The Forum
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Massachusetts Chapter
Newsletter of the Massachusetts Chapter of the American Academy of Pediatrics

PRESIDENT'S MESSAGE

"Call Me John"

"Call me Ishmael" is the iconic opening of *Moby Dick*, a classic New England tale. With that simple line, the author draws you into his story and invites you to join him in an adventure. "Call me John" is a much less memorable line, but it's the one I'll use to draw you into my story and to invite you along on my adventure. My story is not a swashbuckling one. My quest isn't for a great mythical creature of the deep, but for something equally grand and elusive: the improvement of the health and well being of all pediatric patients and their families in the Commonwealth.

My journey to the presidency of the MCAAP is that of an accidental tourist. It wasn't something I had planned to do, but now that I have arrived, I'm eager to explore the fascinating opportunities that lie before me. I will share the itinerary of my journey up to this point before I ask you along for the next part of my adventure.

I went through medical school on a public health service scholarship, and I learned a lot about the health care system while working in a public health clinic in inner city St. Louis. I took care of many "under- insured" patients, whose parents had to balance buying medicines and paying the rent. Although I now teach medical students about "the evil of drug rep samples," I had many families who would leave the Tuesday morning food bank in the local church and come over to the clinic to see if there were any samples of asthma medicine for their children.

When my time in public health service ended, I chose a position at Kaiser Permanente in Springfield, Massachusetts. Although there were many flaws in the HMO systems then, Kaiser was as close

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Planning Care for Children with Asthma in Your Medical Home: Addressing Common Concerns of PCPs

Caring for children and youth with asthma in a primary care, non-specialty setting requires the creation of office protocols to permit scheduled and planned asthma visits. In contrast with the acute care setting, chronic care management visits permit non-emergent assessment of the child's condition and family/child asthma education.

Common concern: Not enough time

Solutions

Restructure visits to get out of an acute care cycle and cluster asthma visits.

Chronic care management visits are a great way to incorporate the six Guidelines Implementation Panel (GIP) priority messages from the National Heart, Lung, and Blood Institute (NHLBI) guidelines for optimal asthma care. In a non-acute visit, asthma control and allergen/irritant exposures can be assessed, asthma severity and medications adjusted, spirometry obtained (if indicated) and the child's asthma plan and school medication authorization forms can be completed. For providers who see many patients with asthma, grouping such visits into a single clinic day can streamline care flow and enhance staff familiarity with needed forms and procedures. These visits can be scheduled in longer time slots and coded for time spent in care. By asking your patient to schedule their asthma management visit with you before they leave, they are more likely to return, and you can better predict your workflow.

Know who needs care.

When a child is actively suffering with an asthma exacerbation, both you and the family are alerted to the need for planned asthma care. As the child is in the process of care for symptoms, you can enter the child into your Asthma Registry and schedule a visit soon with the child's primary provider — underscoring the importance of follow-up. Identifying your population of children with asthma through asthma registry development can begin by conducting a retrospective review of one's office management system, by diagnosis. Using codes for wheezing (786.07) or asthma (493.XX) to identify children with asthma also helps identify

