COCIT e-mail list, lets us know when the opportunities are available and how to apply. There were about 250 applications and 40 people were chosen. The AAP had multiple people apply, and 3 of us were chosen for work groups—myself on functionality; Alan Zuckerman, MD, FAAP, on interoperability; and Joseph Schneider, MD, MBA, FAAP, on certification process. It is our charge to carry to message of the needs of children into the standards that will define the software that you will use.

The process of getting people from diverse backgrounds (associations, vendors, business/insurers), in different time zones to meet and do productive work was challenging. Technology came to the rescue with private Web sites (www.intranets.com) for posting information, references, draft work products, meeting notices, etc, as well as conference calls.

The functionality work group has been meeting weekly since January. Starting with the HL7 Draft Standard for Trial Use (DSTU), we went over each item on the spread sheet every week, assessing whether it was essential for a core EMR, whether it was available in the marketplace now (2005), or whether it should be road mapped for 2006 or 2007. Given that it takes almost a year for an EMR company to produce a new functionality that works and is deployable in the next upgrade, the functionality work group did not want to put future functions into the initial certification. There was a tension between advocates for the small, young companies where lots of creative new technology and strategies come but are new in development, and advocates for “I want it all now,” which some larger more established companies have already. The committee made sure that a certified EMR in the first year of the process can do at least the minimum things to allow a physician to record the care and meet the requirements of the various pay-for-performance programs. It is in this process that AAP member representatives were able to advocate for the functions specific for children (eg, growth charts, developmental milestones). Fractional dosages for medications, liquid medications, and tracking immunizations are functions needed across the entire age spectrum, but are used more at the pediatric end and the geriatric end. The geriatricians were great allies in this process.

In April 2005, the first draft of the 2005 requirements went out for public comment. Through a series of Town Hall meetings via conference call and the Internet, questions from the various stakeholders were addressed. Eighty-two pages of comments were received from the public, vendors, government officials, public health, and physicians. These comments covered the entire range of the DSTU. The second public comment period commenced on July 11, 2005.

Meanwhile, Dr Zuckerman and I volunteered to serve on a new work group to write the use cases against which the EMR vendors will certify. That project is in process as this article is being written. Pediatricians can be reassured that the children of America are well represented in the scenarios that were submitted.

Our Name Changes, But the Work Continues

By Beki Marshall
COCIT Manager

You may recall that the American Academy of Pediatrics (AAP) Steering Committee on Clinical Information Technology (SCOCIT) was formed in 2002 by the merger of the Section on Computers and Other Technologies and the Task Force on Medical Informatics. Effective July 1, 2005, 4 other pairs of AAP committees and sections have completed similar mergers. These newly merged entities will be called “Councils.” To align ourselves with these groups within the AAP structure, SCOCIT’s name has changed to the Council on Clinical Information Technology (COCIT, pronounced “co-kit”).

An article in the June issue of *AAP News* (“Councils Formed From Merged AAP Committees, Sections: New Structure Will Facilitate Policy Development, Communication, Education, and Advocacy”) describes the formation of the Councils. The article can be found at <http://aapnews.aapublications.org/cgi/content/full/26/6/7> (requires login).

Along with our name change, we must make 2 structural changes:

1. All executive committee members will be elected by the full COCIT membership. (When SCOCIT originally formed, half the executive committee members were elected, and half were appointed by the AAP Board of Directors.) The chairperson will continue to be elected by the executive committee.
2. Executive committee members will be eligible to serve 2 consecutive 3-year terms, as opposed to the current 3 consecutive 2-year terms. The chairperson will continue to serve up to 2 consecutive 2-year terms.

Please see page 9 for more information about our upcoming elections.

Although our name has changed, much about our work and the benefits we provide to our members remains the same. Our membership remains open to any AAP member with an interest in applying information technology to clinical pediatrics. (Non-AAP members, including allied health professionals, may be eligible to join as nonvoting affiliate members.) Members pay annual dues of \$25, in exchange for which they receive our semiannual newsletter, access to e-mail discussion lists, and members-only online content.

It is hoped that the emergence of Councils within the AAP will allow these groups to combine their efforts, more closely linking policy writing, member education, and implementation activities to promote synergy. If you have any questions about the name change or about AAP Councils, please contact Beki Marshall at bmarshall@aap.org.

The Council on Clinical Information Technology Electronic Medical Record Resource: www.aapcocit.org/emr

The Council on Clinical Information Technology (COCIT) officially launched the Electronic Medical Review (EMR) Web site in July 2005. Please help us make this a valuable tool for all American Academy of Pediatrics (AAP) members by rating your EMR today!

COCIT's EMR Resource
www.aapcocit.org/emr

Do We Know How to Find You?

To ensure that your contact information is kept up-to-date (so your colleagues can find you), please take the time to visit the Membership Information Change Form (www.aap.org/moc/memberservices/updatememberinfoform.cfm). You need to be logged in to the Members Only Channel to get to this link. If you prefer to contact us by phone or fax, you can do this by calling 866/THE-AAP1 and providing one of the AAP service representatives with your updated address information.

Using Genetics Information in Daily Pediatric Practice



By Virginia K. Proud, MD, FAAP,
COCIT Member, and H. Creswick, MS

Many pediatricians and other primary care providers (PCPs) are anxious to know how to use the new genetics information in patient care. We prepared a historical review of some of the key events in the development of the current practice of pediatrics, genetics/genomics, and information technology. Over the last 25 years, pediatric practice has evolved to improve efficiency and accountability. The genome has been mapped and hundreds of disorders characterized with new testing that quickly evolved for common disorders. Information technology has a personal digital assistant (PDA) in the hand of each resident, making easy access to unlimited, but not necessarily accurate or useful, information. We found a convergence in the evolution of the practice of pediatrics, genetics information, and technology with expanding usefulness of computers that has put us, today, on the brink of effectively using new and changing genetics information in daily patient care.

