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meaning at what time of the day? For a small office of one physician and a small staff (doctor, front desk receptionist, a nurse, an aide, and a billing person), the solution is very easy—simply set aside some time for all to meet after work, before hours, or even at lunchtime. It is easier to adjust to meet the schedules of only 5 people than a staff of 25. But regardless of the size, if you decide to have periodic meetings during lunchtime, it still will involve preplanning: you will need to shut down the office or lock the doors to prevent interruptions (don't forget to post signs informing patients who come in during lunchtime that they will need to return at whatever hour the meeting is scheduled to end); arrange for phone calls to be answered—or at least have a message informing callers of the reason they won't get a person on the line; arrange for food—yes, you should feed everyone; and prepare an agenda. The latter is important to direct the meeting, and that part falls on the leader's shoulder. But in essence, it is easier to plan for and implement an office staff meeting with fewer employees.

This brings me to another critical point: Who runs the meeting? Most of the time, and logically so, the pediatrician owner should be the one who sets the agenda and

brings up the topics for discussion. But in a large office, or even a smaller one with several differentiated duties, you may consider the office manager/administrator as the leader of the discussions. However, even if you have a strong and capable manager, the physician owners will still need to have input on developing the agenda. There is no need to bring in professional meeting planners or interactive experts—we're not talking about huge corporations with 20 vice presidents on a retreat. We're talking about staff members who work side by side every day—people who have an idea about what to expect from their next-chair colleague. And, we are talking about people who actually care about the success of the practice. That's an important point to remember: Your staff members, despite not being owners or shareholders, still want to see the practice succeed almost as much as you do. They want to be efficient, they want the patient care to be the best possible with the best possible outcome, and they want everyone to be happy. They may very well have good ideas for the betterment of the entire operation. Listen well to all suggestions, as they benefit the practice.

If you are a large office, you may share quarterly meeting leadership responsibilities between physician owners and office administrator. Perhaps one session deals more with clinical needs and issues. That might

be the time a pediatrician runs the show. What about the issues surrounding patient flow and business dealings? That would be when the office manager/administrator takes charge. When the manager is spearheading the discussions, pediatricians should stay in the back and minimally add to the commentary. Let the office manager do what he or she is trained to do. Bottom line—do not undercut the efforts of your management leader, especially in front of staff. He or she needs to have the respect of all. Be certain to plan for who runs the show. Whoever that person is should develop an organized agenda with a logical sequence of flow—and that means a written agenda. Try

to circulate the agenda before the meeting, as it is difficult to have even a "brainstorming" session without some direction. In particular, when you let staff know in advance about topics involving potential improvements, they can be ready with their own reactions and contributions.

Next month we will explore more of the details of personnel issues and clinical topics that can benefit from regular communication.

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PRODUCTS

New Coding Tool Available

The ICD-9/CPT reference helps physicians quickly identify procedural and diagnostic billing codes. Users can search 20,000 routinely updated codes by category, keyword, or code. For more information visit www.epocrates.com/products/coder.

Digital Insulin Pen With Memory

The HumaPen Memoir allows patients to record and review the time and dose of their last 16 insulin shots, including priming doses. The HumaPen Luxura HD allows half-unit dosing, which is helpful for

those who don't need large doses or parents of diabetic children. For more information, contact Eli Lilly & Co. by visiting <http://newsroom.lilly.com/releasedetail.cfm?releaseid=230738>.

Injection Port for Drug Self-Delivery

The I-Port device allows adults and children to inject insulin and other medications without repeated skin punctures. The device is 1.5 inches in diameter and 0.33 inch tall, which allows it to be worn discreetly under clothing. For more information, contact Patton Medical Devices by calling 877-763-7678.

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Vigamox®

(moxifloxacin hydrochloride ophthalmic solution) 0.5% as base

DESCRIPTION: VIGAMOX® (moxifloxacin HCl ophthalmic solution) 0.5% is a sterile ophthalmic solution. It is an 8-methoxy fluoroquinolone anti-infective for topical ophthalmic use.

CLINICAL PHARMACOLOGY:

Microbiology:

The following *in vitro* data are also available, but their clinical significance in ophthalmic infections is unknown. The safety and effectiveness of VIGAMOX® solution in treating ophthalmological infections due to these microorganisms have not been established in adequate and well-controlled trials.

The following organisms are considered susceptible when evaluated using systemic breakpoints. However, a correlation between the *in vitro* systemic breakpoint and ophthalmological efficacy has not been established. The list of organisms is provided as guidance only in assessing the potential treatment of conjunctival infections. Moxifloxacin exhibits *in vitro* minimal inhibitory concentrations (MICs) of 2 µg/ml or less (systemic susceptible breakpoint) against most (≥ 90%) of strains of the following ocular pathogens.