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EDITOR'S NOTE

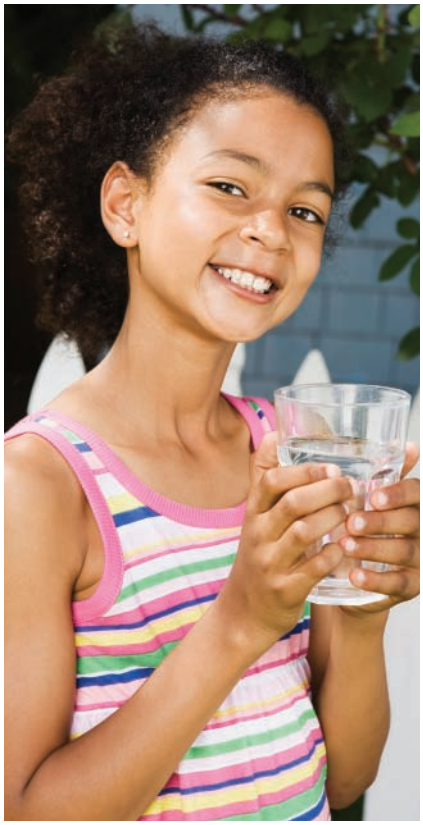
Water, Water, Everywhere

On these long, hot, summer days, thoughts turn to relaxing outside with a cool drink. But not all drinks are created equal. In this issue of *The Forum*, you will read about a new No Soda campaign from the residents of the Boston Combined Residency Program. I applaud their efforts, and would like to add one more prescription to the mix: *Drink water.* Yes, it seems simple. But it's astonishing how few patients — and medical professionals — consistently get the hydration that they need.

Summer is a natural time to encourage water consumption for many reasons. As the thermometer climbs, we lose more water through sweat and evaporation. Failing to drink more in response to higher temperatures can lead to low-level dehydration and the irritability, headaches, fatigue, and nausea that accompany it. Worse, individuals may interpret low-level thirst as hunger, and often overeat instead of hydrating adequately, fueling further symptoms and leading to weight gain over time. At the most serious level, heat waves and aggressive outdoor activities can lead to serious dehydration or heat stroke in some patients.

Despite the many benefits of water, thirsty patients and families still turn to sodas or electrolyte-replacers for a drink. Water, it seems, is simply not sexy. Because of its mild taste and lack of nutrients, patients tend to perceive it as dead space, useless filler that is okay at best. Yet the opposite is true: out of everything we eat and drink daily, nothing is more critical for our health and well being than pure water.

So how are sodas winning this war? Advertising dollars — plain and simple. In 2012, PepsiCo is expected to spend upwards of $2 billion advertising its soda brands alone, targeted mostly for the summer months. Competing brands advertise in a similar fashion, and most pay special attention to the youth market to build brand loyalty at a young age.[1] Unfortunately, this strategy works. Children, without the cognitive defenses to appropriately evaluate advertisements, are vulnerable to feel-good advertising



and likely to respond positively to advertisers' messages. Add in a harried parent and a child who has been trained to nag for consumer goods, and the child will probably find a way to "Open Happiness"[2] this summer.

Further complicating the issue of low cachet is the perceived threat and poor taste of tap water. In surveys and focus groups, many individuals question the safety of tap water. Families are particularly likely to reference fears around tap water and children. One parent stated, "As a parent I feel more comfortable giving her bottled water."[3] Some even opt for sodas or other processed drinks secondary to safety concerns over their municipal water.

In some parts of the world, these strategies are lifesaving. But for most of us in Massachusetts, nothing could be farther from the truth. Tap water is more frequently tested and held to more standards more stringent than its bottled counterparts. Unlike processed drinks, tap water doesn't contain high fructose corn syrup or lead to weight gain the way that many

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Submissions for the next issue of *The Forum* should be sent to alight@mcaap.org by September 3, 2012.

"Call Me John"

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to the ideal single-payer system as I could find. I liked Kaiser's emphasis on preventive care delivered with a team approach. I learned many of the principles of "medical home care" long before that term came into vogue. Kaiser also gave me some training in medical ethics, and working as a consultant and a mediator has been a rewarding addition to my general pediatric practice.

From my earliest days in my public health clinic, I was involved in teaching pediatric residents and medical students. Teaching is a talent I initially didn't know that I had, but it is another aspect of my practice that I thoroughly enjoy. When Kaiser left the state in 1999, I joined the general pediatrics faculty at Baystate Medical Center, where I have been ever since.

