

Philadelphia Medicine



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Official CDC Health Advisory: Interim influenza vaccination recommendations

On October 5, 2004, CDC was notified by Chiron Corporation that none of its influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season.

The company indicated that the Medicines and Healthcare Products Regulatory Agency (MHRA) in the United Kingdom, where Chiron's Fluvirin vaccine is produced, has suspended the company's license to manufacture Fluvirin vaccine in its Liverpool facility for 3 months, preventing any release of this vaccine for this influenza season.

This action will reduce by approximately one-half the expected supply of trivalent inactivated vaccine (flu shot) available in the United States for the 2004–05 influenza season.

The remaining supply of influenza vaccine expected to be available in the United States this season is nearly 54 million doses of Fluzone® (inactivated flu shot) manufactured by Aventis Pasteur, Inc. Of these doses, approximately 30 million doses already have been distributed by the manufacturer. In addition, approximately 1.1 million doses of live attenuated influenza vaccine (LAIV/FluMist®) manufactured by MedImmune will be available this season.

Because of this urgent situation, CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), is issuing interim recommendations for influenza vaccination during the 2004–05 season. These interim recommendations were formally recommended by ACIP on October 5, 2004, and take precedence

over earlier recommendations.

Priority Groups for Influenza Vaccination

The following priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:

- all children aged 6–23 months
- adults aged 65 years and older
- persons aged 2–64 years with underlying chronic medical conditions
- all women who will be pregnant during the influenza season
- residents of nursing homes and long-term care facilities
- children aged 6 months–18 years on chronic aspirin therapy
- healthcare workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

2005 Medicare Physician Fee Schedule to be distributed on CD-ROM

Each November, HGS Administrators mails the Medicare Physician Fee Schedule to each Medicare provider in Pennsylvania. This mailing includes an announcement about Medicare participation for the upcoming calendar year, and a Medicare Participation Agreement and Fact Sheet.

The Centers for Medicare and Medicaid Services has request that Medicare carriers issue the Medicare Physician Fee Schedule on CD-ROM. This method of distribution, rather than printed copies, provides numerous advantages to providers. It allows providers to:

Please see Fee Schedule on page 3

PCMS News

PCMS Medical/Legal Committee

PCMS is seeking physicians to serve on a Medical/Legal Committee. The Committee will work with the Philadelphia Bar Association on revising its existing Professional Code of Medical Ethics. Please call 215-563-5343, Ext. 101 if you are interested in serving on this Committee.

“Rx—Walk with the Docs”

PCMS is seeking physician volunteers to participate in “Rx—Walk with the Docs.” The US Department of Health and Human Services, Philadelphia Department of Public Health, and PCMS are cosponsoring this event on Sunday, April 17, 2005 (raindate: Sunday, May 1, 2005).

The walk will take place on West River Drive. The walk will encourage participants to take an active role in learning about disease prevention, health management, good nutrition and physical activity. For more information call 215-563-5343, Ext. 113.

Access to tort-reform information

We encourage you to visit these web sites for instant updates on tort reform efforts:

- Philadelphia County Medical Society www.philamedsoc.org
- Pennsylvania Medical Society www.pamedsoc.org
- Politically Active Physicians Association www.fightingdocs.org

In addition, PCMS sends out e-mails regularly. Do we have your e-mail address? If you have not been receiving the PCMS e-newsletter, e-mail us at stat@philamedsoc.org.

Host your event at PCMS!

Host your next party or conference/seminar at PCMS headquarters. Ample free parking.

Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.

Philadelphia Medicine



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Editorial

Avoiding future 'flu vaccine shortfalls

The recent suspension of Chiron Corporation's license to produce influenza vaccine will result in a marked shortage of vaccine in the United States. Chiron is a British Corporation and only one other company is producing significant quantities of influenza vaccine for use in the US.

The elderly, those with chronic diseases, the very young, and pregnant women are particularly vulnerable to influenza and the CDC has issued a Health Advisory addressing this situation. The vaccine has been shown to be about 70% effective in preventing or ameliorating influenza.

This is a matter of concern to physicians, since it can have a significant impact on the health of the public. If there are insufficient numbers of people vaccinated, the likelihood of a major epidemic increases significantly.

The pharmaceutical companies are reluctant to produce vaccines for a number of reasons. First, they are biological products which are harder to produce than pharmaceuticals and subject to more variability and problems than pharmaceuticals. The suspension of Chiron's license due to contamination is just one of the potential problems with vaccine production.

