PRESIDENT'S MESSAGE

Making Sausages into Law

News from the National Annual Leadership Forum

Otto von Bismarck once said "Laws are like sausages, it is better not to see them being made." For many years as a member of the MCAAP I followed that advice. Every month a new edition of Pediatrics would arrive and I would read the articles and the AAP statements, but I never spent a lot of time thinking about where AAP policies came from. I assumed that they were created at some think tank, a bunch of pediatricians (a lot smarter than I am) sitting around making pronouncements. It wasn’t until I became president of the MCAAP that I was able to go inside the kitchen and watch the sausage-making of AAP policies.

If you had asked me a year ago what ALF was, I probably would have said a cartoon character that my kids played with 15 years ago. In fact, ALF is the AAP Annual Leadership Forum, and I recently had the privilege to visit the ALF and represent the MCAAP. ALF is a gathering of pediatricians from across the country who represent the various aspects of the AAP. ALF considers, debates, and votes on resolutions from members of the AAP. Resolutions passed are sent to the AAP Executive Board for consideration to be included in future AAP policies.

When I got to ALF there were hundreds of pediatricians in multiple meeting rooms debating a wide range of topics. It was no ivory tower with intellectuals debating the finer points of higher philosophy. It was just pediatricians arguing about the best way to do vision screening and get insurers to pay for it. There were pediatricians from across the country debating gun safety. I continued on page 3

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Medical Student Committee (MSC) of the MCAAP

It is with great pleasure that we announce the creation of the MSC of the MCAAP. Its creation was made possible by the efforts of President Dr. John O’Reilly, Executive Director Cathleen Haggerty, and a group of dedicated medical students from the four medical schools in MA. Its mission statement is to offer enthusiastic representation for medical student members in the MCAAP, to promote collaboration between students and other MCAAP members/committees, and to utilize the resources of the MCAAP to empower medical students to improve the health of children and adolescents. Our group will focus on many of the MCAAP priorities, including mentorship for trainees, establishing leadership, supporting projects and events for students, and increasing membership. We’ll also serve as an invaluable voice for students interested in pediatrics on the state level, acting as a liaison between students, the MCAAP, and the Executive Board.

The MSC is assisting with the planning of the fall programming for students and trainees, developing our committee with 2–3 representatives from each MA medical school, and solidifying our website, mcaap.org/medical-student. We’ll continue to plan events throughout the year and ask interested MCAAP members contact us to serve as mentors and/or speak at one of the MA medical schools. We are happy to facilitate any involvement of members with students.

Thank you for welcoming us into the MCAAP as a Medical Student Committee, and please let us know if you have any suggestions for our group. We look forward to becoming an active and successful committee within the MCAAP.

— Christian Pulcini, Tufts M’14, co-chair, Medical Student Committee
As William Congreve wrote in 1697, “music has charms to soothe the savage breast,” but in our evidence-based world, is there anything behind it when it comes to the crying baby? A recent study has added to our understanding of how this might work — at least in the preterm infant.* A group of innovative researchers at the Louis Armstrong Center for Music and Medicine and colleagues in the neonatal intensive care unit (NICU) joined together to conduct a randomized clinical multisite trial of 272 premature infants aged >32 weeks with respiratory distress syndrome, clinical sepsis, and/or low birth weight (SGA) who served as their own controls in 11 NICUs.

Infants received three interventions per week and were monitored before, during, and after. The study compared three live music interventions that were randomized to be applied in either the morning or afternoon. The first intervention was a “song of kin” or parent-preferred lullaby. If they could not identify one, “Twinkle Twinkle” was used (52% of sample). “Song of kin” (48% of sample) may be from a church or synagogue, it may be a nursery rhyme that a parent’s parent sang to them, or it may be a self-imposed melody. The parents were encouraged to sing these songs and if not a comparable voice was used. Parents were instructed how to entrain to their baby’s respiratory rate or activity level. The second intervention was a Remo ocean disc (rhythm sound intervention) — this is a round instrument that is filled with tiny metal balls which when the disc is rotated move slowly and create a sound effect that is contained and quiet and meant to simulate the fluid sounds of the womb. This was also entrained to match the infant’s inhalation and exhalation cycles. The third intervention was a Gato box (rhythm intervention), which is a small rectangular tuned musical instrument that provided an entrained rhythm in a soft timbre meant to simulate a heartbeat.