When I came to Massachusetts from St. Louis, I had no idea what the MCAAP was, or what it did. I checked the state box on my FAAP renewal because it seemed like the right thing to do now that I was a resident. My wife and I were raising three young children and, between that and my practice, I was content to let someone else do whatever it was the chapter did all the way across the state in Boston. The workings of the chapter remained nebulous to me until about seven years ago. I was sitting in an auditorium waiting for Grand Rounds to start when Dave Norton, a friend and local pediatrician sat down began chatting with me. Dave was on the MCAAP nominating committee, and asked me to get more involved in the MCAAP by becoming a district representative. I said I was just a general pediatrician, with no experience in policy or advocacy. He told me the only real qualifications were being a pediatrician and having an interest in improving the health and well being of children and adolescents throughout the state. I met those criteria, and told Dave I would be willing to do my part to help advance the cause.

My time on the MCAAP executive board has been eye opening. The chapter was not just "some group in Boston," but a large group of talented and dedicated individuals from across the state, working together on issues important to the pediatric population and those who help serve the needs of those patients and their families. Time and time again I saw how the MCAAP acted as a catalyst, forming coalitions and multiplying the efforts of individual members to make positive changes.

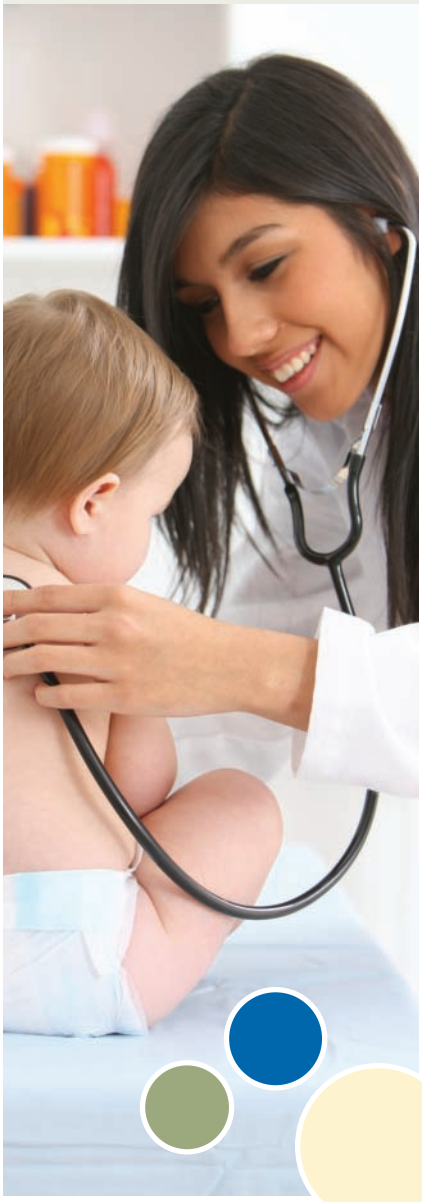
I am honored to have been elected president of the MCAAP and I look forward to representing you and our organization. If there's one lesson I have learned from my years of ethics consultation and mediation, it is to not assume you know what another person is thinking or what they may want in any given situation. It is in that spirit I ask you all to send Cathleen and I your ideas and opinions on the issues we face. We hope to use the MCAAP website and other internet-based tools to better communicate with our members and work towards common goals.

From my own experience with the MCAAP, I have gleaned another valuable lesson. Some people *need* to be asked to get involved before they *will* become involved. I wish I could sit down over coffee before Grand Rounds with each of you and convince you to lend your talents and wisdom to help the MCAAP in whatever way you can. I am always willing to sit down with anyone, but for efficiency sake let me give you all a blanket invitation to join me in my adventure and become more involved with the chapter. We won't be harpooning whales, but we will be grappling with the giant issues of payment reform, ACO creation, medical home funding, and any other medical mythical monsters that may rise from the depths to challenge us all in the next two years. Don't despair that the efforts of a single pediatrician cannot make difference in the battle against giants. If a diminutive shepherd can take on an imposing giant, just think what a large group of pediatricians advocating passionately for their patients can accomplish. You can "Call me Ishmael," but I would prefer if you emailed Cathleen to tell her how you want to get involved in the MCAAP and what we can do to help you. ***— John O'Reilly, MD***