Second, there does not appear to be as large a profit margin in the production of vaccines as there is in pharmaceuticals. They are difficult to produce, have a relatively short shelf-life, are not always used during the time for which they are effective, and thus prone to

being returned.

A third, and very significant reason is the risk of medical liability suits for adverse reactions. There is no such thing as a medication or vaccine with zero risk of adverse reactions. Vaccines are especially vulnerable to this type of risk since they are biologicals and are administered to large numbers of people in a very short time, so that any adverse effect can be widespread.

If we want to assure adequate supplies of vaccines, these issues must be addressed. This is a classic instance of public good versus individual harm where we believe the public good should be the paramount concern. This will mean that the government must protect the manufacturers from unlimited liability for adverse effects of vaccines, if they were adequately tested before release.

The adequacy of testing should not be a matter for the courts, but should be judged by a panel of scientific advisors with expertise in the field of vaccine preparation and testing. The government could also help by agreeing to purchase unused vaccine and helping to develop and make rapidly available cell culture lines upon which to produce vaccines.

Some of these things are being done, but not nearly enough to ensure adequate supplies of vaccine. Until these issues are addressed we will continue to suffer from periodic shortages of vaccines and needlessly run the risk of a major public health problem.

—PCMS Editorial Advisory Board

Sleepy drivers said more accident prone

We've known for more than a decade that people with Sleep Disordered Breathing are about 2½ times more likely to have a motor vehicle accident than people without this disorder. The problem for the physician doing a driver examination is to identify these people.

The Epworth Sleep Scale, an instrument to determine daytime sleepiness, has proven helpful. However in some studies, especially a recent one done in Spain, it has not proven to be as sensitive as one would like. A sleep study has better correlation with increased risk for motor vehicle accidents.

Since having all applicants for licenses undergo a sleep study is not feasible, what is one to do in the interest of public safety? One suggestion is to do an Epworth Sleep Scale on all applicants and consider a sleep study on those with

Please see Sleepy drivers on page 4

Fee Schedule *from page 1*

- Search the fee schedule electronically
- View only the portions applicable to your practice
- Print only the information or range of codes applicable to your practice
- Download the portions of the fee schedule applicable to your practice on computer software, such as Excel, and sort/arrange the data to best suit your needs
- Analyze the data
- Duplicate the CD-ROM and share the information more easily within your office
- Get additional help on billing and claims information without connecting to the Internet.

CD-ROM to be mailed in November

HGSAdministrators will mail a CD-ROM to each Pennsylvania Medicare provider in November. This CD-ROM will contain all the information usually provided in the annual mailing of the fee schedule, including the 2005 Medicare Physician Fee Schedule, Medicare Participating Physician or Supplier Agreement, and the Fact Sheet.

Value-added information

The CD-ROM will include a host of value-added features to help your office staff better understand the Medicare Part B program. You'll find these value-added features to be a great resource tool to get information and answers about the Medicare program.

Updates posted on website

Updates on the distribution of the 2005 fee schedule and participation enrollment on CD-ROM will appear periodically on the HGSAdministrators website, <http://www.hgsa.com/>. To ensure you don't miss any of these updates, become a subscriber today. To subscribe to the HGSAdministrators email listserv, go to <http://www.hgsa.com/maillinglist.shtml> and select the general mailing list to receive notification of all updates made to the website.

Communicating for Doctors: How To Improve Patient Care And Minimize Legal Risks. David Woods, PhD, Editor Radcliffe Publishing, Ltd. 2004. ISBN 1 85775 895 1, \$39.95

A review by Stephen L. Schwartz, MD

On a recent trip to Ireland, my wife and I went to a Dublin pub for dinner. I approached the young man who was in charge of seating and said, "I'd like a table for two." He responded with "Do you think we can start by saying 'Hello'?" I answered, "You are absolutely right, thank you for the lesson and forgive my bad manners, Hello" and so I learned a bit more about communication.

Communication for Doctors: How to Improve Patient Care and Minimize Legal Risks, is edited and significantly contributed to by David Woods, PhD. Dr. Woods brings extensive experience with communication and physicians to this work. He has served as director of publications for the Canadian Medical Association and was the first non-physician editor-in-chief of the *Canadian Medical Association Journal* before moving to the United States in 1987.