Primary outcomes included the infants’ vital signs (i.e., heart rate, respiration rate, oxygen saturation) and activity level. Secondary outcomes included feeding, sleeping, and caloric intake.

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had one of those Wizard of Oz moments that I was “not in Kansas anymore, Toto” as I listened to Southern pediatricians talk about gun safety issues. Living in MA for 24 years, I had lost the perspective of how issues were viewed from states in different regions. It was clear to me that making policy was more like making sausage, and there were cooks from all over the country bringing their home state ingredients. Not only did the final product have to be nutritious and scientifically valid, it had to be palatable to pediatricians and patients across the country, as well.

I was there with the MA delegation, bringing ideas from the liberal Northeast and trying to work with others from across the country to create something that we could all support. After of days of debate in conference rooms and casual conversations in the hallway, consensus was reached and coalitions were built.

Advocacy and Initiatives

Immigration. In her practice, Julia Koehler, MD, from Children’s Hospital, had personally seen the pain and suffering caused when immigration enforcement separated parents from their children. She wanted the AAP to make a strong statement protecting the children of immigrants. Our view of immigration was different from some pediatricians in the Southwestern border states, where many immigrants cross into the U.S., and from pediatricians in the Midwestern states, where immigrants work in the meat-packing plants. Although our political views and experiences concerning immigration issues were different, we were able to come together to support the children of immigrants.

Asthma Inhalers. Alon Peltz, MD, and his fellow MGH residents were frustrated because the many colors of asthma inhalers confused their patients and families, leading to poor asthma care. Many of us have heard our patients tell us they used the red inhaler every 2 hours and we aren’t sure if they’re talking about Symbicort or Pro Air. If we can’t tell them apart, how can we expect our families to — especially when their child starts wheezing at 2 a.m.? Dr Peltz’s clinical frustration led to a working group of residents and attendings researching and interviewing experts. Dr. Peltz’s group decided that this problem needed to be addressed on the national level, and proposed that the AAP push manufacturers and government regulators to create a system in which all rescue inhalers and controllers are different colors. The resolution won the approval of pediatricians from across the country. I can’t wait until this resolution has been adopted and implemented by the pharmaceutical companies. I am usually confused enough when I’m awakened by a parent’s call at 2 a.m., and I look forward to when the color of an inhaler won’t add to that already sleepy confusion.

Postpartum Depression. Michael Yogman is a pediatrician in private practice who has been fighting to improve the care of women with postpartum depression (PPD) for years. He has seen how our fragmented medical care system prevents pediatricians from being paid for PPD screening of new moms, despite the fact that PPD has a negative impact on the neuro-developmental outcome of babies. Michael was unable to negotiate payments for pediatricians to do PPD-risk screening in MA despite its clear benefit. Knowing that a strong statement of support from the AAP for the Bright Futures standard would be a way to overcome insurer resistance, his ALF resolution was passed, which will help change the system for better screening in the future.

Tobacco. Jonathan Winickoff and Lester Hartman had been advocating at community health departments across MA to raise the local age for purchasing tobacco products to 21, and realized that the AAP hadn’t made a statement on this issue. They worked with the AAP’s Richmond Center to create a resolution, and got support from the MCAAP. It passed, and they now have national backing. If you want to work with Jonathan on this issue in your community, contact him at jwinickoff@partners.org.

Marijuana. Sharon Levy is an addiction specialist at Children’s Hospital and chair of the AAP Committee on Substance Abuse. She’s been studying the negative impacts that legalizing marijuana has had on the pediatric population. Sharon felt her advocacy efforts would be strengthened by an AAP policy statement opposing legalized marijuana. Her resolution passed and will guide future AAP policy.

