Tips to Save Your Pediatric Practice Money Now

BY BETSY BATES

Las Vegas — Physician office overhead costs are up 15%; reimbursements and collections are down. To say the least, 2009 hasn’t been a boom year for pediatricians. But don’t despair. There are ways to save money and tilt your balance sheet back in the direction of a healthy bottom line, said Dr. Norman “Chip” Harbaugh, a primary care pediatrician and practice management specialist from Atlanta.

Here are some cost-saving tips from his talks at a seminar on practical pediatrics sponsored by the American Academy of Pediatrics.

Maximize tax-free benefits for you and your partner(s). Don’t forget to deduct payments for malpractice, major medical, disability, life, and liability insurance. Personal expense account charges are deductible as well, including the cost of attending CME meetings; dues and subscriptions; and up to $45,000 a year for retirement spending. Younger physicians may also want to self-fund their own buyouts over the long term by purchasing variable adjustable life insurance policies.

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### Intended Use/Indications

_deflux_® is indicated for treatment of children with vesicoureteral reflux (VUR) grades II-IV.

### Contraindications

_deflux_ is contraindicated in patients with any of the following conditions:

- Non-functional kidneys(s)
- Hutch diverticuli
- Uretectoe
- Active voiding dysfunction
- Ongoing urinary tract infection

### Warnings

- Do not inject deflux intravascularly. Injection of deflux into blood vessels may cause vascular occlusion.

### Precautions

- **Deflux** should only be administered by qualified physicians experienced in the use of a cystoscope and trained in subureteral injection procedures.
- The risks of infection and bleeding are associated with the cystoscopic procedure used to inject deflux.
- The usual precautions associated with cystoscopy (e.g. sterile technique, proper dilation, etc.) should be followed.
- The safety and effectiveness of the use of more than 6 ml of Deflux (3 ml at each ureteral orifice) at the same treatment session have not been established.
- The safety and effectiveness of Deflux in the treatment of children under 1 year of age have not been established.

### Adverse Events

List of treatment-related adverse events for 39 patients from a randomized study and 170 patients from nonrandomized studies. (Follow-up for studies was 12 months).

<table>
<thead>
<tr>
<th>Adverse Event Category</th>
<th>Randomized Study (n=39 DEFLUX patients)</th>
<th>Nonrandomized Studies (n=170 DEFLUX patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI (n=39)</td>
<td>8 (15.4%)</td>
<td>13 (7.6%)</td>
</tr>
<tr>
<td>Ureteral dilation (n=39)</td>
<td>1 (2.6%)</td>
<td>6 (3.5%)</td>
</tr>
<tr>
<td>Nausea/vomiting (n=39)</td>
<td>0 (0%)</td>
<td>2 (1.2%)</td>
</tr>
<tr>
<td>Abdominal pain (n=39)</td>
<td></td>
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</tbody>
</table>

(i) Cases of UTI typically occurred in patients with persistent reflux.

(ii) Patients in the nonrandomized studies received antibiotic prophylaxis until the 3-month VCUG. After that only those patients whose treatment had failed received further antibiotic prophylaxis. The patients in the randomized study received antibiotic prophylaxis 1 month post-treatment.

(iii) All UTI cases were successfully treated with antibiotics.

(iv) No case of ureteral dilation required intervention and most cases resolved spontaneously.

(v) Both cases of nausea/vomiting/abdominal pain were resolved.

Although vascular occlusion, ureteral obstruction, dysuria, hematuria/bleeding, urgency and urinary frequency have not been observed in any of the clinical studies, they are potential adverse events associated with subureteral injection procedures. Following approval, rare cases of postoperative dilation of the upper urinary tract with or without hydro nephrosis leading to temporary placement of a ureteric stent have been reported.

### References


Deflux is a registered trademark of Q-Med AB.
R.I. Using E-Prescribing Data to Track H1N1

BY MARY ELLEN SCHNEIDER

Public health officials in Rhode Island are using electronic pharmacy data to track the use of oseltamivir and other antiviral medications being used to treat patients infected with the 2009 H1N1 influenza virus.

As part of an ongoing partnership with SureScripts, an electronic prescribing network, all 181 pharmacies in Rhode Island now can send and receive electronic prescription information over a secure network. As a result, pharmacies are able to transmit information to the Rhode Island Department of Health on all antiviral prescriptions written in the state. Even if a physician uses a handwritten prescription, the information is available from the pharmacy’s electronic system.

At a press conference, Dr. David Gifford, director of the Rhode Island Department of Health, said prescriptions for antiviral medications provide a good proxy measure for infection with H1N1 virus and are a complement to other surveillance systems such as school absenteeism and emergency department visits.

Real-time electronic data on antiviral prescriptions also allow health officials to match supply and demand, he said.

For example, if prescriptions are about to outpace the supply, the health department can anticipate shortages in the antiviral supply and release more medication.

If there are reports of a large volume of H1N1 illness in a community, but not a lot of prescribing of antiviral medication, that could indicate the need for more physician education, Dr. Gifford said. Conversely, if the pharmacy data show a large amount of antiviral prescribing in areas where there is not a lot of H1N1 activity, it could indicate inappropriate prescribing of oseltamivir (Tamiflu) for seasonal influenza, he said.

The statewide initiative is believed to be the first in the nation and allows pharmacies to send data that have been stripped of personal patient information to the health department on a weekly basis.

The prescription data include the patient’s age and zip code as well as the prescribing physician’s name, allowing health officials to track the progress of the outbreak by communities.