

MEDICAL BRIEFS

Flu shots

The Visiting Nurses Association will be administering flu shots at the Farmer Jack Pharmacy, 37885 Five Mile and Newburgh roads, from 5-9 p.m., Oct. 3; 9 a.m. to noon, Oct. 4; 2-5 p.m., Oct. 26; and 2-5 p.m., Oct. 26. For more information call (313) 464-7688.

Support for moms

In October, Botsford General Hospital's Health Development Network inaugurates a free, monthly support group, Pathways to Parenting, that will give moms an opportunity to network, share concerns and obtain information. Topics will include: newborn behavior, getting back your pre-pregnancy shape, and a variety of professional speakers (medicine, psychology, nutrition).

Pathways will be held on Wednesdays, Oct. 1 from 12:30-2 p.m. at Holy Cross Episcopal Church (46200 Ten Mile Road, just west of Taft). For more information call, (248) 477-6100.

Migraine support

The Livonia Migraine Support Group meeting will be held in Ann Arbor on Monday, Sept. 29 from 7 to 9 p.m. Dr. David Biondi, a board certified neurologist specializing in headaches and pain, will discuss "The Coexistence of Migraine, Depression, and Anxiety: Pure Coincidence or Common Biology?" For location information call, (248) 466-1764 (Nancy) or (313) 662-4278 (Bonnie).

Blood pressure

St. Mary Hospital in Livonia will present a two-part class on "The Ups and Downs of Blood Pressure" beginning at 7-9 p.m. Tuesday, Oct. 7, in the first floor classroom, near the Five Mile Road entrance. A \$10 class fee covers course materials. Registration is required by calling, (313) 655-2922.

Immunization clinic

Providence Medical Center Mission Health Livonia Center is sponsoring a series of community immunization clinics. The clinics will offer DPT, DT, HB, Hepatitis B (19 years and under) and MMR vaccinations. Sorry, the varicella vaccine will not be available. There will be a \$5 facility fee charged per child, but all immunizations will be free of charge from 4-8 p.m. on Tuesday, Oct. 28 on a walk-in basis. The center is located at 37595 Seven Mile and Newburgh roads, Livonia. For more information call, 462-2300.

PT board abolished

Governor John Engler signed Executive Order No. 1997-13 on Friday, Aug. 15, 1997 to abolish the authorities, powers, duties, functions and responsibilities of the Michigan Board of Physical Therapy. The board was compromised of 9 voting members (6 physical therapists and 4 public members) to specify requirements for licenses, registrations, renewals, examinations, and required passing scores. The board is also responsible for imposing sanctions on physical therapists who have been found to be in violation of the statutory requirements of their licenses.

The Michigan Physical Therapy Association was informed following the abolishment and was not given the opportunity for comment or input on the impact the decision will have on the "health, safety and welfare of the citizens of Michigan who receive physical therapy services and will be negatively affected by the elimination of the Board of Physical Therapy," stated MPTA President Janet Downey.

The powers that board held have now been transferred to the Director of the Department of Consumer and Industry Services.

Due to overwhelming opposition from physical therapists across the state of Michigan, Legislators from both the House and Senate will engage in a hearing on the matter, Tuesday, Sept. 30 in Lansing. Physical therapists are hoping the Executive Order is reversed. They are requesting the public and health care providers throughout the state, write or telephone the governor's office and ask to speak to a legislator to aid to express their support of the nine member board (Governor John Engler, State Capitol Building, Lansing, MI 48909).

DON'T PLAY THE 'PICK-A-DOC' GAME

BY DIANE GALE ANDREASSI
SPECIAL WRITER

Gone are the days when the family doctor was chosen, because his office was within walking distance. Chances were that he delivered all the kids in the family and stayed your family doctor, at least, until you moved out of the house. Today, customers are shopping for doctors and want to know a lot more about who the people behind the white coats are and what they have to offer.

In comes doctor referral lines to answer their endless questions.

"People are becoming more informed and they're willing to change doctors more than they did in the past," according to Michael Mikulski, St. Mary Hospital director of physician services.