Beginning in the 1970s, pediatricians participated in the development of the managed care practice model. At that time, genetics was primarily an academic specialty with little application to clinical practice except through prenatal diagnosis of Down syndrome and neural tube defects using amniocentesis. By the 1980s the personal computer (PC) and Mac morphed into useful tools, at least for word processing and managing small business finances. In many practices, converting billing and patient data from paper to computer platforms began. However, physicians in general, and pediatricians in particular, remained skeptical about the new technology and resistant to using computers to access information for patient care during clinic. Consulting colleagues, books, and journals continued to be the standard most-used resources by PCPs into the 1990s. At this time, we pioneered a project to teach medical students to go online to access genetics information, but it was only with the opening of the Internet to the public in 1994 that realization of the application of such information became universal.

Meanwhile, between 1991 and the present, the Human Genome Project literally opened the door to understanding the diagnosis of many genetic disorders. But, the question remains, how can genetics information help pediatricians identify and manage their patients every day? To answer this question, it is important to realize that genetic disorders are common. Fifteen percent of first trimester pregnancies miscarry and 50% of them have a chromosomal abnormality; 3% (1/30) of babies have a congenital birth defect; 5% (1/20) of 2-year-olds have an identified abnormality; every human carries 4 to 7 lethal recessive genes. If a busy pediatrician sees 40 patients a day, we can predict that pediatricians take care of at least 2 children with a genetic problem every day.

What kinds of genetic problems do pediatricians need to identify and manage every day? Children with birth defects, congenital anomalies, or dysmorphism; neurological problems, developmental delay, vision or hearing deficits; growth abnormalities, such as too short or too tall; endocrine and metabolic problems, such as those causing failure to thrive; blood disorders, such as anemias and thrombophilias; cancer syndromes; familial hyperlipidemias and other chronic diseases; preconception counseling; and almost any syndrome, pattern, or series of problems or features that *do* or just *don't* fit a known diagnosis. Many of these can be addressed with some of the new genetics information.

Pediatricians need to become comfortable creating a genetic differential diagnosis and being able to find out what tests can be ordered and, importantly, when and how to order the tests to minimize costs and maximize positive results. Chromosomal analysis may involve high-resolution banding or mosaicism, blood or fibroblasts, or fluorescent in-situ hybridization (FISH) testing for submicroscopic deletions or contiguous gene syndromes, subtelomeres, or the new FISH chips. Molecular testing may be protein truncation, exon screening, trinucleotide expansion, polymerase chain reaction (PCR) or southern blotting, as well as the most expensive gene sequencing. Parental bloods are necessary to evaluate for a number of different conditions due to uniparental disomy, such as some cases of Prader-Willi syndrome and intrauterine growth restriction (IUGR), and the limits of the new arrays of newborn screening panels and mitochondrial DNA mutation analyses, tumor analysis, and many new screening tests for polygenic or multifactorial traits need to be mastered.

As the Human Genome Project created new genetics information, testing, and applications, it is now necessary to integrate that information

into the environment of managed care in pediatrics with ever-imposing new constraints on money and time. How can we now use computers and the Internet to effectively solve this dilemma? As computers evolved from room-sized mega-computational monsters, and pediatric practice moved from the personal patient-physician relationship to multi-personnel managed care, we worked for the past 16 years to address this problem.

We developed the INFOGENETICS® project with funds from the Department of Health and Human Services, Maternal and Child Health Bureau, in 1994. The foundation for the information contained in INFOGENETICS® actually began as the Infogen database of clinical genetics programs listed on the original National Institutes of Health (NIH) Gopher in 1989. Now it is a unique portal to 12 of the most used and updated national genetics databases, including OMIM (Online Mendelian Inheritance in Man), GeneTests, GeneClinics, GeneReviews, Alliance, Parent-to-Parent, Newborn screening, National Cancer Institute, Reprotox, San Diego Biochemical database, Clinical studies, and Ethics. A unique desktop icon places the information at your fingertips on the clinic computer. It has taken more than a decade to be at the point where primary care providers are finally ready to access and use medical genetics information electronically.

In the course of developing this project, we learned a lot about the clinical use of computers and medical genetics information by primary care providers, especially pediatricians.

1. Most busy primary care providers do not use the Internet at all for patient care.
2. Physicians will not use information unless it is immediately available and necessary for patient care.
3. Physicians will use information that supports their reasons to refer. They need to be empowered to “know” that their understanding of genetics and their application of genetics in their practice are going to help them refer more intelligently and be of practical value in managing their patients.
4. Specialists are beginning to look to genetics to “answer questions” about “What is wrong?” and “What can I do about it?”
5. Nurses, pediatric nurse practitioners (PNPs), registered nurses (RNs), and nurse midwives have been using INFOGENETICS® from the initial pilot projects in hospital-based specialty clinics, neonatal nurseries, and Children’s Specialty Clinics. They continue to apply the information from INFOGENETICS® to support the physicians’ recommendations for referral.
6. Physicians’ biases about genetics, genetic disorders, and the use of genetics information in their practice probably plays a role in their ability to be “guided” or taught about genetics.
7. A CD-ROM puts the desktop icon on the clinic computer and is a novel way to alert pediatricians and other PCPs to easily access good genetics information on the Internet.

INFOGENETICS® was developed specifically to provide an easy way to use information technology to translate genetics information for use in clinical practice. It is a CD-ROM that can be installed on the clinic or office computer running a Windows 95 or later operating system. The INFOGENETICS® icon will take the user to www.infogenetics.org, which is a very simple Web site composed of the 12 nationally updated genetics databases. Using INFOGENETICS®, pediatricians can manage the new and constantly changing medical genetics information and testing to care for their patients.

Future plans, based on recommendations from pediatricians at the National Conference & Exhibition (NCE) in October 2004 in San Francisco, CA, is to develop a searchable database and expert system that will allow the pediatrician to generate a differential diagnosis for birth defects and other genetic disorders based on patient signs and symptoms. Through INFOGENETICS®, pediatricians and other primary care providers will continue to be able to retrieve relevant clinical genetics information for use in daily patient care. The need for information, the format of such information, and the progress of technology now coincide to facilitate the translation of the information from the Human Genome project into the best possible practice of pediatrics.

Timeline

The evolution of genetics and computers in the context of changing pediatric practice resulted in significant differences in approaches to teaching and learning about genetics in the past 25 years.