Gun Safety. ALF came just 3 months after the tragic killings in Newtown, CT. The Connecticut AAP President brought a resolution crafted by the pediatricians from the Newtown area. Surprisingly, the initial resolution was defeated in a screening committee. The Connecticut delegation was unwilling to leave ALF without a resolution on gun safety, and like-minded pediatricians throughout the country worked feverishly to create a resolution that would pass in general voting assembly. Watching the compromise being created was an amazing example of dedicated pediatricians from across the country and across the spectrum of clinical and academic jobs coming together for the common cause of improving the lives of our patients and their families. This collaboration was making sausages at its finest.

The 3 days at ALF showed me that the AAP was an organization that’s interested in hearing what its members have to say and acting on their concerns. Many of the resolutions were inspired by personal clinical situations. They didn’t require an advanced degree in public policy or health care administration. A member could voice a concern that resonated with the experience of members across the country, and that single voice could be multiplied into a shout that would reach the board of the AAP.

We are in the season when the 2014 ALF resolutions will be created. Pediatricians will be creating resolutions to passionately address clinical or administrative concerns. Here in MA, we’ll be gathering ideas from our members. The resolutions may need to be refined by the MCAAP
Provider Choice for Vaccine Selection

The development of safe and effective vaccines against many childhood illnesses was the most important public health achievement of the 20th century. The incidence of diseases, such as measles, polio, *Haemophilus influenzae* type b, congenital rubella, diphtheria, and tetanus, have been reduced by more than 95 percent because of immunization programs. Through the use of vaccines, progress is being made in reducing the incidence of other infectious diseases such as hepatitis B, influenza, invasive pneumococcal disease, varicella, and HPV.

Shortages of many vaccines in the recommended childhood immunization schedule have occurred in the past and will continue to occur in the future. Reasons for these shortages are multi-factorial and include manufacturing or production problems and insufficient stockpiles. Some shortages may be specific to only one manufacturer. Shortages of vaccines often necessitate temporary changes in recommendations.

Massachusetts has led the way in requiring immunizations for school, insuring that all children receive appropriate vaccines, and in simplifying the ordering and stocking of vaccines in physician offices. In the past, the choice of which vaccine formulation to purchase was based on recommendations from a committee of the MA Chapter of the AAP’s Immunization Initiative. The MA DPH Immunization Program has not purchased multiple formulations of similar vaccines primarily due to the nature of the State’s vaccine distribution system and feedback from the MCAAP’s Immunization Initiative.

Vaccine manufacturers have recently requested provider choice in ordering vaccines. This choice will allow any practitioner in the state to order vaccine from any manufacturer. Provider choice will encourage competition among manufacturers and help to stimulate new vaccine development. In addition, provider choice will reduce future vaccine shortages and ensure a constant supply of vaccine.

At the request of the Commissioner of Public Health, a new DPH Vaccine Purchase Advisory Council was created to more formally evaluate DPH’s vaccine decisions, including the issue of provider choices for vaccines. This committee consists of representatives from DPH, AAP, AAFP, insurers, nurses, and other practitioners. As of late, the committee voted to conduct a trial of provider choice for three vaccines (Tdap, hepatitis A, and hepatitis B). DPH’s recently implemented online vaccine-ordering system will allow this change to happen.

Some practitioners have expressed concern to the MA Chapter AAP’s Immunization Initiative about competing claims of vaccine efficacy from pharmaceutical representatives in their offices. It is important for practitioners to remember the following points:

- All currently supplied vaccines are licensed by the FDA.
- All licensed vaccines are reviewed by the ACIP and the AAP before being added to the childhood immunization schedule.
- The ACIP has stated that in general it is preferential to start and complete a series with one formulation of a vaccine, but that different formulations of some vaccines such as hepatitis B, hepatitis A, DTaP vaccines may be interchangeable to avoid missed opportunities.
- In most situations different formulations can be used as long as they are licensed for that age group or have been recommended by the ACIP (even if off-label)

In Summary:

- In an effort to simplify vaccine ordering, decrease mistakes in administration, and decrease the number of vaccines in refrigerators, DPH recommends that providers stick with one brand of vaccine to the greatest extent possible.
- If a provider wishes to switch brands, DPH recommends that happen no more than once per year.