JOB CORNER

November *Locum Tenens*

Easy, two-week *locum tenens* position in the first half of November, for small solo practice in Northampton area. Hours and conditions completely negotiable. Can provide housing in my own home if you can live with pets (cats). Ideal for someone who has other responsibilities or activities and prefers light workload. EMR, no hospital responsibilities. Please email neh.practice@gmail.com or call (413) 219-7584.



Local and State Asthma Organizations

Asthma Prevention and Control Program
Massachusetts Department of Public Health
250 Washington Street
Boston, MA 02108
Contact: Jean Zotter
P: (617) 994-9807
jean.zotter@state.ma.us

American Lung Association in Massachusetts
460 Totten Pond Road, Suite 400
Waltham, MA 02451
Contact: Katie King, Director, Health Promotion and Public Policy
P: (781) 314-9011
kking@lungne.org
www.lungne.org

Massachusetts Asthma Action Partnership Health Resources in Action, Inc.
622 Washington Street
Dorchester, MA 02124
Contact: Laurita Kaigler-Crawlle, Director
P: (617) 279-2240, ext. 519
Fax: (617) 282-3950
lcrawlle@hria.org
www.hria.org

Environmental Health and Asthma Regional Council
Boston Healthy Homes and Schools Collaborative (BHHSC)
Health Resources in Action, Inc.
622 Washington Street
Dorchester, MA 02124
Contact: Stacey Chacker, Director
P: (617) 451-0049, ext. 536
F: (617) 282-3950
schacker@hria.org

Pioneer Valley Asthma Coalition
Healthy Environment/Healthy Springfield CARE Project
Contact: Thomas Taaffe, PhD
P: (413) 794-1803
thomas.taaffe@baystatehealth.org

Additional Asthma Educational Resources for Families

American Academy of Pediatrics: www.aap.org; www.healthychildren.org

Allergy and Asthma Network Mothers of Asthmatics: www.aanma.org

Family-to-Family Health Information Centers (F2F HICs): www.familyvoices.org/states

Asthma and Allergy Foundation of America: www.aafa.org

Planning Care for Children with Asthma in Your Medical Home: Addressing Common Concerns of PCPs

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those needing an influenza vaccine. Provider recall also identifies children with asthma; pediatricians can often remember which children were admitted to the intensive care unit or transported from our office by ambulance! Insurers often provide practices with Emergency Department claims, offering yet another way to identify which of your children with asthma most need chronic care management. If your office works primarily with one hospital or ER system, you could also request such a report from their IT or medical records department.

Common concern: There are not enough asthma patients to see for planned care.

Solutions

Immediate: Utilize claims data and enlist colleagues to identify patients with asthma who are difficult to control.

Long term: Utilize a reminder system, registry, or electronic health record (EHR).

Use asthma as a template for other chronic conditions.

Whether you're caring for a few or many children with asthma, it is prudent to develop a process for chronic care management in your office. The Asthma Prevalence report of the Centers for Disease Control's (CDC) May 6, 2011, *Morbidity and Mortality Weekly Report (MMWR)* showed a steady increase in asthma, with childhood prevalence data of 9.6–17%. Pediatricians are managing many chronic conditions, and asthma care can be an excellent pilot project for improvement, such as the Cincinnati Children's Hospital asthma improvement project.[*,†] Finding a champion in your practice who sees many children with asthma can provide the needed leadership and energy to make incremental improvements to your asthma care. Whether you use paper or electronic records, there is a visible benefit to the clinician and the family when a cross-covering physician can find the medications and a plan for use in the chart. If using paper records, consider an asthma section in the chart for these patients.

Common concern: It's too hard to make changes in my practice.

