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MCHB Poison Prevention and Control: Collaborative Opportunities for Programs Serving Children - Part 1

June 30, 2004

BERNARD GUYER: I also want to note, at the bottom of the charge, that the committee was asked to consider all these questions in light of future demographic and population trends and in the context of threats of biological and chemical terrorism. So not only were we asked to address specific questions and tasks, but in a particular context, a broad context. Again, much broader than poison control centers themselves.

So let me just, before I go into the specific recommendations, which are then slide by slide, I just want to make a couple of comments. One is I apologize for the poor slides. There's too many words on them for PowerPoint presentations. Unfortunately, I know that because a lot of the concerns about this report and reading the lines and between the lines, we wanted the slides to be verbatim from the recommendations themselves as opposed to reinterpretations of the recommendations. Because I think that's a tendency that goes on with such reports, that they get reinterpreted. And it's particularly important in this one that they not be reinterpreted, that the words stand for themselves. The

report is finished. The work of the committee is finished. The report is in press. It will not be changed. It's gone through peer review and review at the IOM, so that we wanted these PowerPoints to be exactly what the recommendations say. My comments will be broader and tend to pick out things. I don't want to just read these to you. You can read them to yourself. I just want to say a couple of things that are not in the report that are my personal comments, as chair of the committee and as a member of the IOM. I do not speak for the IOM, but I have certainly made these comments to the IOM and I want to make them here to this group.

First of all, the audience for this report is HRSA and the CDC. I know that there's been some reorganization at HRSA, but I think the people who started this are interested in finding, and I think the new group will be particularly be interested and the implementation, the recommendations is the work of the Department of Health and Human Services through HRSA and CDC and others.

IOM committees usually do their work based on a review of science. People are asked to be on IOM committees because they understand the science of a field. In this case not only the science, but they're not naive about constituencies, about constituency politics, about controversies in the field. They bring all that to their work. But

fundamentally they base their work on science. They're knowledgeable people. And they're asked to come to their best opinion. That's what these reports are. They're opinions. If it was simply a scientific study of the data with odds ratio that explained the outcome, then we wouldn't need a committee. These are areas that are complex and they require committees to give their opinions. And that's what we did and that's what we write about in this report.

Now, we have to admit that this particular IOM committee was surprised at the outset by the level of anxiety in the constituency about its work. I think you're all aware of that. I think you know you've read some of the newsletters and things. There were attempts to abort this study. There was opposition to the study. Throughout the process, the committee received both public and private testimonies about the field. I want to make you aware that committees work in confidence. They ask people to share information with them in confidence. Sometimes in public. When it's in public, it's posted on the website and so forth. When it's in confidence, it's kept confidential. But there were concerns about this process throughout. Some of it was concerns about the process. Some of it was concerns about the stewardship of the leadership organization in this field. And you all are aware of that. Many of you are more aware of it than I am.

I've also seen e-mail chatter since the report was published about the report itself. Some of it I consider sophomoric. Much of it is self-serving. And the issue that I want to make you aware of is that in reinterpreting and interpreting the findings of this report, much of the chatter that I've seen attacks the committee process and the committee findings.

Now, you need to be aware that I explained to you how the IOM does its work, that such chatter and such comments have a chilling effect on science, and we're working at a particular moment when there's lots of attacks on American science. And you can't feel though as somehow the interests of a particular constituency kind of enable them to sort of pursue that kind of line. Attacking an IOM process in Congress is not a wise thing to do. That's my opinion. If Harvey Bomburg at the IOM were to ask me I would give him that same opinion and I would tell him what I know about it.

Now, I know that the committee members feel as though they've done the best job they could. I think they feel they've done a credible job. I've never been involved in a report that recommended a 5-fold increase in funding to a field that received so much criticism. It amazes me that there isn't a clear embrace of the report. I don't know of another

previous report that really focused in on poisoning of the field. I've now been involved in several IOM reports of injury. Most of them ignored poisoning.

So I think this is an important report. It allows this field to move forward in a broad fashion to strengthen itself, and I hope that all of you involved will take it in that regard.

