
SHEA Newsletter

Edited by Robert A. Weinstein, MD

*The
Society
of Hospital
Epidemiologists
of America*

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Clinical Affairs Committee of the **IDSA**

William Scheckler, MD, SHEA representative to the Clinical Affairs Committee of IDSA reports that:

The Council of the Infectious Diseases Society of America (IDSA) set up a Clinical Affairs Committee in 1985 to consist of IDSA members primarily from the private practice of infectious disease and to reflect the concerns of that increasing part of the membership of IDSA. George Thornton, MD, Waterbury Hospital, Connecticut, has been the committee chairman. In 1987, I was asked to represent SHEA.

The purpose of this report is to inform the SHEA membership of the concerns of this committee and to solicit input from SHEA members on issues they wish presented to the committee.

For several years, the committee has been attempting to get the Health Care Financing Administration (HCFA) and the fiscal intermediaries for Medicare to recognize infectious disease with a separate specialty identification code. There has been a wide variation among fiscal intermediaries about such designation. There is now a letter circulating from the national HCFA office to all fiscal intermediaries identifying infectious disease as a legitimate subspecialty and recommending separate identification codes for such specialists when they are requested. In addition to the HCFA connection, the recent publication in the Federal Register of April 12, 1988 suggesting that all specialty differ-

tials for Medicare be discontinued, was a subject of substantial discussion at the June 4 meeting of the committee. The joint effort of the Harvard School of Public Health and the American Medical Association (AMA) concerning the "Harvard Relative Value Study" of physician reimbursement was also discussed. This study is paid for by a congressional mandate and is independent of HCFA. The reimbursement for infectious disease specialists will be reviewed during the second half of 1988 with a number of other specialties.

In addition to the socioeconomic issues, the committee has been concerned about appropriate educational opportunities for the practicing infectious disease specialist and has been extremely supportive and pleased about the joint SHEA/CDC Hospital Epidemiology Course, which has its trial run in August in Atlanta (see *SHEA Newsletter*, May and June). The committee believes that this course should be particularly useful for those infectious disease fellowships that do not yet have enough experience in hospital epidemiology to meet the requirements for certification. In addition, the members of the committee have developed their first of several potential short courses for infectious disease specialists to be delivered regionally around the country at times other than ICAAC; the first will be held in February 1989 in San Diego.

This committee has successfully obtained preliminary approval from the AMA to become a constituent specialty for appointment to the AMA House of Delegates and is also interested in establishing liaisons with

other groups. (The SHEA connection is, in part, because of SHEA's work with the Joint Commission on Accreditation of Healthcare Organizations about hospital infection control standards, severity of illness indices, and the Joint Commission "Agenda for Change." Rather than create a separate IDSA group or charge the Clinical Affairs Committee to do this independently of SHEA, it was decided the most efficient method would be to include representation from our organization.)

The committee has also been actively engaged in identifying statewide and regional infectious disease groups around the country and in setting up a mechanism for these groups to form a communication network with IDSA on mutually important issues.

All in all, I have been very impressed by the interest and dedication of the people on this committee. The committee meets at ICAAC and two other times during the year, and will meet again early Thursday morning, October 27th, in Los Angeles just before the IDSA meeting. I would be happy to provide anyone in SHEA an opportunity to communicate with this group by calling or writing me.

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