A flood of information has given customers the knowledge to question and expect more from their physicians. Gender is often an issue, especially among women looking for obstetricians and gynecologists, he added. Some customers prefer older doctors, because they think they're getting someone with more experience. Others want young doctors with the idea that they'll be up to date on recent developments having just learned about it in school, Mikulski said.

Patient prompting

The influx of calls and questions nudged management at Garden City Hospital to set-up a doctor referral line about four years ago to ensure customers wouldn't be lost in a quagmire of transferred lines and hold buttons.

"The whole thing got started, because we were getting a lot of calls and they were going to random places," according to Dr. Calvin Kay, Garden City Hospital chief medical officer. Referral lines involve an elaborate computer system that matches the customers' needs to the doctors who fit the criteria. If more than one doctor matches a particular request, the computer randomly rotates the names eliminating the chance of an operator playing favorites for personal reasons or accidentally choosing one doctor over another.

Inquiries to physician referral lines vary from the doctors' hobbies to their specialty. Kay said adding that 80 percent of the 280 some doctors on staff with Garden City Hospital grew-up in the area.

"They understand their (patients') problems," Kay said. "We want to match people with doctors who they are comfortable with, being a community hospital. It's important for us that they build camaraderie with their physicians."

What's best for you

The referral line can be a great resource for callers who are confused by handbooks listing the physicians who accept their insurance coverage. Maybe they need a definition of what the specialties involve, Kay added.

"They usually don't know what kind of doctor they should be going to," explained Suzanne DiPalma, Garden City Hospital physician liaison. It's often recommended that they start with a family practice doctor who, if need be, refers patients to specialists.

A caller may want to have access to someone who can sign language, DiPalma added. Other people are looking for doctors who can speak a specific language, according to Cheryl Peterson, supervisor of Oakwood Health Line. Some want to know where the doctors went to school, what medical societies they are involved in and where they did their residency. But, the most commonly asked questions concern the difference between internists and those who have family practices, she said.

"An adult with specific problems, with their heart or diabetes for instance, may want to lean toward internal medicine, but it's totally up to them," Peterson said. "When a person calls we take specific information from them including name, address, phone number and type of insurance. The most important thing is that they know and understand their insurance."

Just down the street

And like the past, sometimes the main concern is as simple as logistics. "A lot of people now to the area or new to an insurance plan will call and say they're looking for a primary care physician close to their homes, which physicians accept my insurance plan?" explained Mango Burrage, media relations manager for Saint Joseph Mercy Health System, a member of Mercy Health Services, with facilities in Livonia, Canton and Plymouth.

Oftentimes, the referral lines, at area hospitals, will make appointments with the doctors and provide health information.

"People find it very useful to have a place to call to get information not only on physicians, for both primary care and specialty care, but also basic health information where a nurse can help them feel comfortable about the topic," Burrage said.

Customer convenience

One goal of people working at the Detroit Medical Center physician referral line is to avoid having the caller unnecessarily see a series of specialists, according to Linda Doyle Genik, clinical referral service representative. "We do a lot of patient education over the phone, not only as far as the

medical aspect, but how to use their insurance," Genik said. "Probably 90 percent of the people calling don't know anything about their insurance." Callers also want to know if the doctor "speaks understandable English," she added. "And sometimes we get calls from Arabic speaking people looking for an Arabic speaking doctor." The physician referral line provided by Henry Ford Hospital gives customers a chance to talk to someone about specific concerns that they wouldn't get from the Yellow Pages or an insurance directory.

Know the facts

"We are dealing with a far more knowledgeable customer now than we have ever in the past, because of the general focus on health care," according to Ardis Gregory, Henry Ford Health System physician selection service manager. People want to know detailed information like, how many lawsuits a doctor has had filed against them; how many procedures they've performed and which hospitals they have admitting privileges, Gregory added.

"We maintain an objective discussion when we talk to people," Gregory said. "Someone might say, 'I want to lose weight, so I don't want to go to a doctor who will blow-off my weight problem.'" Or, the caller might want a doctor who takes a holistic approach, Gregory added. She stressed that a key component of making the service work is for the people answering the referral line to have a detailed understanding of third party payers.