So let me now go on to, go over the recommendations in the report. Again, as I said I'm not going to read every recommendation to you. That would be a waste of time. But I do want to point out a couple of things that are worth commenting on. So I'm doing the slides. First of all, there are two slides on the issue of definition of poisoning. This is a tremendous problem. In our field, if we can't define a problem, we can't tackle it. In the area of poisoning, we have -- the committee wrestled with the problem of so many different definitions that there's no consensus of definition on poisoning. So that when we went to the mortality data, we faced one set of definitions from National Center for Health Statistics. When we went to the morbidity data, we found multiple definitions used by different national surveys that look into the poison problem, as well as yet another definition used by the test data set, just to illustrate how important this problem is. Then if you go the usual National Center for Health Statistics data sets, you'll find there are approximately 24,000 poison deaths in the year in the United States. If you go

to the test data set, you'll find about a thousand. Okay? The reason, if you go to our report, we report 30,000 poisoning deaths. Now the reason we differ from the National Center for Health Statistics is that we felt that the poisoning deaths that are categorized and classified as alcohol-related poisoning deaths should be included in the poison data sets. MCHS includes those under the substance abuse/mental health, an entirely different coding scheme.

Now I argue personally in the committee, again, this is my own personal, we also should have included another approximately 6,000 deaths that are carbon monoxide deaths that occur in fires and burns. Those are classified in MCHS as fire and burn deaths. Now here's the implication, if you would add those together, you would come not to the 30,000 that we report, but approximately 36,000 poisoning deaths in the year in the United States, which makes it the second leading cause of injury-related deaths and pretty nearly close to number of motor vehicle deaths. I think that surprised the committee. And what that tells us, this is a far more important problem than we as a nation have recognized. It's a more important problem than poison control centers, because many of these deaths have nothing to do with poison control centers.

And I think the big message will come later on in the report that the committee had to wrestle with the definition that they could live by and in fact it created a set of definitions that were basically operational. We had to use definitions that fit with the data sets that we would look at and that's how we got by.

So now the next slide, it says "Approach." I've already said a little bit about how committees like this do their work. If I can say a few things talk about the specific data sets used in this case. The literature was not very helpful. Unlike most IOM reports I've been involved in IOM committess, the literature in the poison control, poison prevention control didn't answer the kinds of questions we were asked by HRSA, and I think that's again you'll see later on there's a recommendation that the field itself do something about that, begin to tackle some of the important questions that are policy-related that need to be out there in the literature and that needs to be available in the future. We did look at existing data sets for MCHS and other national surveys. We used data from the AAPCC. I want to thank the AAPCC for providing its administrative data to us for analysis. We conducted some in depth interviews with staff from a subset of poison control centers to look at some of the organizational issues that we were asked to address. We visited poison control centers. We have an open line, as I indicated before, for any information that people wanted to provide to us and to brief

stakeholders. Many of you attended IOM meetings. This committee worked particularly fast. We got -- we held all of our meetings over about a 12-month period and produced the report in about 16 months.

Now, overall conclusions. I've already begun to say these to you. One is that this is a much bigger problem than I think any of us thought it was when we started, and it has much larger cost to society. Second, we also feel that the current network of poison control centers is not a constituted system. First it was asking us to think about the system for poison prevention and control. It needs to go beyond this and we need to think about the vision for that system for the 21st Century, particularly if we're going to think about it in the context of demographic change and of bio and chemical and terrorism threats.

We believe poison control centers are the essential building blocks of such a system; but that we need to think better about the organization and the financing and stability of those poison control centers. The report is entirely consistent with the thinking of the committee in terms of that kind of stabilization. We feel poison control centers must be much better integrated into the larger public system in order to fulfill this overall system's mission.

And, finally, we feel that the currently kind of fragmented data sets and data sources that are used need to somehow be better conceptualized, the overall data. And you can see this is a big picture view of the work of our committee.

So let me go on now to a specific slide. I have to keep remembering to change the slide myself. The first thing that the committee did in order to kind of get an anchor on this problem is to say: Well, what are the core functions that in fact poison control, are essential to the poison control system? And as you can see from this slide, a significant set of those core functions are integral to the work of poison control centers themselves and form the kind of building block and foundation of the public poison control system. So here are the six elements that we sort of tagged as the core functions.