	Human Genetics	Pediatric Practice	Computers	Genetics Education
1980	Academic	Horse and Buggy Physician-Patient	Mainframes	Local Academics
1983	Networks	Genetics Means: Abortion Huntington Disease		Education Committees Dog and Pony Shows Brochures/Pamphlets
1985	5,000 genes OMIM	HMOs; PPOs	PCs in Centers	Outreach Clinics Curriculum Revisions
1990	Genome Project ACMG Medical Genetics PCR—Easy Gene Tests	Managed Care	PCs for Billing Gopher Tech Floppies Helix—fax and phone	Infogen Gopher Needs Assessments
1994	Internet Opens			
1995	National Human Genome Institute	Practice Guidelines	CD-ROMs Web Manager	Genes in Your Practice INFOGENETICS®
2000	10,000 genes OMIM		Home Pages Computers Everywhere	Genes at Work GeneTests GeneClinics/Reviews CancerGenetics
2003	Translation to Practice	ACMG Guidelines	EMR	INFOGENETICS 3.5®
2004	Applications Expand			INFOGENETICS 4.0®
2005				BDE Online

Dr Proud has no vested interest nor does she receive any financial gain from any of the products mentioned in this article.

The American Academy of Pediatrics Launches Partnership for Policy Implementation

*By the American Academy of Pediatrics Division of Pediatric Practice
(Reprinted from AAP News, August 2005)*

The American Academy of Pediatrics (AAP) Board of Directors is pleased to announce a new initiative that aims to increase the ability of pediatricians to implement AAP recommendations at the point of care. The program, entitled the Partnership for Policy Implementation (PPI), will assign a medical informatician (a pediatrician who is also formally trained in information system development) and, when needed, a pediatric primary care quality improvement expert, to serve as consultants to the statement's lead author or writing group. The goal is to produce clear, less ambiguous guidance to pediatricians on AAP-endorsed pediatric standards of care, additionally facilitating implementation efforts into primary care practices. Building more operational statements will additionally ensure that vendors of electronic health record (EHR) software have unambiguous concepts and decision support content that can be incorporated into future developmental efforts. This project is supported in part by logistical funding from the Genetic Services Branch of the Maternal and Child Health Bureau (MCHB).

The PPI is co-chaired by S. Andrew Spooner, MD, MS, FAAP, and Paul G. Biondich, MD, both members of the AAP Council on Clinical Information Technology (COCIT). The medical informaticians who will work with AAP committees to carry out the program's objectives met June 11-12, 2005, to finalize the program's methodology.

The informatician assigned to each statement will

- Help develop an algorithm that will define how the recommendations or key points are to be carried out at the point of care.
- Help identify and clearly define key vocabulary concepts and ensure that they are used consistently throughout the statement and in related documents (eg, a technical report that accompanies a policy statement).
- Help ensure the transparency of the statement's evidence.
- Help ensure that the statement can be implemented by the pediatrician at the point of care, either by following the algorithm in print or through its incorporation into an EHR.

The quality improvement expert will

- Help ensure the primary care generalist perspective is presented in the content, when applicable.
- Help craft the implementation aspects of the content so that the statement is written within the quality improvement framework.
- Provide constant reminder for the content to influence change in physician behavior (ie, implementation of the recommendations).

A set of 12 statements currently in progress was selected for the PPI's pilot year. Selection was based on each statement's potential applicability at the point of care and that it is currently in the initial stages of being written or revised. Statements include policy statements, clinical reports, technical reports, and clinical guidelines. It is hoped that 7 to 10 of the statements will be completed by June 2006. The medical informatician team will meet again in December 2005 to discuss lessons learned and how this methodology can be extended to all AAP statements in the future.

For more information about the Partnership for Policy Implementation, please contact Beki Marshall, Health Policy Analyst, at bmarshall@aap.org or 800/433-9016, ext 4089.

Content Submission

Would you like to contribute to this newsletter? Articles should be approximately 500 to 1,000 words in length. Submit articles to David C. Stockwell, MD, newsletter editor, at dstockwe@cnmc.org.

Watch the Council on Clinical Information Technology (COCIT) Web site at www.aapcocit.org for information on submission deadlines for the Spring 2006 issue.

Creating a Digital Reference Library for Personal Digital Assistants



By Pradeep Alur, MD, FAAP,
COCIT Member

Personal digital assistants (PDAs) have become a very important part of our hospital life. Some institutions have mandated the use of PDAs during residency training. The PDAs are loaded with several pediatric e-books, such as *5-Minute Pediatric Consult*, *Neofax*, etc, which are available in proprietary formats such as Skyscape or in Mobibook reader, and form a very important part of the digital library on PDAs. They, alone, do not suffice, as residents receive new, updated material on an everyday basis (mostly in paper format). This defeats the purpose of PDAs as the main source of reference at the bedside. Besides, the paper files frequently are either misplaced or are not readily available. We will discuss various options to create and distribute the pediatric information in digital format for the PDA.

Reference material is available in HTML, PDF, Microsoft Word, and PowerPoint formats. www.memoware.com has an enormous collection of free e-documents, but in different formats, requiring diverse software to be installed on the PDAs. It is unproductive for handheld users to be well versed in all of this software. It is important that such formats are cross-platform compatible. Users should be able to publish the reference material in the format they are comfortable with, such as Word or PowerPoint, and yet it could be read on all PDAs.

Repligo, Documents to Go, and Isilo are such cross-platform compatible software. Repligo and Documents to Go are very versatile, as they allow many document types such as Word, PowerPoint, Excel, HTML, and PDF to be converted into its proprietary format that can be read on any operating system. Conversion software nicely integrates into Microsoft Office and a Web browser and obviates the need for cumbersome conversion steps, giving flexibility to the less technology-savvy tutors. Documents to Go comes preinstalled on many handhelds. Repligo conversion software is commercial, but the reader is free and can be installed on any number of PDAs. The images are sharp even on a PDA screen. The documents can be read in original mode or in reflow mode with zoom. There are provisions for highlighting, comments, bookmark, and even hyperlinks on the PDA, allowing the students to make notes on the PDAs directly. Isilo's conversion ability is limited to HTML and palm docs and requires multi-steps. Repligo is probably the preferred one, especially for the technophobic teachers.

