



# Pediatric News



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CHERYL GREENE/DRGREENE.COM

Dr. Alan Greene's Web site includes a video, discussion groups, and an encyclopedia for the benefit of patients and parents.

## Pediatricians Jump On Web Bandwagon

BY ROBERT FINN

**D**r. Alan Greene has one of the most elaborate Web sites of any pediatrician, with about half a million visitors each month.

His site includes discussion groups, blogs, video and audio podcasts, and an illustrated, group-written encyclopedia called Wikipediatics (www.drgreene.com). Dr. Greene of Lucille Packard Children's Hospital, Stanford, Calif., also maintains a "micro-blog" on Twitter (www.twitter.com/DrGreene), where he connects with other pediatricians 140 characters at a time.

Pediatricians were among the earliest pioneers of the Web. Individual pediatricians and the American Academy of Pediatrics began establishing Web sites in the mid-1990s, the equivalent of the lower Paleolithic in Internet years.

During this time, pediatricians with Web pages used

them as a kind of extended business card. They would post the practice's address, its hours, a sentence or two about each pediatrician, and maybe a photo of the building.

Today, pediatricians are using the Web in much more innovative ways. Grouped under the terms "Web 2.0" or "social media," personal interactions are the focus.

Pediatricians are using their Web sites to communicate directly with parents, with other pediatricians, and often with their young, but startlingly Web-savvy patients.

According to spokesperson Jason Willett, there are about 1,000 pediatricians with Web sites on the Medem network. Medem is a San Francisco-based company providing a suite of physician-patient online communication services including customizable medical practice Web sites, online video for practice promotion

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You can use *Infanrix* after *Pediarix* in a DTaP series, the FDA says.

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Dr. Stuart A. Cohen suggests revisiting this concept.

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Dr. Barbara J. Howard suggests playing to children's strengths.

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## Extra Vitamin D In Formula-Fed Infants Ups UTIs

Occurs in the first 3 months of life.

BY BETSY BATES

**F**ormula-fed infants receiving vitamin D supplements were found to be twice as likely as other infants to develop urinary tract infections during the first 3 months of life in a study that may have unmasked a previously overlooked association.

Dr. Robert Gensure and associates at the Ochsner Health System in New Orleans set out to study the role of vitamin D in rickets prevention in breastfed infants. Only when the first enrolled patient developed a urinary tract infection (UTI)—and the institution's safety monitor-

ing board asked the researchers to study possible links to vitamin D—did a retrospective analysis show an unexpected, significant association between formula-fed infants receiving vitamin D supplements and UTIs.

Vitamin D supplementation was determined to significantly increase the risk of UTI in all infants in the study, with a relative risk of 1.8. Formula-fed infants accounted for this increased risk, with a relative risk of 2.2, compared with a nonsignificant relative risk in exclusively breastfed babies of 1.6, and a nonsignificant risk in mixed-fed babies of 1.1.

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## AAP Plans to Clarify Role of Nurse Practitioner

BY JANE ANDERSON

**T**he American Academy of Pediatrics plans to make clear that it opposes the independent practice of nurse practitioners, an issue that emerged regarding language used in an addendum to a medical home policy statement, said AAP President David Tayloe Jr.

At the AAP's annual leadership forum, held in March, AAP chapter leaders argued that the language in the Addendum to the Joint Principles of the Patient-Centered Medical Home

could be interpreted to mean that those endorsing the policy supported the right of nurse practitioners to operate independent practices. The policy statement was written by the major primary care organizations who are members of the Patient-Centered Primary Care Collaborative (PCPCC).

As a result the AAP plans to work with the other primary care organizations in the PCPCC to clarify that although nurse practitioners have independent practice privileges in at

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## Web Sites Are Interactive

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and patient education, and secure patient-practice messaging.

In 1995, when Dr. Greene uploaded his first Web site, it “was originally set up so that the families of my practice could send in questions,” he said.

“Then, because it was one of the first ones on the Web, very quickly we started getting questions from other people. At first I said, ‘No, this is just for the families.’ But it finally dawned on me that parents deserve answers to their questions. [Soon] we started getting questions from all over the planet,” Dr. Greene said.