And as you will note later on, the basis of the funding proposal that we make is that these core functions are the ones that are funded through federal funding to assure the core functions. There's lots of functions that poison control centers carry out, but these core functions are the ones that need to be the most stable and most supported, and that's where the recommendations of funding come from.

One of the core functions that the committee felt did not need to reside in poison control centers themselves is the core function of primary prevention, education, dissemination and the broader sort of professional educational activities, that those needed to be based in a broader kind of public health system to public health agencies. I know that's led to a lot of debate and so forth, but that is the recommendation of the committee and we can discuss those in this presentation further.

Then we have a series of recommendations as relate to the coordination of poison control public, other public health entities. These recommendations are made specifically to both the federal and state level. They recommend to the Secretary of HHS that they work toward the creation of an integrated national system of poison control centers. Integrated with the poison control system. We made some recommendations about the need for repositories, of model legislations and model programs and websites and other things like that. We also recommend to governors that they think about the system for their own states because that in particular is the place where, through the all hands emergency preparedness planning, there's an integration of poison control systems with EMS, with other aspects of state and public health and other emergency responsiveness needs, and we actually, in the report, identify some states where there are particularly good models of that going on, and

invariably they include poison control centers as part of that planning, but there are other places we have heard about around the country around country where that's going on without the poison control centers being involved.

We also in the next recommendation included the CDC, as we learned more about the roles of the CDC in this overall system, that the CDC be involved in also building this kind of infrastructure and we know there's a lot of work going on at the CDC now using national data sets for tactical surveillance and so forth, that ought to be part of a national system and where involvement of the states, because the CDC works primarily through states, needs to be one of the primary kind of implementation mechanisms.

Now, I'm going to move along. HRSA asked the committee to make some recommendations about issues of costs, quality, staffing, future funding and so forth. And in order to do that work, we depended initially and primarily on the AAPP administrative data sets. Unfortunately, we found that we couldn't answer those questions. In effect, there's a two-fold variation in the cost of running poison control centers across the country, roughly two-fold variation. We couldn't account for that variation. So that one of the things that HRSA was looking for was some language that

would help and guide contractual obligations or provide economies of scale or ways of providing the most efficient service.

This report doesn't really help, and our advice is that in order to do that kind of economic planning for the best way to fund the services of poison control centers, there would need to be an original kind of management data collection effort to try to understand where the variability in costs come from. And we have some clues about it that people told us informally, but we can't say that we really were able to answer very successfully those questions. I think the Patel report actually, as I heard it this morning, had a bit of thought about where some of those costs come from and maybe you all have, because you did some of the original data collection, actually learned more than we did. Late in the process we realized we needed to go out and talk to poison control centers more. We might have had more of an answer had we done that, set up an original study from the beginning but that was also very costly and we simply weren't able to do it in the time limit that we had.

Now, in the next -- in recommendation six, we recommend that Congress amend the current Poison Control Center Enhancement Awareness Act that provides sufficient funding for the core functions of poison control centers. And that's where the number

100 million comes from. That number really comes from our analysis again of the AAPCC administrative data set, what does it cost to provide the core functions of poison control centers. The language of this, the sublanguage of this recommendation recognizes that our committee is not in the best position to recommend how that $100 million comes about, whether it includes matching funds from the states or some other federal financing mechanism. Again, we're set up as a committee of experts in a scientific field, not in government administration, and I think people, these are recommendations for HRSA. They can work with Congress and other government agencies to figure out what's the best funding mechanism for doing that. We did have some concerns that there needed to be good performance measures attached to that funding. Once federal funding at that level gets devoted to a particular area, there comes certain obligations, and accountabilities and those would include the need to develop performance measures that look more at how effective are we in influencing the problem of injury throughout, of poison in this case, throughout the country.

We never intended to imply that this 100 million federal funding replaced all other funding. And after an earlier meeting we modified some of the language in the recommendation to make that more clear because that was not the intent of the committee network.