- Because most competing formulations of vaccines are equally safe and effective and considered interchangeable, most providers do not need to switch vaccine brands from their current practice.

— Richard Moriarty, MD, FAAP, Co-Director, MCAAP Immunization Initiative

From the Massachusetts Department of Public Health: Online Vaccine Ordering Now Available!

The Massachusetts Department of Public Health (MDPH) Immunization Program is pleased to announce the availability of a new online system for vaccine ordering, inventory management, and annual provider enrollment. This Vaccine Management Module is part of the latest release of the Massachusetts Immunization Information System (MIIS).

The MIIS Vaccine Management Module has been used internally at the MDPH for processing paper-based vaccine orders since the spring, and some provider offices began utilizing the new system in July. The Immunization Program will provide in-person and webinar training throughout the fall, in addition to the self-paced training materials currently available online. The training and materials describe how to access the MIIS to use the Vaccine Management Module, including ordering, tracking, and reporting of vaccine inventories. The video training and other materials are posted on the ContactMIIS Resource Center website: contactmiis.info, click on “Training Library.”

If your practice orders state-supplied vaccine and has not yet registered with the MIIS, please register today to be able to continue ordering vaccine from the MDPH. The MIIS-user support team is happy to assist you with the registration process.

— Pejman Talebian, MA, MPH, Immunization Program, MDPH

For questions regarding registration contact the MIIS Help Desk: (617) 983-4335 or miishelpdesk@state.ma.us.

For questions regarding vaccine ordering, contact the Vaccine Unit: (617) 983-6828.
Give Birth to the End of Hep B: Immunization Action Coalition Launches Campaign to Prevent Hepatitis B Transmission at Birth

The Immunization Action Coalition (IAC) recently launched a campaign, Give Birth to the End of Hep B, to prevent hepatitis B transmission at birth. The campaign urges hospitals and birthing centers to eliminate hepatitis B virus (HBV) infection. With this campaign, the IAC released its new comprehensive guidebook, Hepatitis B: What Hospitals Need to Do to Protect Newborns. Endorsed by the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the Centers for Disease Control and Prevention, this resource breaks new ground as a policy and best practice guide for newborn hepatitis B immunization.

Experts agree that hepatitis B virus (HBV) infection can be eliminated, and that preventing transmission at birth is fundamental to this effort. Yet nearly one in three newborns leaves the hospital unprotected by hepatitis B vaccine, despite national recommendations to provide it before the newborn is discharged from the hospital.

"Hospitals and birthing centers have a responsibility to protect babies from life-threatening hepatitis B infection," says IAC Executive Director Dr. Deborah Wexler. "A birth dose of hepatitis B vaccine can protect most of the approximately 800 U.S. newborns who become chronically infected with hepatitis B each year through perinatal exposure."

The national standard of care to prevent HBV infection in babies is to administer hepatitis B vaccine to all newborns before they leave the hospital or birthing center. This standard is being adopted by centers of health care excellence nationwide as a safety net to protect newborns from a wide range of medical errors that lead to babies being unprotected from perinatal hepatitis B infection.

For more information about IAC’s campaign to prevent hepatitis B transmission at birth, and to download, Hepatitis B: What Hospitals Need to Do to Protect Newborns, visit immunize.org/protect-newborns.

— MCAAP Immunization Initiative


In a press briefing on July 25, the CDC and the American Academy of Pediatrics announced that human papillomavirus (HPV) vaccination rates in girls 13 to 17 years of age failed to increase between 2011 and 2012. HPV vaccine is an anti-cancer vaccine that is safe and effective, yet only one in three of girls has received all three recommended doses of HPV vaccine that are needed for full protection. CDC and AAP leadership emphasized that we must do better. By increasing three-dose HPV vaccination coverage to the Healthy People 2020 goal of 80 percent, an estimated additional 53,000 cases of cervical cancer could be prevented over the lifetimes of U.S. girls 12 years of age and younger.