Aerobic Gram-positive microorganisms:

Listeria monocytogenes
Staphylococcus saprophyticus
Streptococcus agalactiae
Streptococcus mitis
Streptococcus pyogenes
Streptococcus Group C, G and F

Anaerobic microorganisms:

Clostridium perfringens
Fusobacterium species
Prevotella species
Propionibacterium acnes

Other microorganisms:

Chlamydia pneumoniae
Legionella pneumophila
Mycobacterium avium
Mycobacterium marinum
Mycoplasma pneumoniae

Clinical Studies:

In two randomized, double-masked, multicenter, controlled clinical trials in which patients were dosed 3 times a day for 4 days, VIGAMOX® solution produced clinical cures on day 5-6 in 66% to 69% of patients treated for bacterial conjunctivitis. Microbiological success rates for the eradication of the baseline pathogens ranged from 84% to 94%. Please note that microbiologic eradication does not always correlate with clinical outcome in anti-infective trials.

INDICATIONS AND USAGE: VIGAMOX® solution is indicated for the treatment of bacterial conjunctivitis caused by susceptible strains of the following organisms:

Aerobic Gram-positive microorganisms:

*Corynebacterium species**
*Micrococcus luteus**
Staphylococcus aureus
Staphylococcus epidermidis
Staphylococcus haemolyticus
Staphylococcus hominis
*Staphylococcus warneri**
Streptococcus pneumoniae
Streptococcus viridans group

*Efficacy for this organism was studied in fewer than 10 infections.

CONTRAINDICATIONS: VIGAMOX® solution is contraindicated in patients with a history of hypersensitivity to moxifloxacin, to other quinolones, or to any of the components in this medication.

WARNINGS:

NOT FOR INJECTION

VIGAMOX® solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye. In patients receiving systemically administered quinolones, including moxifloxacin, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an allergic reaction to moxifloxacin occurs, discontinue use of the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

PRECAUTIONS:

General: As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining.

Patients should be advised not to wear contact lenses if they have signs and symptoms of bacterial conjunctivitis.

Information for Patients: Avoid contaminating the applicator tip with material from the eye, fingers or other source.

Systemically administered quinolones including moxifloxacin have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Drug Interactions: Drug-drug interaction studies have not been conducted with VIGAMOX® solution. *In vitro* studies indicate that moxifloxacin does not inhibit CYP3A4, CYP2D6, CYP2C9, CYP2C19, or CYP1A2 indicating that moxifloxacin is unlikely to alter the pharmacokinetics of drugs metabolized by these cytochrome P450 isozymes.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long term studies in animals to determine the carcinogenic potential of moxifloxacin have not been performed. However, in an accelerated study with initiators and promoters, moxifloxacin was not carcinogenic in rats following up to 38 weeks of oral dosing at 500 mg/kg/day (approximately 21,700 times the highest recommended total daily human ophthalmic dose for a 50 kg person, on a mg/kg basis).

Moxifloxacin was not mutagenic in four bacterial strains used in the Ames *Salmonella* reversion assay. As with other quinolones, the positive response observed with moxifloxacin in strain TA 102 using the same assay may be due to the inhibition of DNA gyrase. Moxifloxacin was not mutagenic in the CHO/HGPRT mammalian cell gene mutation assay. An equivocal result was obtained in the same assay when v79 cells were used. Moxifloxacin was clastogenic in the v79 chromosome aberration assay, but it did not induce unscheduled DNA synthesis in cultured rat hepatocytes. There was no evidence of genotoxicity *in vivo* in a micronucleus test or a dominant lethal test in mice.

Moxifloxacin had no effect on fertility in male and female rats at oral doses as high as 500 mg/kg/day, approximately 21,700 times the highest recommended total daily human ophthalmic dose. At 500 mg/kg orally there were slight effects on sperm morphology (head-tail separation) in male rats and on the estrous cycle in female rats.

Pregnancy: Teratogenic Effects.

Pregnancy Category C: Moxifloxacin was not teratogenic when administered to pregnant rats during organogenesis at oral doses as high as 500 mg/kg/day (approximately 21,700 times the highest recommended total daily human ophthalmic dose); however, decreased fetal body weights and slightly delayed fetal skeletal development were observed. There was no evidence of teratogenicity when pregnant Cynomolgus monkeys were given oral doses as high as 100 mg/kg/day (approximately 4,300 times the highest recommended total daily human ophthalmic dose). An increased incidence of smaller fetuses was observed at 100 mg/kg/day.

Since there are no adequate and well-controlled studies in pregnant women, VIGAMOX® solution should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Moxifloxacin has not been measured in human milk, although it can be presumed to be excreted in human milk. Caution should be exercised when VIGAMOX® solution is administered to a nursing mother.

Pediatric Use: The safety and effectiveness of VIGAMOX® solution in infants below 1 year of age have not been established.

There is no evidence that the ophthalmic administration of VIGAMOX® solution has any effect on weight bearing joints, even though oral administration of some quinolones has been shown to cause arthropathy in immature animals.

Geriatric Use: No overall differences in safety and effectiveness have been observed between elderly and younger patients.

ADVERSE REACTIONS:

The most frequently reported ocular adverse events were conjunctivitis, decreased visual acuity, dry eye, keratitis, ocular discomfort, ocular hyperemia, ocular pain, ocular pruritus, subconjunctival hemorrhage, and tearing. These events occurred in approximately 1-6% of patients.

Nonocular adverse events reported at a rate of 1-4% were fever, increased cough, infection, otitis media, pharyngitis, rash, and rhinitis.

References:

1. Data on file, Alcon Laboratories, Inc. 2005.

2. VIGAMOX® solution prescribing information.

Rx Only

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