The next recommendation is that Congress also provide funding for the core functions that are not part of poison control centers. And that's where the language of the report related to state and local components, whether it's training, research, public education, strengthening the linkages to public health and so forth, we don't have an amount of money in the actual recommendation. If you go into the body of the report you'll see we recommended about $30 million given our best guess back of the envelope recommendation. But because reports like this go through review, and certainly it would have been hard for us to come up with the hard numbers to justify a $30 million recommendation in this regard, so we didn't include it in the actual final recommendation. And this is in addition to the $100 million. So in effect we would be saying that the federal government ought to provide about $130 million of total funding into the poison prevention and control system as we conceptualize in this report.

Now as we move along, we were asked about quality. When we reviewed the issue of quality, there really aren't any data anywhere that tells us a lot about the quality of poison prevention and control services. The one issue that became very clear to the committee, however, is that in this particular field, certification which is often in medical institutions used as a way of assuring professional quality, was integrally mixed up with

the organizations themselves. In effect, poison control centers are certifying themselves through their professional organization. We thought that was unprecedented. We didn't know any other place in the healthcare system where organizations certify themselves. Hospitals don't certify themselves through their national trade organizations. Medical schools don't certify themselves (inaudible) don't certify themselves. It's usually done by an independent body and we recommend in this report that certification be the work of an independent body, not a trade organization.

Now, on some of the data issues. This is a fairly complicated and technical area. Again, I'll just stick to the highlights here for our review. In order to deal with this issue of a uniform definition, some of that is really beyond any of us sitting here around this table, even HRSA and even HHS. It's the World Health Organization that sponsors the international classification of (inaudible). I was involved about a decade ago in a discussion of how uncomplicated and helpful the ICD definition of head injury was, head trauma. There was an international committee set up to try to change the whole classification system for head trauma, and that was incorporated into the ICD10. I think it's a better system now. Our recommendation happened in the area of poisoning it's going to take a decade probably again to get done, unfortunately. But if you don't start, it will never get done. So this is a long-term that the committee makes. And of course

there is some work that can be done immediately among the bodies that collect data particularly out of MCHS and other government agencies and it should be used and reconciled by people like ourselves or the study we tried to do in New England, we would have data sets that would actually allow us to be comparable and look at issues of mortality morbidity, exposure, et cetera. And again those ought to be incorporated into things like testing and so forth so there's a better knowledge base for working with the problem of poisoning, be more convincing.

The tenth recommendation is about HIPAA. We learned through the work of the committee, mostly through interviews, that there's a lot of confusion out there about the provisions of HIPAA and how they affect poison control centers and whether referrals can be made by individual patient name and whether call-backs, how call-backs are affected and all that kind of stuff. We feel some work needs to be done by HHS to clarify the HIPAA issues what's being protected as of public health significance and how that affects poison center practice.

We learned a lot about tests during the study. We have great admiration for the development of the test system over the last couple of decades. We recognize the AAPCC as being the primary force in developing this tool. But the committee also felt

that one of the important issues that's emerged from tests and fits in with the notion of a national poison and prevention control system is that test data are not available to state and federal agencies that use these data and that needs to have access to them on a real time, real data basis where they can actually manipulate the data and use them.

We know that requests are made to the AAPCC for the data. We know the AAPCC considers this a proprietary data set. The committee had great concerns about that. It had concerns about federal agencies needing to be paid for months of tests when in fact enhancements to the system are being heavily funded now by federal funding. That's an issue that the federal agencies. The recommendations are clear. That's a recommendation that the federal agencies now have to tackle because they do have these financial obligations and relationships with AAPCC and are using the data.

The last set of recommendations about research needs: As I said earlier, the committee was somewhat disappointed in the level of research and the knowledge base in this field; that when we went to do a review of the literature, when we tried to understand and answer the questions by doing the usual kind of scientific review, the data were not out there. We made specific recommendations to the federal government, particularly the CDC and to AHCPR to try to develop some research

funding that would provide more resources so that both within poison control centers and with larger public health field, some of the questions about simple issues about how this healthcare system works, whether it's actually reducing the amount of poison burden on the U.S. population could be done.

Issues of direct and indirect healthcare costs and so forth could be answered. There needs to be a strategy to improve the knowledge base and the knowledge information out there to guide policy and program in the area of poison prevention and control.