The 2012 NIS-Teen data show that not receiving a recommendation for HPV vaccine was one of the five main reasons parents reported for not vaccinating daughters. The other responses parents provided indicated gaps in understanding about the vaccine, including why vaccination is recommended at 11 or 12 years of age and concerns about safety.

Approximately 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that nearly all sexually-active men and women will get at least one type of HPV at some point in their lives. So we are asking you as partners for your help in spreading the word about the importance of HPV vaccination. Here are a couple of easy things you can do to spread the word:

- Link the MMWR article on your website, e-newsletter, or in an email to your members.
- Find ways to help give a strong HPV vaccine recommendation and how to talk to parents with our newest factsheet for health care providers.
- Link to the recent NHANES study published in the Journal of Infectious Diseases, which shows that the HPV vaccine is very effective.
- Place your own tweets and Facebook posts that direct people back to the article or share CDC posts or tweets. If you would like to view sample tweets and posts please email preteenvaccines@cdc.gov.

— MCAAP Immunization Initiative
New Massachusetts Department of Public Health Requirements Regarding the Management of Concussions

In July 2010, Governor Patrick signed a law on sports-related head injuries to promote the safety of young athletes in Massachusetts. The Massachusetts Department of Public Health (MDPH) has written the regulations, Head Injuries and Concussions in Extracurricular Activities 105 CMR 201.000, to implement this law, which applies to Massachusetts public middle and high schools serving grade six through high school graduation, and other schools subject to the official rules of the Massachusetts Interscholastic Athletic Association. In response to these regulations, schools must develop policies that address medical clearance and return to play for students with sports-related head injuries.

As part of these regulations, there is a requirement that by September 2013, Massachusetts physicians, nurse practitioners, certified athletic trainers, and neuropsychologists providing medical clearance for return to play shall verify that they have received department-approved training in traumatic head injury assessment and management or have received equivalent training as part of their licensure or continuing education. MDPH has developed a medical clearance form to include an affirmation that the clinician providing clearance has taken this approved MDPH clinical training.

Options for MDPH-approved clinical training (under heading “MDPH Approved Clinical Training”) as well as the medical clearance form, can be found on the website below. Participation in one of these options will ensure Massachusetts clinicians’ ability to provide medical clearance under these regulations.

For more information about the MDPH’s policies about sports-related concussions and to view approved clinical training options, visit the Sports-Related Concussions and Head Injuries website* and go to “MDPH Approved Annual Training,” then scroll down to “MDPH Approved Clinical Training.”

References


Looking to Hire or Be Hired?

Job listings are a free service provided by The Forum to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.*

To submit a listing, email alight@mcaap.org. Please include the following information:

- Contact information
- Practice name/residency program
- Position title
- Description (25-word limit)
- Availability (e.g., available now)

*Contact Cathleen Haggerty at chaggerty@mcaap.org for rate and payment information.

Such a simple message with such amazing results: talk, sing, and be with your child. What can we as pediatric clinicians do to bring it home? One option is to talk about the importance of reading aloud or with children at every pediatric encounter. Perhaps we need to adjust the wise words of Sir William Osler in 1903 who wrote, “To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is to not go to sea at all.” Let’s add the clause, “…and to care for children without books is to send them out in a leaky vessel.”

— Marilyn Augustyn, MD, FAAP

For more information about Reach Out and Read and early literacy, email Massachusetts Program Director Alison Corning-Clarke at alison.clarke@reachoutandread.org or Massachusetts Coalition Medical Director Marilyn Augustyn at augustyn@bu.edu.

References


— Marilyn Augustyn, MD, FAAP

For more information about Reach Out and Read and early literacy, email Massachusetts Program Director Alison Corning-Clarke at alison.clarke@reachoutandread.org or Massachusetts Coalition Medical Director Marilyn Augustyn at augustyn@bu.edu.