Solutions

Start small and utilize quality improvement (QI) tools.

Support teamwork in your medical home for chronic care management visits.

As your practice begins to address improvements in asthma care processes, don't try to change the entire system at

once. A practice might begin to improve asthma care with just one metric; having an asthma plan in every chart for each child with asthma might be an initial goal. Using "Plan-Do-Study-Act" cycles, you and your colleagues can find out what works and what obstructs, and make the tiny changes in your system that encourage asthma care plan completion. As you test a new way of addressing a problem area, study and measure its effectiveness, then refine it and try again. When plans for a chronic care visit have been defined, a trained staff member can handle many parts of the care. Before the physician enters the exam room, your staff can give the family/child the Asthma Control Test for your review, reconcile and document current medications and compliance, and check if the child has had their influenza immunization. For practices with patient portals in place, such information can be obtained online before the family arrives for their visit! This is a great time to review metered-dose inhaler (MDI) and spacer use, too. It's also possible to distribute spacers at the point of care and get reimbursed for this equipment. If spirometry is indicated, staff may perform the study while collecting other vital signs in advance for your review. Educational materials for the family and forms for B-agonist administration at school can be assembled pre-visit to permit the maximum amount of time to evaluate and refine the child's asthma care plan.

Locate your asthma allies.

Much work has already been done to create tools, educational modules, and templates for great asthma care — your medical home does not have to re-invent them! One of your staff can do an internet search to begin a customized asthma database for your families, in addition to compiling names and contact information for pulmonologists and allergists to whom you refer. Other resources to include are local smoking cessation programs, local stores who carry dust-mite covers, equipment for environmental controls, and asthma education websites (see sidebar).

Just as we ask our families to think ahead to ensure medications are filled and given, allergens avoided and a flu shot administered, we clinicians must be prepared to care for children with asthma in our offices. Planned chronic care management visits can reduce ED utilization and hospitalization and improve care for our children and youth with asthma.

— Matthew Sadof, MD, FAAP, Medical Home Chapter Champion on Asthma

To connect with the AAP Massachussets Medical Home Chapter Champion on Asthma and learn about what is going on in our state, contact Matthew Sadof, MD, assistant professor of Pediatrics, Tufts University School of Medicine; Baystate Health High Street Health Center Pediatrics, 140 High Street, Springfield, MA 01199. Call (413) 794-2052, email Matthew.Sadof@Baystatehealth.org, or visit baystatehealth.org.

*Mandel KE, Kotagal UR. Pay for performance alone cannot drive quality. *Arch Pediatr Adolesc Med.* 2007;161(7):650–655.

†Bunik M, Fredrico MJ, Beaty B, Rannie M, Olin JT, Kempe A. Quality improvement for asthma care within a hospital teaching clinic. *Acad Peditrics.* 2011; 11(1):58–65.

Water, Water, Everywhere

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regular and diet soft drinks do. And when it comes to concerns about chemicals or bacteria, July brings good news of comprehensive water quality data across the Commonwealth. By July 1, anyone connected to the public water system will receive a mailed copy of their annual report from the Massachusetts Water Board, which includes recent local test results and an overview of water in the Commonwealth. And while these results are not yet out, we have every reason to be optimistic. Across the nation, greater than 90 percent of water is safe to drink straight out of the tap; moreover, most of the unsafe 10 percent is in smaller, rural areas or during publicized weather emergencies. Even better, Massachusetts is generally well above this national average. In fact, when the Environmental Working Group sat down in 2009 to review five years of water quality across the nation, it ranked Boston as fifth among cities with greater than 250,000 residents. Providence, Rhode Island, was rated second.[4]

And what about that "bad taste"? In the words of one streetgoer, "I think tap water kind of tastes like sewer."[5] Yet the few taste tests that have been conducted suggest that these experiences are in our heads, not our palates. In two publicized consumer taste tests, tap water actually trumped the fancy brands both times, with 75 percent of people preferring tap water in a head-to-head comparison.[5,6] For patients who are still not sold on their water's taste, on-faucet or in-bottle filtration systems can remove the trace minerals that give more mineral flavor, and adding small amounts of lemon or lime juice can rev up taste.

