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His Presidential address can be found in *Pediatrics* 1982;70:643-645,

Excerpts from the address:

“The motif for the Academy’s current campaign to promote pediatrics and pediatricians is *A New Age for Pediatrics*. One of the implications of this campaign and motif is that we will officially state that US pediatricians, the specialists in growth and development, take better care of the health needs of infants, children, adolescents and young adults, and that the strength of our practice is broadening...Realization of these goals spells change, challenge and cost.

Early pediatricians were sick-baby specialists...Pioneers...recognized the importance of prevention, especially among the underprivileged...Others (recognized) the importance of extending the concept of well-child care to all children...Immunization rates went up and the severity and frequency of the contagious diseases began to diminish...Recognizing the intrinsic value of pediatrics as a field, medical schools expanded their pediatrics departments...(pediatric consultants were trained freeing up the time of the general pediatricians allowing them time) to encourage earlier care for illness and to emphasize preventive services...(Also) pediatricians found that the health needs of adolescents and young adults were not being met, so many began to extend their practices to these age groups...In some areas the level of affluence did not permit comprehensive care, and the low fees necessary to bring the services of pediatricians within the reach of nonaffluent young families created the necessity for large volume practices and the “flying-coattail syndrome” of the pediatrician....

Most pediatricians, however, developed the concept of continuous, comprehensive personal care...The breadth of and depth of health supervision increased...Ongoing, informal counseling...became common...

...Pediatricians take care of just over half of children aged 5 years and younger and one third of those less than 18 years...

...(Problem of uninsured and underinsured children leading to low immunization rates and episodic emergency room visits.)...

The challenge is great. We pediatricians need to improve our practices by providing a broader range of services in our offices to decrease the fragmentation that pervades our system...this means cessation of the still all too common practice of referring our patients to an emergency room when we do not wish to be available...

We must also convince the public...that we are no longer just “sick-baby doctors” but that we are specialists in ...growth and development...from before birth through young adulthood...and that we are the experts in both the diseases and biosocial problems of children and young people....

We must convince third-party payers, including government, how important it is for them to provide reasonable funding for the continuous, comprehensive, personalized child care...top union leaders are embarrassed to find that children are poorly covered...(similar comments about business leaders)...(health insurance coverage for children is cost effective)...(IPAs and HMOs can cover all pediatric services and stay in the black)...EPSDT that enhance rather than interfere with continuity of care, appear to be cost effective...Whatever others may say, we know that the case for adequate financing of good child health care is compelling...”

Dr. Austin’s activism: *The following editorial refers to “West Coast members” founding the National Federation of Pediatric Societies. These members were Glenn Austin, MD, Leo Bell,*

MD, and Bob Burnett, MD—Dr. Austin was AAP president in 1981-82, having won as a petition candidate on the strength of his work with the Federation.

PEDIATRICIANS FACE LIFE

Medical people are coming slowly to realize that their profession is also a business. As such the development of medicine as a total industry is perhaps in the Pleistocene era. Vast and fruitful attention has been paid to Research and Development, but Marketing, Sales and Packaging have been sadly neglected, and Public Relations has done so poorly that Madison Avenue would be littered with burned-out account executives if any less genteel tradition were in charge. The consumers are clearly aroused, and the social forces of the day are pressing for rapid development of better methods for product distribution.

An Industrial Revolution of sorts has occurred recently within the ranks of the American Academy of Pediatrics. A group of West Coast members became convinced that the Academy was laudably but short-sightedly devoting too much of its resources to the merely scholarly aspects of pediatrics. Concerned that the socioeconomic and legislative aspects were about to pass by default into the exclusive hands of the lay public and its legislators, this group of practitioners founded the National Federation of Pediatric Societies for the specific purpose of originating and affecting local and federal legislation. To underscore their point, they then pressed for certain amendments to the constitution of the Academy, whose leadership found the proposals distasteful both in form and in content. So threatened, the Academy responded with measured galvanism, adroit press agency and masterful parliamentary maneuvering. The proposed amendments were defeated, but their purpose was served when the Academy announced that the dissident members would have an active voice in the Academy's Council on Pediatric Practice in return for adherence to a cease-and-desist order concerning unilateral activities. The Council had previously been a relatively underdeveloped branch of the Academy but soon flourished while encouraging and aiding the development of *local* state councils on pediatric practice, in which the real initiative and implementation reside. The state committees have determined relative value scales of pediatric services to assist welfare departments in administering Medicaid. They have offered (with occasional acceptances) their assistance at the state capitol level in the planning of health-oriented legislation relating to children. The national Council on the other hand now serves largely as an information center and forum for formulation of policy.

There are obviously similarities between this chronicle and the early development of the American Medical Association. There are key differences however: the first is that the pediatricians have been careful to keep the tail on the end of the dog by granting the Council on Pediatric Practice no more nor less stature than its several other sections on infectious disease, school health, medical education and so forth; and they have also been perceptive in refusing to dictate socioeconomic and legislative policy at the national level. Rather, they have felt that although broad principles and policies of child health are proper matters for national definition, child medical care should be a matter of municipal concern. This point has long since been grasped by the more successful industries—at least one petroleum company emphasizes the point that although its gasolines are centrally refined, they are locally blended.

If the health industry is truly the third-ranking business endeavor in the national economy it must begin to operate as one with assistance from economists and market analysts, liaison or at

least *entente* with government, proper training for its executives and real concern for the interests of its consumers. By creating practical panels within their clinical and scientific societies, specialist groups other than pediatricians might more constructively shape the evolution of medicine into the public utility that it appears to be becoming.