PowerPoint format can be read in its native format by Clearvue or after its conversion to Repligo. This again helps paperless reference material publishing and distribution. The reference library is incomplete without the images and should be stored on a separate folder on the storage card.

Organizing the material on PDA is essential for easy retrieval, especially as one begins to accumulate material every day. It helps to create subfolders, such as pulmonary, renal system, etc, and store the material accordingly.

In summary, it is now easy to publish, share, and carry the teaching material that can be read easily on various PDAs. Personal digital assistants, as compared to bundles of paper, are easy to carry around in the hospital, and the entire daily teaching material is readily available at the bedside.

New Council on Clinical Information Technology Executive Committee Member

Please welcome Willa H. Drummond, MD, MS, FAAP, to the Council on Clinical Information Technology (COCIT) Executive Committee. Dr Drummond was appointed to the Executive Committee by the American Academy of Pediatrics (AAP) Board of Directors as of July 1, 2005 (the last Board appointment before we officially became a Council).

Dr Drummond received her MD from the University of Pennsylvania and an MS in Medical Informatics from the University of Utah. She completed her pediatric residency and a fellowship in Pediatric Cardiology at Children's Hospital of Philadelphia. She also completed a fellowship in Neonatology at University of California, San Francisco.

Dr Drummond is currently Professor of Pediatrics (Neonatology), Physiology, and Large Animal Clinical Sciences at the University of Florida Colleges of Medical and Veterinary Clinical Sciences and CIO/CMO of ICU DataSystems, Inc (a University of Florida Technology Transfer company).

Executive Summary: Steering Committee on Clinical Information Technology Executive Committee

Hotel Sofitel—Rosemont, IL
March 13, 2005

The Steering Committee on Clinical Information Technology (SCOCIT) Executive Committee met in Rosemont, IL, on March 13, 2005. The Executive Committee discussed the following items:

- The Pediatric Documentation Challenge will be offered at future American Academy of Pediatrics (AAP) educational conferences without continuing medical education (CME) credit. Full disclosure of any vendor support for the pediatricians presenting the software, including covering travel expenses, will be made at each Challenge.
- The AAP Executive Committee will be provided with a full proposal and contract to participate in a member survey sponsored by the Physicians' Electronic Health Record Coalition (PEHRC), the Medical Group Management Association (MGMA), and the University of Minnesota.
- SCOCIT will work to identify sources of outside funding for the newsletter and other SCOCIT projects, or consider raising member dues.
- SCOCIT membership has grown to over 500; the goal is to reach 600 members by July 1, 2005.
- SCOCIT Executive Committee members were asked to provide brief, measurable objectives for each of their projects to be included on SCOCIT's annual report.
- The Policy Committee will add 2 to 3 members from within or outside of the Executive Committee.
- Dr Andy Spooner presented a report on the activities of the HL7 Pediatric Data Standards Special Interest Group.
- Dr George Kim will work with Chris Lehmann, MD, SCOCIT Education Chairperson, on the 2005 abstract session and take over as Abstracts Chairperson in 2006.
- SCOCIT will propose and advocate for a regular National Conference & Exhibition (NCE) Plenary Session to highlight a nationally recognized speaker who will update members on health information technology topics.
- The Executive Committee discussed plans and further suggestions for the Technology Learning Center at the 2005 NCE.
- SCOCIT recently announced its electronic medical records (EMR) Review Web site to SCOCIT members; a broader launch for all AAP members will be announced when a sufficient number of reviews have been collected from SCOCIT members.
- Timelines for the production of the electronic health record (EHR) speaker's kit and toolkit have been set; Dr Johnson will distribute the draft slide sets to the Executive Committee members for review.
- Liaison reports were given on the Continuity of Care Record, the eHealth Initiative, the Certification Commission for Healthcare Information Technology, and the PEHRC.
- SCOCIT discussed the desire to encourage the Board to set a goal of 50% member adoption of EHRs in 5 years.
- A brief report was given on a new program that will integrate AAP Policy with EHR functionality.
- Dr Gregg Lund will lead SCOCIT's chapter communications efforts.
- SCOCIT members will be given the opportunity to submit their names as potential consultants to health information technology product vendors who seek AAP input into their products.
- Future SCOCIT agenda books will be distributed on CD-ROM.

The SCOCIT Executive Committee will next meet on Monday morning, October 10, 2005, during the AAP NCE.

For a complete set of minutes or further information on specific items, please contact Beki Marshall, Health Policy Analyst, at 800/433-9016, ext 4089, or bmarshall@aap.org.

New Technology Learning Center Offers Wide Range of Information

By Corey Nason Reese
(Written for the 2005 American Academy of Pediatrics
National Conference & Exhibition Preview Publication)

Navigating the murky waters of the latest technology for a practice can require a skilled guide. The technological world of personal digital assistants (PDAs), electronic health records (EHRs), and other alphabet soup is often overwhelming, and yet these tools can offer enhanced productivity and an effective means of providing improved care for children.

This fall, such guides are available at the American Academy of Pediatrics (AAP) new Technology Learning Center, which will be featured at the AAP National Conference & Exhibition (NCE) in Washington, DC. It will showcase knowledgeable faculty members and vendors who will be available all day during the NCE.

This exciting new center is an upgrade from the Computer Lab of previous years. One-hour sessions will be presented on a wide variety of technology topics, most of which will be eligible for continuing medical education (CME) credits. In addition to the readily available computers, there also will be demonstrations of hardware and software products, informal consultations, and hands-on opportunities to “test-drive” many of the products.

“Electronics are going to change the pediatrician’s practice much like the car changed transportation from the horse and buggy,” Joseph H. Schneider, MD, MBA, FAAP, chief medical information officer, Children’s Medical Center, Dallas, TX, and vice chair of the Council on Clinical Information (COCIT), says, “Technology is becoming a vital part of a practice, but you have to know how to choose the right technology and also know how to manage it properly.”

The Technology Learning Center also will move from the Exhibit Hall to a larger, self-contained room, which will facilitate taping the lectures and make the sessions more accessible. Lewis C. Wasserman, MD, FAAP,

general pediatrician with Wasserman Pediatrics in Orlando, FL, is the coordinator of the Technology Learning Center.