References

EXPANDING PEDIATRICIANS’ ROLES IN BREASTFEEDING SUPPORT

Free Continuing Medical Education (CME) Online Tutorial

There is no charge for this tutorial, available at: northeastern.edu/breastfeedingcme/index.html.

This course was supported by the Nutrition, Physical Activity and Obesity Program Cooperative Agreement 3U58DP001400-05S1 from the Centers for Disease Control and Prevention to the Massachusetts Department of Public Health, which created the tutorial in collaboration with Northeastern University. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Hallmark Health System designates this enduring activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)™ and 1.5 nursing contact hours.

The CME has the following sections:

• Section 1: Current AAP Guidelines on Breastfeeding
• Section 2: Breastfeeding Background
• Section 3: Role of Broader Factors in Infant Feeding Decisions and Practices
• Section 4: Breastfeeding Management and Troubleshooting
• Section 5: Successful Breastfeeding Requires Support
• Section 6: Integrative Case Studies
• Section 7: Resources and Posttest

Send your email address to chaggerty@mcaap.org for instant notification of issues important to the MCAAP membership.

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committee system or reviewed by members of the leadership, but the basic ideas come from our members.

So, what are you passionate about that the AAP should be advocating? What would make a substantial improvement in the lives of your patients or your fellow pediatricians that the AAP should fight for? Have these conversations in our practices and our hospitals, talk to your fellow members, and bring your ideas to the MCAAP. We represent you on the state and national level, and are here to bring your recipes forward and help make some sausage. Membership in the AAP has many privileges, including the right to be heard, and the opportunity to turn your ideas into better practice. Contact Cathleen Haggerty at chaggerty@mcaap.org with your ideas for ALF resolutions. — John O’Reilly, MD

JOBS CORNER

Pediatric Urgent Care Moonlighters (Weekend)

Harvard Vanguard Medical Associates, a well-respected multispecialty group practice with locations in and around the Greater Boston area, has opportunities for weekend Pediatric Urgent Care Moonlighters. Our well-established, community-based multispecialty practices offer on-site pharmacy, lab, and radiology services, and affiliate with Children’s Hospital Boston. These positions are located in Boston, Braintree, Chelmsford, Peabody, Somerville, and Wellesley. They require a commitment of two shifts per month. Weekend hours vary by site. Harvard Vanguard offers excellent practice supports, a fully integrated electronic medical record system (EPIC), and a strong clinical infrastructure. Applicants must provide their own malpractice coverage. Please forward CV to: Brenda Reed, Department of Physician Recruitment, Harvard Vanguard Medical Associates, 275 Grove Street, Suite 3-300, Newton, MA 02466-2275. Fax: (617) 559-8255, Email: brenda_reed@vmed.org, or Call: (800) 222-4606 or (617) 559-8275 within Massachusetts. EO/AA. harvardvanguard.org

Part-Time Physician Co-Director for the Rhode Island Chronic Care Sustainability Initiative

Launched in 2008 under the authority of the Office of the Health Insurance Commissioner (OHIC), the Rhode Island Chronic Care Sustainability Initiative (CSI) brings together key health care stakeholders to promote care for patients with chronic illnesses through the patient-centered medical home (PCMH) model. Its mission is to lead the transformation of primary care in Rhode Island by engaging critical stakeholders to implement, evaluate and spread effective models to deliver, pay for and sustain high quality comprehensive accountable primary care. CSI began with five pilot sites in 2008 and has grown to 36 practices. Currently, over 260,000 Rhode Islanders receive their care from CSI practices. Over the next four years, up to 20 practices will be added each year, with the goal of providing over 500,000 Rhode Islanders with access to a PCMH.

In 2011, Commonwealth Medicine (CWM), the health care consulting division of UMass Medical School (UMMS), was awarded a contract with the Rhode Island Foundation in collaboration with OHIC to provide project leadership and program development for CSI. Partnered with a Nurse Co-Director, the Physician Co-Director will provide leadership in the development and implementation of long and short-term strategic plans for CSI, as well as oversight of day-to-day operations of the program.