So I think that's the last recommendation. Again, there's some subsets to all of these recommendations that some of you may have questions about. But I just wanted to bring that up. So I guess in conclusion, as I said before, the work of this committee is done. The report, I think, will be published within the next few months. It's already available on the web. If any of you haven't seen the full recommendations or can't read your Powerpoints because they're too small, you can go to the website and see the full report.

I want to thank all of the members of this committee. This was a very hard-working committee. We had to tackle a lot of problems that they did not anticipate when they

signed up for this duty. And I think they did an admirable job of carrying out their functions. I want to thank all of you folks.

And I guess I'm open to questions.

I'm hoping Paul Patel will help me with the questions here.

<Q>: I'm (inaudible) Philadelphia Poison Control Center. The priority of your report (inaudible) the committee did a wonderful job. I guess one comment I would like to make about the issue related to the medicine charge regarding issues of cost, quality and capacity. I have read the publication report on pages 1-5 and 5-2, it alludes to a change in poison control center paradigms where we used to provide triage service to the public. It's now becoming more and more providing flex (inaudible) consultation for healthcare providers (phonetic) on page 6-11 the report alludes to the fact a significant portion of such consultation and medical back-up for medical toxicologists is provided on a volunteer basis. I was wondering why the report doesn't address the future medical toxicologists in that process any further, and I was curious in your view (inaudible) whether they continue to be volunteer or whether a federal agent should be

about funding the role of medical toxicologists in those states as well (inaudible) sorry about my cold.

BERNARD GUYER: I already need help from Paul, who is a medical toxicologist and I think really one of the group that knows a lot about this area and has developed both education and service provision and consultation. So I wonder if you could, want to come up here, Paul?

PAUL: The question was about the role in particular medical toxicologists conflicts, consultation and whether that's something that ought to be funded or in kind.

We really did not address that level of detail. I think the committee thought as a whole that that particular role was very important one. And we just didn't get to that level of detail in terms of how that ought to be wrapped in there. I think everybody would agree that a funding base for that is much better than in-kind because in-kind is becoming more difficult to come by. But we didn't get down to the level of specific mechanisms for it.

Other questions?

<Q>: (Inaudible).

BERNARD GUYER: Yes.

<Q>: I'm Paul (inaudible). I'd like to comment for the wonderful inspiring (inaudible).

BERNARD GUYER: I wasn't fishing for compliments.

(Laughter)

<Q>: And (inaudible) the lobbyist (inaudible) it's real important in trying to (inaudible) beyond ten days the current arrangement for the federal government played a major role in poison centers. In this case he was 100 percent against any sort of entitlement that developed (inaudible) and that his position was that somehow the private sector would somehow come to (inaudible) the federal government should not go there and should not be there. And with sort of your vision behind the $100 million, which we desperately need and how do we take -- in connection, how do we fit both (inaudible).

BERNARD GUYER: I need to repeat the question to kind of -- so the comment was, it's more of a comment than a question that the lobbyist for the AAPCC has recommended that additional funding not be sought but that the private sector somehow be encouraged to pick up the costs for poison control centers.

<Q>: (Inaudible).

BERNARD GUYER: Yeah. We never use the word, the term "entitlement." Entitlement has a technical definition that what we recommend has nothing to do with this -- we didn't even recommend what kind of a federal mechanism be used, whether it's contractual or grants or whatever. Really what we said is here's the problem and here's the level of funding we need to address that problem and if it's a problem of national significance, as we think we can -- again, I think one of the good things that this report -- I don't want to sound totally defensive about this report, one of the good things it does is by broadening the agenda here to poison control and prevention, we've made it a national issue. Not just the survival of poison control centers. I don't want to trivialize the survival of poison control centers. That's your issue, but that's your issue as a

constituency. This is a broader issue. If it's made a national issue like that then I think a argument can be made for justification. None of us who sit on IOM committees are naive to think that a group of professors sitting around like us influences Congress to provide funding. This has to be done through constituencies, government agencies, professional groups and that's the way our government works. So it's broader than any one of us playing a role. And I think that again the audience for our recommendation is the federal agency. We hope they can use the recommendation for their budget process within the administration, the kind of work they do with Constitutional committees. We're hoping to brief Congress on this report. The IOM has a method for briefing Congress on its reports. So we can only be part of a process. And if you all have other tools, if you embrace this report as a way of moving forward on the funding agenda, then hopefully it will be useful if you do not embrace it it will never be useful for you. I don't know if that's good enough. Others who are active in the political process may have other things to say about it.