“Pediatricians are hungry for knowledge on this topic,” Dr Wasserman says. “Physicians are realizing that technology has something valuable to offer, but there is still a very large gap in regard to utilizing current technology to actually do our jobs. This year, I think the ‘hot topic’ will be EHRs and I’m particularly excited about the Pediatric Documentation Challenge.”

Pediatric Documentation Challenge™

The Pediatric Documentation Challenge™ will be conducted for the first time at the NCE on Saturday, October 8, from 1:30-3:30 pm and 4:00-6:00 pm. Eugenia Marcus, MD, FAAP, general pediatrician and managing partner with Pediatric Health Care at Newton Wellesley, Newton, MA, and Dr Schneider will host the Challenge.

The Challenge will begin by presenting a standardized clinical scenario of an encounter in a pediatric office to 6 to 8 EHR companies. The software programs must then demonstrate how to produce an efficiently documented medical record. The record must also create the appropriate communications needed to educate parents and provide adequate information to referring physicians. Each company has 15 minutes.

Dr Marcus installed an EHR system in her office in 1996 and has been actively involved with pediatric Documentation Challenges for the past 3 years. “Each time we do this, we find that the vendors are improving,” she explains. “The doctors who attend the Challenge will come away with a better understanding of what is on the market and they’ll actually see how the systems work. Pediatricians will find that these provide a tool for them to use in order to take better care of children.”

Dr Schneider concurs, “This is all about helping the general practitioner with his or her choice of EHR software. We want this to be a learning experience both for the audience and for the vendors, so these companies can understand what we expect in terms of pediatric requirements and how they can provide those services to our doctors.”

The Technology Learning Center is supported by a grant from NextGen Healthcare Information Systems.

RESPONSE REQUESTED BY DECEMBER 1, 2005 COUNCIL ON CLINICAL INFORMATION TECHNOLOGY (COCIT) CALL FOR NOMINATIONS

The American Academy of Pediatrics (AAP) Council on Clinical Information Technology (COCIT) seeks nominees to run for election to the Executive Committee. Three positions are up for election.

Successful Executive Committee Member candidates will serve 3-year terms, to begin immediately following the 2006 AAP National Conference & Exhibition (NCE) in New Orleans, LA.

Nominees for the Executive Committee must be current members of the COCIT. Summaries of responsibilities for Executive Committee Members can be found on the AAP Members Only Channel (www.aap.org). Go to the Member Services Area and select Orientation Materials for New National Committee and Section Executive Committee Members. The Council will appoint a nominations committee to review the nominees and select the candidates for the ballot. Submission of this form does not guarantee inclusion on the ballot.

If you would like to be considered for candidacy, or if you would like to nominate a colleague, please

1. Complete this form;
2. Attach a brief biographical sketch (no more than 100 words), which will be used on the ballot, *if you are nominated*; and
3. Fax it to 847/434-8000, ATTN: Beki Marshall, *no later than December 1, 2005.*

NAME (PLEASE PRINT OR TYPE)

ADDRESS

TELEPHONE

FAX

E-MAIL

CURRENT POSITION

Fax (847/434-8000) to Beki Marshall **on or before December 1, 2005.** Thank you.

Renew Your Council on Clinical Information Technology Membership Now!

Dues invoices for Fiscal Year 2005-2006 were mailed in May 2005. Council on Clinical Information Technology (COCIT) dues are billed on the same statement as your National American Academy of Pediatrics (AAP) and most AAP Chapter dues. Members have until November 1, 2005, to renew.

If you have not yet renewed your membership, please do so as soon as possible. The Council on Clinical Information Technology relies on your dues to support our excellent newsletter, the COCIT Web site (including the Electronic Medical Review [EMR] Review at www.aapcocit.org/emr), the Byron Oberst Award, the Best Paper Award for the best abstract presented during our scientific program at the AAP NCE, and much more. Your membership allows you to participate in e-mail discussions and receive important notifications through the COCIT e-mail lists. Even more important, a strong COCIT membership reinforces the value that information technology can contribute to pediatric clinical care. As our membership grows, so does our influence at the national level. Your continued membership ensures COCIT’s strength. Please send in your dues payment today or renew online at <http://ecommerce.aap.org>.

American Academy of Pediatrics Chapter Activities

By Gregg Lund, DO, FAAP,
COCIT Executive Committee Member

The Council on Clinical Information Technology (COCIT) is making a concerted effort to work closer with Chapters. This cooperation should lead to increased assistance for members interested in using information technology (IT) in their practice and minimize duplication of efforts at the Chapter level.

The initial step of the project was to identify a contact person in each Chapter. These pediatricians are in the optimal position to not only identify local needs, but to help locally in the dispersion of COCIT materials and support to their members. With this in mind, these individuals will be the cornerstone of the 2-way communication between COCIT and the Chapters. Thanks to the willingness of COCIT members to get involved, we have already identified contacts for 36 Chapters.

With the Chapter contacts list continuing to grow, a survey of Chapter leadership was undertaken to identify presently available Chapter resources and areas of interest for the development of future resources. Results of this survey demonstrated numerous points of interest. For example, only a small portion (34%) of the Chapter annual meetings includes technology-related presentations. The Chapter meetings offer an easily accessible venue for presentations best offered in hands-on and face-to-face formats. To facilitate the availability of high-quality speakers for future Chapter meetings, COCIT is establishing a list of speakers who have previously presented IT topics at the American Academy of Pediatrics (AAP) National Conference & Exhibition (NCE) as platform presentations or workshops, or in conjunction with the Technology Learning Center (formerly the Computer Lab). As additional COCIT members who are effective educators are identified, they will be added to this list. This resource will be located on the COCIT Web page (www.aapcocit.org) for easy access to the Chapter contacts. This resource can be used to help when planning future Chapter meetings. This list is only the start. As future requests are made, COCIT will work with Chapter leadership to identify individuals who can offer to provide an ever-expanding list of topics.

(continued on page 12)

2005 TECHNOLOGY LEARNING CENTER

Sponsored by the Council on Clinical Information Technology

Educational Programming Schedule

(Please see the session listings at www.aap.org/nce for individual session descriptions.)

