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SECOND OPINIONS

No substitute for science

Unproven medical practices are just that. (*AAP News*, July, August, "Complementary and Alternative Medicine").

The most important advances in medicine of the century include insulin treatment for diabetes, the polio vaccine, IgE as the atopic antibody and cardiac surgery for coronary heart disease. When they were investigated and developed, there was no prolonged period wherein they were considered "complementary" or "alternative." There was no claim that they were the result of an eastern vs. a western approach to treatment and evaluation of diseases. In fact the two teams which discovered IgE were spearheaded by a native Japanese couple working at Johns Hopkins and an investigator in Sweden. Today the brightest students from the East and the West vie for positions at University of California San Francisco (UCSF) and Harvard. The standard has always been that the technique for diagnosis or treatment must be proven. This is not asking more than anyone would expect.

I find that most of the issues which come under the category of complementary and alternative are simply methods of diagnosis and treatment that have not been proved. We must not allow ourselves to endorse or give any credibility to such claims. It only fosters ongoing confusion in the mind of the public. If physicians are to represent the best and most up-to-date and valued practice of medicine, then let them do that. Let us not represent and validate the local stores where medical advice is given (unhampered by knowledge and with no license to practice medicine) by the person punching the cash register for the "cures."

There is certainly a place for care which falls in the path of religion, spirituality and a positive outlook on life. This is most important, but it is not medicine, and it does not require a specially prepared and costly tea or remedy. It is metaphysical and psychological, and is left to the metaphysicians and psychologists to evaluate and recommend. Again, I always want to believe that anyone in the healing arts is not compromised by the sale of the product. We have come a long way since physicians owned pharmacies. Let's not go backwards by forgetting that a clear mind is always unfettered by commercial gain. The hard working researchers at UCSF are certainly not making a ton of money with their studies. They are devoted.

Avraham (Allan) Giannini, M.D., FAAP
San Francisco

Vaccines and capitation

I would like to respond to the recent Managed Care Q & A article (*AAP News*, July) that advised pediatricians to negotiate immunization payments as "fee for service (FFS)." I disagree with that philosophy for several reasons:

1) Many capitation rates are augmented by "quality" factor points. Aetna USHC is a prime example of enhancing capitation rates by a percentage based on quality indicators (items like extended hours, patient satisfaction surveys, caring for complicated patients, etc.). When vaccine payments are included in the capitation, these also are multiplied by the quality factor of up to 20 percent.

2) Billing for immunizations is a significant cost to the office: personnel time to bill, waiting for payments, check-

PORTRAIT



PhotoDisc

Mixed emotions

Lazy days at the pool or ball field once again have given way to life in the classroom.

ing accuracy of payments, posting to each account, and, of course, fighting the inevitable "honest" payment errors that always seem to benefit the HMO.

3) New/noncovered vaccines (e.g. meningococcal vaccine) can always be billed separately. Sudden increases in cost won't be covered, but that has happened only once in the past 20 years (with DPT). The hepatitis B vaccine dosing change is a clear example of no benefit to FFS payments: the 0.25 ml dose for 0- to 11-year-olds is history; everyone now gets the 0.5 ml dose. Most HMOs still pay the lower rate, as if we were still giving half the amount. Logically, reimbursement should be the same for all ages, but when it comes to logic, HMO profit always takes precedence and we still get the lower FFS amount.

I understand that many pediatricians would like to cling to FFS compensation for all services, but that is living in yesteryear, and the "good-old-days" are gone forever. Keeping immunizations as billables adds to the cost of doing business. I want to cut my expenses; receiving an appropriate capitation payment with immunizations included is beneficial.

Charles A. Scott, M.D., FAAP
Medford, N.J.

Gun debate continues

This is in reply to the letters by Drs. Johnson and Malinich in the August 1999 issue of *AAP News*.

For Dr. Johnson, I would answer that statistics show the homicide of a household member is almost three times more likely in homes with guns than homes without guns. Most of this difference is from "crimes of passion" between family members, accidents (little Johnny blowing little Susy away with what he thought was a toy in Daddy's desk drawer) and suicides (nearly five times more likely in homes with guns).

To Dr. Malinich, I would say that I think the Academy is here to help promote the health of children; to me it is abundantly clear that if handguns were impossible to get, many more of our children would survive to declare themselves liberal or conservative. We essentially already outlaw fully automatic weapons despite the language of the Second Amendment. I think concealable weapons are just as dangerous.

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