<Q>: I can actually clarify a little bit about Dr. Wagner's comment and the interaction with state departments lobbyists and United States Congress. I think it may be pretty good background information for moving forward. It's very interesting that (inaudible)

study came up with hundred million dollars back in about 1996. That was the exact number that we had actually gone to Congress for stating a good cost base for funding and stabilizing poison centers. And going to Congress and asking for $100 million (inaudible) used today is often met with a lot of very loud laughing and also followed with the words where is it going to come from. We continued along this process for a very long time and people mentioned things such as entitlement, where are the dollars coming from, include benefits from it, not the benefits. We finally got to Senator Dominici who was the head of the budget side. He suggested to us that the way you are in extent putting your foot in the door to get federal funding is to go through a process called dynamic scoring. And the dynamic scoring takes a look at your bill and takes a look at who benefits from the bill and who is contributing to the costs of deriving that benefit. What they were able to establish was that the benefit that the federal government was approximately 18%. And their initial estimate then of what it could be driven for is that it could get up to about 25%. And therefore that is the basic initiation quote where the dollar came from for stabilization of poison centers that was approximately at 1 million for the bill. Actually the person in the office of budget that (inaudible) looked up a gentleman by the name of Dan (inaudible) who took the bill as we had proposed it, was able to get the dollar value out of it. So I think that a lot of the comments that were being attributed to Dave (inaudible) arising over the fact that the

past decade has gone to Congress and asked for money is always based upon the benefit that's derived for the benefits for the federal government. And I think as we look forward, there are a lot of other major benefactors of poison centers that are not in the mix. The insurance industry can be a benefactor because they can take a look at the cost savings derived from poison control centers basically keeping people out of the hospital that don't need to be there and the primary benefactor of that is obviously insurance. No one has been willing to go after insurance corporations saying it's time for you to belly up to the bar and put in your fair share, because that's a political nightmare.

So I think that as we move or try to move off the $30 million mark that is now 100 million (inaudible) includes a lot of obstacles and things that lie in the way. I think what Dave was commenting for is that for reality, today's world with budget deficits and shortfalls of getting to that 30 million or 100 million peak is just not realistic. It certainly is meaningful and an appropriate goal, but I think we need to look beyond that, beyond the Congress is probably not going to (inaudible).

PAUL PATEL: A comment on that. I think the committee appreciated those realities. Part of the charge was to determine what it would take to stabilize poison centers. We

felt it needed to be articulated that this is the kind of money needed to create a stable funding base, and secondly that somebody needs to take the lead to make this happen. So maybe it needs to be pieced together and maybe it's not a realistic goal this year, but we all have to have a conceptual understanding that with less money than that we get something. But stabilization is probably not what will happen.

So I think we wouldn't disagree. We weren't kind of aware but that point needed to be made.

BERNARD GUYER: Are there other questions?

>> Before you continue, the people on the webcast are going to be tuning off in one second. There was an important question that was asked regarding the URL that Dr. (Inaudible) mentioned, so before they get cut off, I'm going to have him read it to them and then we can continue the discussion in the room. Okay?

BERNARD GUYER: So the URL for the report is www.nap.edu. NAP is National Academy of Press. Www.nap.edu. And then you need to give the title of the report

which is forging a poison prevention and control system in the search box. And you come to the report. Poison control will work to get the report in the search box.

>> Thank you.

<Q>: I just would like to repeat the gratitude, not only to the IOM committee (inaudible) the question of (inaudible) but I think to HRSA, the MCH Bureau and its leadership for having started this (inaudible) by taking the national responsibility to create that charge and go to sort of a national resource with credibility and (inaudible) as long as we're thinking in a (inaudible) sense to propose that very light charge, sort of the Maternal Child Health Bureau in many ways and (inaudible) some days pretty courageous about proposing these kinds of questions about these kinds of issues and (inaudible) difficult (inaudible). Having said that, with the compliment to all of you, may I ask respectfully, you, first of all, spent a lot of time in the health world to think about injuries and this really isn't a subset of that? What have we learned over the last 20years of getting this kind of larger more complex challenge in the public context of the dialog the (inaudible) how we move along more rapidly as long as we're actually (inaudible).