Demonstration Area open from 8:00 am-6:00 pm
Equipment to include

- IBM-compatible and iMac computers
- PDAs (mixture of Palm and iPaq)
- Tablet/subnotebook computers
- And more!!!

Faculty will be on hand to provide assistance to visitors as needed.

Saturday, October 8, 2005 *Everything You Always Wanted to Know About EMR but Were Afraid to Ask*

E511 10:00 am-12:00 noon
Are Electronic Medical Records for You?
Peter Kenny, MD, FAAP

E512 12:15-1:15 pm
Making the Transition From Paper to Electronic
Alice A. Loveys, MD, FAAP

E513 1:30-3:30 pm
Pediatric Documentation Challenge™ Part 1*
Eugenia Marcus, MD, FAAP
Joseph H. Schneider, MD, MBA, FAAP

E514 4:00-6:00 pm
Pediatric Documentation Challenge™ Part 2*
Eugenia Marcus, MD, FAAP
Joseph H. Schneider, MD, MBA, FAAP

Sunday, October 9, 2005 *IT for Non-geeks, or How to Use IT in the Real World*

E521 10:00-10:50 am
Computer-Assisted Delivery of Cost-Effective Preventive Services and Health Screening
David M. N. Paperny, MD, FAAP

E522 11:00-11:50 am
Working Smarter, not Harder: Online Business Education for Residents and Attendings
Donald E. Lighter, MD, MBA, FAAP

E523 12:15-1:15 pm
Digital Photos in the Office*
Alice A. Loveys, MD, FAAP

E524 1:30-2:20 pm
Online Dermatology Diagnostic Tools for the Practitioner
Bernard A. Cohen, MD, FAAP

E525 2:30-3:20 pm
Error Reduction
Geoffrey L. Bird, MD, FAAP

E526 4:00-4:50 pm
Continuity of Care Record (CCR)
Alan E. Zuckerman, MD, FAAP

E527 5:00-5:50 pm
Use Video DVD and Multimedia to Boost Compliance and Patient Satisfaction
David M. N. Paperny, MD, FAAP

Monday, October 10, 2005 *Pediatric IT Potpourri*

E531 10:00 am-12:00 noon
Finding Medical Information Online—PubMed and Other Online Resources
Faculty: to be determined

E532 1:30-3:30 pm
Wireless and Mobile PDA
Geoffrey L. Bird, MD, FAAP
David C. Stockwell, MD

E533 4:00-4:50 pm
Electronic Prescribing
Alan E. Zuckerman, MD, FAAP

E534 5:00-5:50 pm
Reducing Errors and Speeding Drug Ordering With an EMR
S. Andrew Spooner, MD, MS, FAAP

Tuesday, October 11, 2005 *Pediatric IT Potpourri*

E541 10:00-10:50 am
E-mail
S. Andrew Spooner, MD, MS, FAAP

E542 11:00-11:50 am
Technology to Assist Your Clinical Decisions—WellCareTracker™
Stuart T. Weinberg, MD, FAAP

E543 12:15-1:15 pm
Interactive Distance Learning Demo*
Faculty: Lewis Wasserman, MD, FAAP

E544 1:30-2:20 pm
The Internet and Continuing Medical Education
Joseph H. Schneider, MD, MBA, FAAP

E545 2:30-3:20 pm
Electronic Prescribing
Alan E. Zuckerman, MD, FAAP

E546 4:00-6:00 pm (Repeat)
Wireless and Mobile PDA
Geoffrey L. Bird, MD, FAAP
David C. Stockwell, MD

* No CME credit is available for these sessions.

The Technology Learning Center is supported by a grant from NextGen Healthcare Information Systems.

COUNCIL ON CLINICAL INFORMATION TECHNOLOGY (COCIT)

Program for Council Members

Sunday, October 9, 2005 9:00 am – 5:30 pm

9:00 am **Using the Electronic Record to Enhance Care for Your Patient**
Eugenia Marcus, MD, FAAP
Joseph H. Schneider, MD, FAAP
S. Andrew Spooner, MD, MS, FAAP

12:00 noon **Section Business Meeting**
(Bring your own lunch)

1:30 pm **Break**

2:00 pm **Scientific Abstract Session**
(Note: Underlining indicates presenting author.)

2:00 pm **A Better Adolescent Health Visit Through PDA-Based Counseling**
Ardis L. Olsen, MD, Cecilia Gaffney, MEd, Viking Hedberg, MD, MPH. Pediatrics/Community and Family Medicine, Dartmouth-Hitchcock Medical Center, Lebanon, NH.

2:15 pm **Override Rated for Dose Range Alerts in a Computer Order Entry System**
David H. Rich, MD, Pediatrics, Columbus Children's Hospital, Columbus, OH.

2:30 pm **Self-Directed Internet Triage Compared To an Established Nurse-Guided Telephone Triage System**
D. A. Hirsh, MD,^{1,2} M. A. Deguzman, MPH,² R. Massey,² J. Simon, MD,² H. K. Simon, MD, MBA.^{1,2} ¹Pediatrics and Emergency Medicine, Emory University Atlanta; ²Emergency Medicine, Children's Healthcare, Atlanta, GA.

2:45 pm **Use of an Automated Chronic Care Management System in Underserved Pediatric Asthmatic Patients**
Renée J. G. Arnold, PharmD,¹ Marcy Stein-Albert, MD,^{2,3} Diana J. Kaniecki, PharmD,¹ Janice St John,¹ Glenn Martin, MD.^{2,3} ¹Government Contracts, Pharmacon International, Inc, New York, NY; ²Queens Hospital Center, Jamaica, NY; ³Mt Sinai School of Medicine, New York, NY.

3:00 pm **Internet Anonymity as a Research Tool**
Robert A. Pretlow, MD, eCare, eHealth International, Kirkland, WA.

3:15 pm **Break**

3:30 pm **Development of Pediatric Inpatient Order Sets for Computerized Provider Order Entry (CPOE)**
Mark A. DelBeccaro, MD, Matthew A. Eisenberg, MD, Oi-Yan Chung, MS. Pediatrics and Information Services, Children's Hospital and Regional Medical Center, Seattle, WA.