Dr. Woods documents the role of communication in decreasing the risk of medical liability suits and of increasing patient cooperation and compliance with care plans. The book is replete with practical advice from the simple reminder to smile to a suggestion to surgeons to call their patients the night before surgery and say, "I've been



thinking about you today and wondered if you have any questions about tomorrow." He later suggests that instead of asking a patient, "Do you have any questions?" try "What questions can I answer for you?" and observes that this significantly increases the odds that the patient will feel encouraged to ask questions.

This very practical, pragmatic approach to communication is offered for many situations. These include topics of responding to issues of alternative medicine, media interviews, information technology, internet sites and personal websites, hiring and terminating professional employees, patient complaints, conveying hope, reception room design and signage, informed consent, expert testimony, terminating the physician-patient relationship and others.

The book is thus a valuable guide for physicians at all levels of practice and a useful text for educating medical students. It reads easily and the content is immediately relevant to practice situations.

Dr. Schwartz is a past president of PCMS. David Woods, PhD, is president of HMI Publishing, Inc. (dwoods@healthpublishing.com.) and the publisher of Philadelphia Medicine.

Doctors' interpersonal skills valued more than training

People place more importance on doctors' interpersonal skills than their medical judgment or experience, according to the latest *Wall Street Journal Online/Harris Interactive* healthcare poll, and doctors' failings in these areas are the overwhelming factor that drives patients to switch doctors.

Eighty-five percent of those polled said treating a patient with dignity and respect is an extremely important quality in a doctor, and 84% cited listening carefully and being easy to talk to as important qualities, according to the poll. Only 58% said having "a lot of experience treating patients with your medical condition" was extremely important, the poll found.

"These startling numbers show that doctors' training and knowledge of new medical treatments are less important to many patients than their interpersonal skills—treating patients with respect, listening carefully and really caring," says Humphrey Taylor, chairman of the Harris Poll at Harris Interactive.

—*The Wall Street Journal Online, Sept. 28, 2004*

pcms people



Congratulations to **Stephen L. Schwartz**, MD, First District Trustee, and **Lila Stein Kroser**, MD, PMS President Elect, re-elected as AMA Delegates.



Congratulations to **Samir Mehta**, MD, PCMS Board member, elected AMA Alternate Delegate.



Congratulations to **Doris G. Bartuska**, MD, PCMS Past President, re-elected as a member of the Committee to Nominate AMA Delegates and Alternate Delegates. Dr. Bartuska has been serving as Chair of the Committee.

PCMS people wanted!

Your colleagues would like to know what you're up to. Send news about academic or other appointments, achievements, awards, promotions, etc. to:
Philadelphia Medicine
2100 Spring Garden Street
Philadelphia, PA 19130

Judge refuses to seal settlement terms

A Lackawanna County judge has ruled that doctors can't keep malpractice lawsuit settlements paid from the Mcare fund sealed.

Common Pleas Judge Terrance R. Nealon refused to seal the terms of a settlement in the case of an ob/gyn whose insurance company, PMSLIC, offered to settle the case for \$725,000 after court-ordered mediation, reported *Morning Call*.

Seventy percent of the settlement is being paid from the Mcare Fund, which Nealon said is derived from public taxes or surcharges, and, therefore, "Any documents relating to disbursement of those settlement proceeds are clearly public records under the Right to Know Act," *Morning Call* noted.

While the single-county case doesn't set a statewide precedent, the ruling could set the stage for further court decisions to prohibit sealed settlements in malpractice cases paid from the Mcare Fund, *Morning Call* added.

—*Morning Call*

Change of address?

Phone 215-563-5343, Ext. 102 with any change of address, phone, fax number or e-mail address.

Sleepy drivers *from page 2*
high scores.

In addition, noting obesity and a good sleep history (frequent waking, snoring, bed partner complaints of snoring, restless sleep) and examination of the upper airway for narrowing may identify people with a normal Epworth Sleep Scale who are still candidates for Sleep Disordered Breathing. These people could be offered a sleep study to detect this condition and make them aware of the problem and that there are treatments available.

New rules for medical liability awards

PA Supreme Court Chief Justice Ralph J. Cappy announced new civil procedural rules changes governing medical malpractice damage awards.

The court adopted new Civil Procedure Rule 1042.72, which goes into effect Dec. 1 and effectively creates a special category for considering whether medical malpractice awards are excessive.

The new rule requires consideration of whether an award "deviates substantially from what could be considered reasonable compensation" and lists several factors to use as a guide in determining what is appropriate.

—*Administrative Office of Pennsylvania Courts*

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