For more information, there are a number of resources and reassurances available. The American Water Works Association's website, www.drinktap.org, and Tappening.com, a nonprofit devoted to promoting tap water, both provide basic information on the pros of drinking local tap water. For more detailed queries, parents can visit the EPA's Safe Water website, http://safewater.supportportal.com/ics/support/default.asp?deptID=23015, to learn about local and national water quality issues and how to test their own water for lead and other house-based contaminants.

We can encourage better health and hydration this summer by simply recommending that our patients drink tap water. Share all the benefits water can bring, share local water resources, and assuage any fears they might have. By getting out there and hydrating ourselves, we can lead the charge. If you don't already have a water fountain available in your office, consider buying one. Not only will it help you and your staff stay well, it sends a clear message to patients: you practice what you preach and support local tap water for optimal hydration and health. With prices at about $400 plus the cost of water, it's an investment worth making, for your own health and the health of your patients.

So let's raise a glass of water to summer sunshine and fun. With a little luck and lots of hydration, this year may find us healthier than ever before.

— Anne Light, MD

References

[1]www.businessweek.com/articles/2012-03-12/a-marketers-homage-to-the-soda-can

[2]Coca-Cola's 2009 global summer marketing campaign and tagline

[3]http://abcnews.go.com/2020/Health/story?id=728070&page=1

[4]www.ewg.org/tap-water/home

[5]http://abcnews.go.com/2020/Health/story?id=728070&page=1

[6]www.tappening.com/Why_Tap_Water

BOOK CORNER

Reach Out and Read Works

Despite quickly approaching my 25-year medical school reunion, I still feel a sense of closure every June when the final school bell rings for summer dismissal. Though most of us no longer get report cards, there are still worries: *Did I measure up this year? Did my work with families accomplish what I had hoped? Will I pass on to the next year in school?*

Multiple studies have shown the importance of reading to school success. Students unable to read at grade level by third grade are four times more likely to leave high school without a diploma than kids who are proficient readers. Kids who are poor readers and live in poverty are the hardest hit — at six times greater risk than their proficient counterparts (Casey Foundation, Double Jeopardy Report). Yet in this same arena, the 2011 National Assessment of Educational Progress showed that only one-third of fourth graders scored proficient or above in reading. Here in Massachusetts, we did not fare much better: among children whose families are not low income, 63 percent scored proficient or above and, sadly, among fourth graders in low-income families, 25 percent scored proficient or above in reading.

A recent study by colleagues Diener, Hobson-Rorher, and Byington ("Kindergarten Readiness and Performance of Latino Children Participating in ROR," Community Medicine and Health Education, www.omicsonline.org/JCMHE/JCMHE-2-133.php?aid=5309) provided a "mid-year" update on how we are doing with some of our highest risk children. This study examined a sample of 40 low-income Latino immigrant mothers and their children who attended a clinic that participated in Reach Out and Read (ROR). Several measures were examined to look at school readiness at 5 years of age and included: home literacy environment through maternal interview, children's emergent literacy skills through interviews with the children and with the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) prior to kindergarten entry and through teachers' reports at the end of kindergarten.

The majority of children evaluated came from two-parent households and had high compliance rates with well-child care. All children began ROR at 6 months of age; the mean number of ROR books received was 6. Home literacy environments of families were strong, as demonstrated by book ownership and parent-reported adult-child reading. Evaluation of early literacy skills in the clinic demonstrated children had good familiarity with print, and greater ROR exposure was related to significantly greater print and phonemic awareness before kindergarten entry. DIBELS testing performed in the clinic setting identified 37 to 45 percent of the children as at risk for reading difficulty prior to kindergarten which is fairly reflective of national data in this group.