“Now tens of millions of visitors have come to this unadvertised site, and it has grown largely by listening to what people want.”

It has also grown beyond the ability of one busy pediatrician to maintain. His wife, Cheryl Greene, serves as executive producer and maintains the site with the help of paid and unpaid staff members, including other physicians, a licensed clinical social worker, and a graphic designer.

Until 2005, Dr. Greene funded the site by syndicating some of its content and by using the funds generated from other work.

“And then [the site] reached the point where it was more than we could handle,” he said.

“We surveyed the readers and said, ‘We can keep it about the same size, or we can start accepting some advertising to help defray the costs and keep growing.’ But it was never intended as a profit-making business.”

About 94% of the readers voted to allow Dr. Greene to run some banner ads, with certain provisions: no pop-ups, pop-unders, or ads contrary to the site’s mission.

While the Web site now accepts advertising from purveyors of organic food, vitamins, and other health-related Web sites, Dr. Greene emphasized that

he maintains his site as a public service, not as a profit center. “We’ve been very careful to draw a bright line between the editorial content and any kind of business relationship,” he said.

### Dr. Pete’s Office

Dr. Peter L. Richel’s Web site, Dr. Pete’s Office, does not have as many bells and whistles as Dr. Greene’s, but it does have plenty of sound and music ([www.dr-petesoffice.com](http://www.dr-petesoffice.com)).

With one foot in medicine and the other in entertainment, Dr. Richel has put streaming audio of himself singing original children’s songs on every page.

The pediatrician also sells a compact disc featuring some of the songs, which was nominated for a Grammy award.

“Many [pediatricians’] Web sites are apparently directed as advertising for the practice, the logistics of the practice, and who’s there and their CV or credentials,” Dr. Richel, who practices in Mount Kisco, N.Y., said in an interview.

“Mine is supposed to be interactive and directed toward both parents and their children, which is why it’s so colorful, goofy, and fun.”

In addition to the music, Dr. Pete’s Office includes many of his patients’ drawings, a question and answer section for parents and children, and even coloring book pages featuring line drawings of Dr. Richel, his waiting room, and his exam rooms.

Dr. Richel sees his Web site as being akin to Mister Rogers’ Neighborhood, a safe, friendly place for children where they can learn about health and learn not to fear their doctor, their doctor’s office, or the hospital.



### Web Site Referrals

While Dr. Greene’s and Dr. Richel’s sites cost thousands of dollars to design and set up, even much simpler Web sites can be both interactive and of great value to pediatricians and their families. For example, Dr. Ted Abernathy and the other physicians at Pediatric and Adolescent Health Partners in Richmond, Va., found that their Web site actually attracts new patients ([www.pahpartners.com](http://www.pahpartners.com)).

“It’s kind of sad, but it’s true, that it actually increases the confidence of patients in our medical ability,” Dr. Abernathy said in an interview.

“They go out and they look at that Web site, and they see whether it’s robust or not. Somehow in their mind

**‘We could have made the Web site e-mail accessible, and decided against it.’**

### DR. GARDNER

heard about the practice, and almost as soon as the Web site went live 2 years ago, patients started saying they had been referred by the Web site.

In fact, Dr. Abernathy calculated that these new patients completely paid for the Web site’s design and maintenance after just 10 months.

One unique feature of Dr. Abernathy’s Web site is a prominent link on the front page for after-hours advice. There parents can evaluate symptoms to make appropriate decisions about medical care.

This has definitely decreased the number of after-hours calls that Dr. Abernathy and his partners have had to field, he said.

### Authoritative Links

Dr. H. Garry Gardner and his partners at DuPage Pediatrics Ltd. in Darien, Ill., also maintain a relatively simple Web site with a number of useful interactive features ([www.dupagepediatrics.com](http://www.dupagepediatrics.com)).

They provide links to authoritative

Web sites such as those maintained by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Consumer Products Safety Commission.

And they have highlighted their designation as a medical home for children with special health care needs.