3:45 pm **NICU EMR: Integration of Nursing and Clinician Documentation**

Robert L. Stavis, PhD, MD, Pediatrics, Bryn Mawr and Lankenau Hospitals, Bryn Mawr and Wynnewood, PA; Thomas Jefferson University, Philadelphia, PA; Pediatrics, Nemours Children's Clinic, Alfred I. DuPont Hospital for Children, Wilmington, DE.

4:00 pm **The Internet, Pornography, and Youth**

Michele L. Ybarra, PhD,¹ Kimberly J. Mitchell, PhD.²
¹Internet Solutions for Kids, Inc, Irvine, CA; ²Crimes Against Children Research Center, University of New Hampshire, Durham, NH.

4:15 pm **A Simple Iterative Method for Encoding Medication Administration Information Using Unstructured Text Data**

Richard J. Lin, MD, Theoklis Zaoutis, MD, Bruce Sloan. Departments of Anesthesiology and Critical Care, Infectious Diseases, and Information Systems, The Children's Hospital of Philadelphia, Philadelphia, PA.

4:30 pm **Information Use by General Pediatricians in Office Settings**

George R. Kim, MD,¹ Edward L. Bartlett, Jr, MD, MBA,² Harold P. Lehmann, MD, PhD.² ¹Division of Health Sciences Informatics, Johns Hopkins University School of Medicine, Baltimore, MD; ²Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD.

4:45–5:30 pm **Reception/View Posters**

P1 **Implementation of Computerized Physician Order Entry at a Children's Hospital: Organizational Determinants of Success**

Eric Tham, MD,^{1,2} Douglas Fridsma, MD, PhD,² Cynthia Gadd, PhD.² ¹Pediatrics, University of Pittsburgh, Pittsburgh, PA; ²Center for Biomedical Informatics, University of Pittsburgh, Pittsburgh, PA.

P2 **Intensive Care Unit Real-Time Observation (iCURO): A New ICU Patient Data Integration and Results Review System**

Willa H. Drummond, MD, MS,¹ T. Chris Carnes, PhD,² Samuel W. Coons, ME,² Kevin R. Birkett, ME,² Rebecca Roys, RN, MS,² Jingqi Xian, MS.² ¹Pediatrics, University of Florida College of Medicine, Gainesville, FL; ²ICU Data Systems, Inc, Gainesville, FL.

P3 **Predictive Growth Charts for Premature Infants**

S. Trent Rosenbloom, MD, MPH,^{1,2} XiaoFeng Qi,¹ Dario Giuse, DrIng,¹ Susan DonLevy, MSN, MPH,² William R. Riddle, PhD.³ ¹Biomedical Informatics, ²Pediatrics, ³Radiology, Vanderbilt University, Nashville, TN.

P4 **Preparing Pediatric Residents to Work in a Computerized World: A Survey of Pediatric Program Directors**

Vinay N. Reddy, MD, Pediatrics and Human Development, Michigan State University/Kalamazoo Center for Medical Studies, Kalamazoo, MI.

P5 **Participating in Immunization Information Systems: Turning Barriers Into Opportunities**

Mark Sawyer, MD, FAAP,¹ Sherry Riddick,² Cindy Sutliff.³
¹Department of Pediatrics, UCSD School of Medicine, San Diego, CA; ²CHILD-Washington Status Immunization Registry, Public Health-Seattle and King County, Seattle, WA; ³American Immunization Registry Association, New York, NY.

P6 **Evaluation of an Electronic Medical Record in General Pediatrics**

Iolt Roukema, MD,¹ Renske K. Los, MSc,² Sacha E. Bleeker, MD, PhD,¹ Astrid M. van Ginneken, MD, PhD,² Johan van der Lei, MD, PhD,² Henriette A. Moll, MD, PhD.¹ ¹Pediatrics, Erasmus Medical Center, Rotterdam, Netherlands; ²Medical Informatics, Erasmus Medical Center, Rotterdam, Netherlands.

P7 **Using an Immunization Registry to Monitor Influenza Vaccine Uptake and the Effect of a Vaccine Shortage**

Sheila L. Palevsky, MD, MPH, FAAP,¹ Vikki Papadouka, PhD, MPH,² Amy Metroka, MSW,² Stephen Friedman, MD, MPH.¹ ¹Bureau of Immunization, New York City Department of Health and Mental Hygiene, New York, NY. ²Citywide Immunization Registry, Bureau of Immunization, New York City Department of Health and Mental Hygiene, New York, NY.

P8 **Using Immunization Registries to Streamline Your Practice's Immunization Administration Process and Increase Rates**

Betty Bumpers, Jennifer Zavolinsky. Vice President, Every Child By Two, Washington, DC; Outreach, Every Child By Two, Washington, DC.

P9 **Computerized Plotting of the Babson and Benda Growth Chart**

Robert L. Stavis, PhD, MD, Pediatrics, Bryn Mawr and Lankenau Hospitals, Bryn Mawr and Wynnewood, PA; Pediatrics, Thomas Jefferson University, Philadelphia, PA; Pediatrics, Nemours Children's Clinic, Alfred I. duPont Hospital for Children, Wilmington, DE.

P10 **IT for Neonatal Screening and Care**

Thomas Wetter, PhD,¹ Ingo Haschler, MSc,¹ Sirikit Ho, MSc,² Georg F. Hoffmann, MD,² Otwin Linderkamp, MD,² Stefan Skonetzki, MSc.¹ Department of Medical Informatics, University of Heidelberg, Heidelberg, West Berlin, Germany; ²Children's Hospital, University of Heidelberg, Heidelberg, West Berlin, Germany.

P11 **Genetics Home Reference and Newborn Screening**

Cathy Fomous, PhD,¹ Jane Fun,¹ Joyce A. Mitchell, PhD.² ¹US National Library of Medicine, Bethesda, MD; ²Medical Informatics Department, University of Utah, Salt Lake City, UT.

P12 **The Evolution of Computers in Medicine, Medical Genetics, and the Practice of Pediatrics Now Converge so Pediatricians Can Easily Access Key Genetics Resources for Use in Patient Care**

Virginia K. Proud, MD, Health Creswick, MS. Pediatrics, Eastern Virginia Medical School, Norfolk, VA.