BERNARD GUYER: That's an interesting question. A couple things worth commenting on. One is that injury is a field where the IOM has played a particularly important role, actually. The National Academy of Science back in 1985 or something like published a report called Injury to America, the first report ever done on a national basis that this is a big problem. We're worried about cancer and heart disease and all these other things, but here is a big problem to tell all of Americans, a lot young Americans. And series of national agenda setting reports have promoted that and led to the formation of the National Center for Prevention Control at CDC and a national program at MCH and other places. And while you can say there was a lot of excitement in the '80s and development, that's been a certain plateauing of that. True there's lots of competing priorities in our federal government and our national agenda. And that is expected. And that's not to say there hasn't been some progress there.

I'm particularly pleased in this arena we were just at CDC last week. And Steve Johnson from HRSA was there with Stacey Harper and Rick Hunt and others from CDC. I think the collaboration of these two large federal agencies in this particular area is an important development, I think will benefit the field as a whole. It brings a public agenda on the table, it involves specific funding for poison centers. It involves the surveillance and data systems which are critical to what we understand about this

particular problem. And I think that that's really the formula for some progress. Whether that will plateau at some point, whether we get some initial excitement and plateau, who knows. Rick's comments about how politics work and so forth we all know the realities of that. But I think unless there's some common thinking within the field itself and it's not going to happen despite itself.

So I think that's good enough. I think this is an area where the federal agencies really have taken good leadership, and I think by continuing to play that kind of collaborative leadership role will make a big difference.

<Q>: I'd like to continue that discussion and to say that I'm happy in a number of ways to read chapter 89 (inaudible) education (inaudible) education. But I would like to say that the educators of the American Association of Poison Control Centers would like to supply additional information about our activities, our expertise and our clients. One of the things that we thought as we read through the chapters was are health departments likely to take on the additional responsibility? What would be the cost of them taking on this responsibility, and again to address the (inaudible) reductions?

BERNARD GUYER: So we did have a lot of testimony from educators at different poison control centers and from the component of the AAPCC that represents that. We greatly appreciate the work that goes on from educators in centers like this. If I could comment on a number of areas. This is what comes to mind, and some of this stuff is clearly spelled out in the report. A lot of that education really focuses in on the children who are, children's exposure to household and other kinds of poisons which is really the kind of main focus of the poison control centers. We feel if you take a broader picture, there's much more poisoning, serious poisoning and poisoning deaths goes on outside of that the population than within it.

One of the advantages of moving to a broader public health approach, it takes a whole poisoning problem as its mission and there we didn't want to forget issues of the regulatory mechanisms. When you start looking at, let's reduce the burden of poisoning on the population. The initial work of the (inaudible), FDA on packaging, that's where it's been. That's really reduced the amount of poisoning. When I was an intern, I had a cheat sheet on how to evaluate aspirin poisoning in children, the PH and the levels of (inaudible) and we always had kids poisoned with aspirin on the floor. Now they're hardly seen. We can't lose sight of that need for primary prevention that includes public

education as well as regulatory mechanisms and linking them together. That goes beyond the role of a poison educator within a center.

The other issue that we became aware of is that a lot of the poisoning is about getting the number, a phone number out there. And we have a debate about the phone number. Should there be one number nationally. If there's one number nationally, it's promoted by CDC. There are other centers that believe they have their own numbers and the single number interferes with their number. We heard a lot of that kind of stuff. So we wanted to try to move away from that and thinking about the public education in primary prevention role. That's not to take anything away from what people do in educating specific local groups about risks of poisoning and Poison Prevention Week, all that kind of stuff that plays an important role all through public health. We just feel more could be done in this area by having a broader interpretation.