Dr. Gardner’s and Dr. Abernathy’s Web sites are similar in that neither provides direct e-mail addresses that enable parents to contact the physicians.

“We could have made the Web site e-mail accessible, and decided against it,” Dr. Gardner said. “The doctors of our group prefer voice contact by telephone and face-to-face contact and did not want to get into e-mail medical practicing.”

Dr. Abernathy said that while he and his partners have had repeated discussions on this topic, “our physicians aren’t comfortable in communicating back and forth by e-mail,” he said. “They just feel it’s another layer that is not revenue producing for them.”

However, “every time patients have been surveyed about whether they would prefer to interact with a pediatrician or physician by e-mail, the overwhelming answer is ‘yes,’” said Dr. Greene.

“And if we’re going to have a constructive, ongoing, powerful relationship with them, we’re going to need to respond to that one way or the other. I’m sympathetic to concerns about things falling between the cracks or about not being compensated for that, but there are creative ways around those issues, and the bottom line is, it’s the way that patients do want to communicate with us.”

These new tools are making it a very exciting time to practice pediatrics, Dr. Greene added. “Many of the most important health decisions that happen in our families’ lives happen not during those 15 or 20 minutes we’re with them every few months, but in between. This gives us a way to have an ongoing presence in their lives, and it makes practice more fun,” he said. ■

## Medical Home Policy

*Nurse Practitioner from page 1*

least 13 states, the AAP is opposed to the independent practice of nurse practitioners, he said in an interview.

Attendees at the forum were concerned about the AAP’s initial support of the language in the addendum, which was written to recognize the fact that nurse practitioners legally could direct medical homes in states that allow independent practice.

“We were told loud and clear, ‘You guys did not get this right the first time,’” Dr. Tayloe said.

Some AAP members have reported that the addendum has been used by nurse practitioner groups to suggest that the AAP now supports the right of nurse practitioners to operate inde-

pendent practices, Dr. Tayloe said. The AAP, in fact, strictly opposes the independent practice of nurse practitioners.

The PCPCC is a coalition of medical groups, large employers, and insurers formed to promote the concept of the patient-centered medical home and to improve the practice environment and reimbursement for primary care physicians. The coalition members include the AAP along with three other primary care physician organizations.

Dr. Tayloe said the AAP intends to work with the PCPCC to stress that, ideally, physicians should always direct medical homes. Alternatively, the

PCPCC also needs to acknowledge that some states have laws permitting nurse practitioners to have independent practices.

The PCPCC needs to work with many different groups and with the states as it attempts to influence the health care reform debate, he explained.

“A public conflict with nurse practitioners, who have legal independent practice status in some states, could endanger hopes for health care reform that could be very beneficial to pediatricians,” Dr. Tayloe noted.

“It’s a slippery slope. We don’t want to lose this chance [in health care reform legislation] to get primary care adequately financed for the first time since the advent of managed care. At the same time, we don’t want to hurt the efforts of our members to preserve physician-directed

primary care [and] we encourage our members to oppose [the state-level] scope of practice legislation” that would permit nurse practitioners to have independent practices.

Also at the leadership forum, attendees discussed ways the AAP can help pediatricians benefit from the \$19 billion included in the recent federal stimulus package that will pay physicians to adopt electronic medical records, Dr. Tayloe said.

Some pediatricians have expressed concern that the money—which will be distributed to pediatricians through states’ Medicaid programs—will be available only to pediatricians whose practices include at least 20% Medicaid patients, he said.

More than half of pediatricians should be eligible, the pediatrician said. The funding

becomes available in 2011.

Congressional leaders have told the AAP that Medicaid is the only mechanism available to fund health information technology for pediatricians, but the group will continue to work with lawmakers to explore ways to make grants for such technology available to more pediatricians, Dr. Tayloe said.

In addition, AAP’s leadership will be pursuing ways to help the group’s membership choose an electronic health record system, he said.

The recent Children’s Health Insurance Program Reauthorization Act included \$25 million in grants to develop the most effective electronic medical record system for pediatricians, and AAP will try to coordinate that project, Dr. Tayloe said. ■