Also of interest at the NCE:

X245 (Meet the Expert session)

Implementing the Electronic Medical Record in the Office

Jan E. Berger, MD, MJ, FAAP

Sunday, October 9, 2005

12:15-1:15 pm

Attend the 2005 National Conference & Exhibition in Our Nation's Capital

Join us as we celebrate the American Academy of Pediatrics' 75th anniversary! The 2005 National Conference & Exhibition (NCE) will be held October 8-11, 2005, in Washington, DC. With almost 350 educational offerings in nearly 60 content areas, the NCE provides you with a wide array of learning opportunities. Earn up to 53 hours of American Medical Association (AMA) Physician's Recognition Award (PRA) Category 1 credit, network with colleagues informally and at scheduled activities, and enjoy the historic sites of our nation's capital. Few cities offer more family fun than Washington, DC. Bring your family and enjoy the holiday weekend with Washington's cultural and historic landmarks, Family Tour program, and 75th-anniversary activities.

For more information, see the NCE Registration Program in the June issue of *AAP News*, contact AAP Customer Service at 866/843-2271, or visit the AAP NCE Web site at www.aap.org/nce.



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To join COCIT, contact
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E-mail: membership@aap.org

Don't forget to participate
in the COCIT survey
on topics for future education
programs at the NCE, SuperCME,
CME, and our newsletter.

www.aapcocit.org/survey1.php

Please note: Inclusion in this publication does not imply an endorsement by the American Academy of Pediatrics. The AAP is not responsible for the content of resources mentioned herein. Web site addresses are as current as possible, but may change at any time.

Opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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**CALL FOR NOMINATIONS
2006 BYRON OBERST AWARD AND LECTURESHIP**

Nominations are being sought for an award to recognize pediatricians who have made significant contributions to the use of clinical information technology in pediatrics.

The Byron Oberst Award will be presented to a Fellow of the American Academy of Pediatrics (FAAP) who has made a significant contribution to the field in 1 or more of the following areas:

- Improving pediatric clinical information systems
- Educating child health professionals in the use of clinical information technology
- Creating health policies that promote better use of pediatric clinical information systems

The award will be presented during the Council on Clinical Information Technology program at the AAP 2006 National Conference & Exhibition (NCE) in New Orleans, LA, November 4-7, 2006. The winner will receive an honorarium and reimbursement of travel expenses to attend the program. The winner also will be expected to give a brief lecture during the program.

To be considered for the 2006 awards, nominations and supporting materials must be received by January 31, 2006.

Return the completed nomination form to:

Beki Marshall

Health Policy Analyst

American Academy of Pediatrics

141 Northwest Point Blvd, Elk Grove Village, IL 60007

Thank you!

Mark M. Simonian, FAAP

Chairperson, Council on Clinical Information Technology

Previous Byron Oberst Award Recipients

2005: S. Andrew Spooner, MD, MS, FAAP

2004: Stuart T. Weinberg, MD, FAAP

2000: William Zurhellen, MD, FAAP

1994: Donald E. Lighter, MD, MBA, FAAP

1992: M. William Schwartz, MD, FAAP

1991: James V. Lustig, MD, FAAP

1990: Olle Jane Z. Sahler, MD, FAAP

1989: Vincent A. Fulginiti, MD, FAAP

**NOMINATION FORM
2006 BYRON OBERST AWARD AND LECTURESHIP**

NAME OF PERSON SUBMITTING NOMINATION (PLEASE PRINT OR TYPE)

ADDRESS

CITY/STATE/ZIP

PHONE OFFICE HOME (CHECK ONE)

NAME OF NOMINEE (PLEASE PRINT OR TYPE)

ADDRESS

CITY/STATE/ZIP

PHONE OFFICE HOME (CHECK ONE)

EDUCATIONAL BACKGROUND

Please indicate below why you feel the above individual should receive the award. Use additional sheets if necessary. A brief letter and/or supporting materials will be helpful to the committee when considering the nominee.

American Academy of Pediatrics Chapter Activities

(continued from page 9)

Another source of Chapter-disseminated information is the newsletters. In the Chapter leadership survey, a majority of the leaders were interested in COCIT members contributing IT articles for their Chapter newsletters. We are approaching this interest twofold. We are offering to make articles in the COCIT newsletter available to include in their newsletters. They presently have access to a sample copy of a recent newsletter and the complete table of contents. As with the speaker resource, this also will be made available on the COCIT Web page (www.aapcocit.org). In addition, if a Chapter is looking for a pediatrician in its Chapter to contribute content to its newsletter, we will work with the Chapter to identify appropriate local resources.

The Chapter Web page content was another resource we included in the Chapter leadership survey. Of interest, only approximately 3% of the Chapter Web pages have a section devoted to IT. This number represents another opportunity to improve the availability of IT resources. While COCIT does not intend to directly provide Webmaster services to the Chapters, other methods of support are anticipated. We will provide assistance in identifying COCIT members in the Chapter who may be interested in assisting with the Chapter Web site. Depending on the needs of the Chapter, this may include help with

general flow of the Web page, to direct development of content for the Chapter.

Another interesting result of the Chapter Leadership survey was the IT topics of greatest interest. Those most often stated are as follows:

- Electronic Health Records (EHRs)—78.4%
- Electronic Prescribing—51.4%
- Internet-based Professional Education (CME)—48.6%
- Practice Management Software—43.2%
- Wireless Devices (Tablet PCs, PDAs, etc)—37.8%

This information is helpful for many reasons. Most importantly, knowing what topics are the highest priorities provides guidance in the planning of future COCIT activities. In addition, knowing that the topics of interest are also the ones COCIT has focused on is validation to some degree that we have been on the right path.

We feel this is an excellent opportunity to both widen the availability of IT resources to AAP members and to ensure that we focus our future offerings in areas of interest and need. Any COCIT member who is interested in participating in Chapter activities whether it be lectures, workshops, or writing newsletter articles or Chapter Web site content, please contact Gregg C. Lund, DO, FAAP, COCIT executive committee member, at gregg_lund@pediatrix.com or 954/384-0175, ext 5622, or Beki Marshall, COCIT staff, at bmarshall@aap.org or 800/433-9016, ext 4089.