Now, one thing that occurred that I actually forgot to mention as I went through my report was the issue of the number of poison centers. You know, we wrestled with this issue, and in the report you see we never come up with a number. We don't make a recommendation about the number of poison control centers that exist across the country because there's no way of coming up with that number. And at one time there

were six, 700 poison centers. Now there's 60 some and there's what we recommend are some principles, for what would constitute kind of regionalized center.

We recognize that in California, California is such a huge state, you know, you're talking about multiple centers. We recognize that the system that's been involved with Oregon serving Alaska seems to work with the Rocky Mountains serving a number of different, seems to work. So there's no simple formula for the numbers. We didn't want to get dragged into that argument. We rejected the idea of one center to serve the whole country as that's being absurd for a whole different reasons that are identified in the body of the report. And I think it's the same with educators. We recognize that the availability of locally trained people in this area, including educators, including medical toxicologists who serve needs for hospital consultations for other areas is an important part of what goes on.

I'm getting my one minute hook here.

Last question. We'll take a last question.

>> We can continue the discussion (inaudible) the webcast has already logged off. And then (inaudible).

<Q>: I would just like to, if I could briefly thank you for the breadth of the recommendations made. I know it's very difficult while you're in the trenches, to fight for tomorrow, get your fingers down the road. And I think your comment about the ICD codes change or the ICD definitions changing, starting something for head injuries, ten years later having achieved, very appropriate. And I think a lot of the recommendations across the board on all recommendations you relate to see all 12 implemented. It will take (inaudible) hopefully take us down the road to try to do that.

My comment about public health is that you're absolutely correct. We focused for all of my 20 years employed in centers on public education. We focused on line 20 on childhood injury, childhood prevention of poisoning. It hasn't always done a good job of affective we've been. Part of that has been, (inaudible) for lack of a better term lay people should go to congress and make positions they feel strong about. You're correct for the big picture we need to get there. To get there we have to continue to focus on (inaudible) whose center of the line cares about it.

BERNARD GUYER: Right.

<Q>: It's a difficult paradox that we have to move to.

BERNARD GUYER: Right, strategies.

<Q>: But laying out the picture into the future is extraordinarily beneficial for all of us. And using the two reports hand in hand as we try to go forward in time for the future for our state and local funding will be very beneficial.

I would like to ask on when you do find out about when you're briefing Congress, if you can be sure to let us know the Congressmen that have been very helpful of poison control centers, that all our staffs are there so we can notify them of that and get, garner the kind of support from the people that support that.

BERNARD GUYER: I certainly appreciate that. It's a prelude to follow up on. I remember the first meeting we held of the committee. You all were there. I have seen the newsletters. We do go by we can do no harm. And I hope we've done no harm here. So from that point of view I appreciate you telling us that.

<Q>: Before we wrap up, doctor, apparently the webcast is still on.

BERNARD GUYER: Welcome. Is anybody out there?

<Q>: They are. And you have a question regarding how the poison control industry may access the report. Do they have to purchase it on line or can they order it on line?

BERNARD GUYER: So the question is how can people out there get the report? It's not yet available, right?

<Q>: There is a copy you can read on line.

BERNARD GUYER: You can read it on line. It's not fun to read them on line. You have to go through page by page in PDF files. You have to print it page by page on PDF files.

<Q>: What I don't know is the --

BERNARD GUYER: That's all about (inaudible).

<Q>: That you can purchase a hard copy on line.

BERNARD GUYER: So it can be ordered on line and it will come out within the next couple of months. Is that roughly right?

It's in print right now. We're at the printers.

<Q>: (Inaudible) download it to PDF.

BERNARD GUYER: Technically, it's (inaudible).

BERNARD GUYER: For people who asked that question, if you go to the www.nap.edu website and access the report, it isn't easy to print out because you have to go. Each page is a separate PDF file. You have to go page by page to print it. The executive summary would be fairly easy to print out that way. It would be a good guide as to the way the report is written.

<Q>: Same question: Wasn't every poison center IOM sent a copy of the draft report, the (inaudible) recommendation. Every poison control center director, because they do have copies.

BERNARD GUYER: Good comment, Roseanne. We were just reminded that every poison center director received an advanced copy of the report. It's not bound yet, but it's a Xerox copy of all the pages. So the full report should be in every single poison control center in the country.

>> Any more questions?

(No response.)