Pediatric Pain
October 24, 2013
8:30 a.m. to 3:45 p.m.
The Log Cabin Banquet and Meetinghouse, Holyoke, MA

This course meets the Massachusetts Board of Registration requirements for pain management and end-of-life care. All credits are appropriate for risk management study.

Sponsored by the Massachusetts Chapter of the American Academy of Pediatrics, Massachusetts Department of Public Health and Baystate Continuing Education

Statement of Need
Pain may be undermanaged in children due to the complexity of assessing and treating pain in children, fears associated with providing controlled substances to children and adolescents, and the medical/legal climate in U.S. healthcare. This course will provide attendees with practical, research-based information regarding the optimal management of pain in children and adolescents.

Registration is easy:
• Go to baystatehealth.org/learn
• Wait for the calendar to load
• Click on October and then select the October 24 conference
• Follow the check out process

For more information, please contact Cathleen Haggerty at chaggerty@mcaap.org.

MCAAP Committees and Administrative Appointments

AAP BREASTFEEDING COORDINATOR
Susan Browne sbrowne@mcaap.org

BYLAWS COMMITTEE
Carole Allen callen@mcaap.org

CATCH CO-COORDINATORS
Anne Nugent anagent@mcaap.org
Giusy Romano-Clarke grclarke@mcaap.org

COMMITTEE ON ADOLESCENCE
Carl Rosenbloom crossenbloom@mcaap.org

DEVELOPMENTAL DISABILITIES
Laurie Glader lglider@mcaap.org
Kitty O’Hare kohare@mcaap.org

EMERGENCY PEDIATRIC SERVICES
Patricia O’Malley pomalley@mcaap.org

ENVIRONMENTAL HAZARDS
Megan Sandel msandel@mcaap.org

FETUS AND NEWBORN
Munish Gupta mgupta@mcaap.org
Dmitry Dukhovny ddukhovny@mcaap.org

FORUM EDITOR
Anne H. Light alight@mcaap.org

FOSTER CARE
Linda Sagar lsagar@mcaap.org

IMMUNIZATION INITIATIVE
Cynthia McReynolds cmcreynolds@mcaap.org
Sean Palfrey spalfrey@mcaap.org

INFECTIOUS DISEASE
Sean Palfrey spalfrey@mcaap.org

INJURY PREVENTION AND POISON CONTROL
Greg Parkinson gparkinson@mcaap.org

INTERNATIONAL CHILD HEALTH
Sheila Morehouse smorehouse@mcaap.org
David Norton dnorton@mcaap.org

LEGISLATION
Karen McAlmon kmcalmon@mcaap.org
Michael McManus mmcmmanus@mcaap.org

MEMBERSHIP
Chelsea Gardner cgarner@mcaap.org
Walter Rok wrrok@mcaap.org

MENTAL HEALTH TASK FORCE
Joe Gold jjgold@mcaap.org
Michael Yogman myogman@mcaap.org

MMS DELEGATE/HOUSE OF DELEGATES
Lloyd Fisher lfisher@mcaap.org

MMS INTERSPECIALTY COMMITTEE REPRESENTATIVE
Open

NOMINATING COMMITTEE
Open

OBESITY COMMITTEE
Alan Meyers ameyers@mcaap.org
Erinn Rhodes erhodes@mcaap.org

ORAL HEALTH COMMITTEE
Michelle Dalal mdalal@mcaap.org

PEDIATRIC COUNCIL
Peter Rapp prapp@mcaap.org

PEDIATRIC PRACTICE
Open

PROS NETWORK COORDINATORS
David Norton dnorton@mcaap.org
Ben Scheindlin bscheindlin@mcaap.org

SCHOOL HEALTH
Linda Grant lgrant@mcaap.org

SUSPECTED CHILD ABUSE AND NEGLECT
Steve Boos sboos@mcaap.org

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