When someone calls the HealthMatch, Botsford General Hospital physician referral line, the representative asks a number of questions to better target who the caller would be best suited in seeing. After the basic criteria are met, she said, the most important matches are made according to their ideas and philosophies toward medicine, according to Susan Perry-Nolte, Botsford manager of marketing and sales.

"Not only do we have an extensive staff of primary care physicians we also have a number of specialty and full-service programs offered through the hospital and if they're interested about a program we can refer them," Perry-Nolte said.

Physician referral lines are as follows: Garden City Hospital, (313) 458-4444; St. Mary Hospital, (888) 461-9355; Botsford General Hospital, HealthMatch, (248) 442-7900; Henry Ford Hospital, (800) 653-6568; Saint Joseph Mercy Health System, member of Mercy Health Services, (313) 712-5400 or (800) 231-2211; Detroit Medical Center, (800) 666-3466 and Oakwood Hospital, (800) 543-

Sleeping on back reduces SIDS deaths by 30%

Ever year in the United States nearly 6,000 babies die a sudden, unexplained death. Sudden Infant Death Syndrome (SIDS) is quick, unpredictable and, in most cases, happens to healthy babies from one month to one year old. It is the leading cause of death in Michigan and as of right now there is no cure.

The good news? Since the announcement and implementation of the American Academy of Pediatrics "Back to Sleep" campaign, there has been a 30 percent reduction in SIDS cases across the United States. "One of the most important things parents can do to

help reduce the risk of SIDS is to put babies on their backs or sides to sleep," says Dr. Sophie Womack, neonatologist at The Detroit Medical Center and board member of the Michigan SIDS Alliance.

The Academy's recommendation came after a number of studies showed that babies who slept in the prone position, on their stomachs, were at a significantly higher risk for SIDS. Michigan infants have benefited greatly from this recommendation. "We've seen a drastic reduction in the number of SIDS deaths in the last few years," says Womack. "But we still have work to do, parents to teach."

The Michigan SIDS Alliance is making sure parents know the facts about SIDS. Unfortunately, because SIDS is an unexplainable disease, the myths about it are very prevalent and hard to dispel. "We see many parents who believe SIDS is caused by the infant's crib," says Womack. "Even though SIDS is sometimes referred to as 'crib death,' the crib is not responsible for SIDS death."

"The hardest part," says Womack, "is trying to convince parents they are not to blame, that SIDS is no one's fault."

SIDS prevention

After 30 years of research, scientists still don't know the complete answer to

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preventing SIDS. But there are many ways to reduce your child's risk. "The very best defense against SIDS is awareness," says Womack. "Parents need to know what they can do to protect their babies." Although nothing is 100 percent effective, the following are tips for parents to help keep their babies safe:

- **bedding**
Your baby should sleep on a firm mattress or other firm surface.
- **Don't use fluffy blankets or comforters under the baby.**
- **Don't let the baby sleep on a waterbed, sheepskin, pillows or other soft materials.**
- **environment**
Babies should be kept warm - but not too warm. Keep the baby's room at a temperature that feels comfortable to you.
- **Create a smoke-free zone around**

your baby. Babies exposed to smoke have an increased risk of SIDS and other diseases.

■ **bed sharing**

Infants need their own sleeping area. Adult mattresses, bedding and blankets are too soft for babies.

■ **When babies share the bed with other family members they are at a greater risk for SIDS.**

■ **prenatal care**

Getting proper prenatal care is one of the best ways to prevent SIDS and give your baby a healthy start on life.

■ **Don't smoke during your pregnancy.** Studies show the risk of SIDS is higher for babies whose mothers smoked during pregnancy.

■ **Don't use alcohol or drugs while you are pregnant.** Always ask your doctor before taking any medication.

The city of Detroit and Wayne County current account for 36-40 percent of Michigan SIDS cases annually. However, Michigan has experienced a dramatic drop in SIDS rates. In 1990, the number of Michigan SIDS deaths was 257. In 1995, the number was 148.

Other SIDS facts:

SIDS is not caused by baby shots, spitting up or choking, "crib death," child abuse is not contagious, can't be passed from one baby to another and is no one's fault when a baby dies of SIDS.