What was most striking though was what they found at the end of kindergarten. Teachers identified 60 percent of children as intermediate or proficient in reading and rated the literacy skills of 77 percent of the children exposed to ROR as average, above average, or far above average when compared to all students of the same grade. By most standards that means "they (and ROR) passed!"

Thus, as the 2011–2012 academic year draws to a close, we can be both inspired and humbled by our work. ROR, at least in one small study, made a significant difference in the educational course of high-risk children. Now we need to do that good work for all children.

— Marilyn Augustyn, MD, medical director, Reach Out and Read Massachusetts

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

ShotClock

Updates from the Immunization Initiative

Survey on Vaccine Reimbursement Issues and Barriers to the Provision of Immunizations

Chapter members were surveyed recently about vaccine reimbursement issues and barriers to the provision of immunizations. Survey respondents overwhelmingly noted that parental concerns regarding vaccine safety are a barrier for providing immunizations to patients. Additional barriers included the cost of purchasing and obtaining vaccines, low payment for administration of vaccines, and challenges associated with vaccine storage. The complete survey results can be found at www.mcaap.org/immunizationsurveys.php.

The links and resources page of the MCAAP website, www.mcaap.org/links.php, has valuable resources for responding to parental concerns about vaccine safety, including helpful slides for talking with reluctant parents. It also includes a Refusal to Vaccinate Form developed by the AAP.

The Immunization Initiative welcomes your feedback regarding resources and successful techniques that you have utilized for responding to parents with vaccine concerns. Please email your suggestions and experiences to Cynthia McReynolds at cmcreynolds@mms.org.

Pediatric Immunization Skills Building Conference

The 17th Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference will be held on Thursday, October 11, 2012, at the Best Western Royal Plaza Hotel in Marlborough, Massachusetts. MIAP is pleased to announce that Seth Mnookin, author of *The Panic Virus: The True Story behind the Vaccine-Autism Controversy*, will be the keynote speaker.

Additional conference sessions include national and local immunization updates, disease surveillance, vaccine management and site visits, immunization case studies, travel vaccines, the Massachusetts Immunization Information System, and more!

Updated conference information will be posted as it becomes available on the MCAAP Immunization Initiative website, www.mcaap.org/immunization.php.

Immunization Initiative Grand Rounds Seminars

For more than 15 years, the MCAAP Immunization Initiative has worked with pediatric departments to present Grand Rounds seminars on pediatric immunization. The seminars are generally scheduled monthly (about 8–12 per year). They have been very well received and provided attendees with access to current and practical immunization information.

Seminars are posted as they are scheduled on the MCAAP Immunization Initiative website, www.mcaap.org/immunizationcme.php.

Expert faculty will address current immunization issues and also respond to attendees' needs and interests. Most of the presentations will be an hour long. Each participant will receive a packet of handout materials that includes helpful current information, such as recent guidelines on immunization, summary charts, and guides to the office management of immunization.

If you are interested in scheduling an immunization update or would like more information, please contact Cynthia McReynolds, Immunization Initiative, at cmcreynolds@mms.org or (781) 895-9850.

Coming Soon: Online Vaccine Ordering — Register Now!

The Massachusetts DPH (MDPH) Immunization Program is transitioning to a new online system for vaccine ordering and annual provider enrollment by the end of 2012. This new online ordering and enrollment system will be part of a comprehensive **Vaccine Management Module** that will be integrated into the **Massachusetts Immunization Information System (MIIS)**. Benefits will include:

- Online ordering through a user-friendly interface — no more faxing vaccine order forms and usage reports
- Ability to view vaccine shipping information
- Online annual reenrollment
- Ability to track vaccine inventory and usage of all vaccines, including those that are privately purchased
- Full integration with the MIIS Vaccine Administration Module, allowing for real-time vaccine decrementing from inventory and automatic vaccine usage tracking

The MDPH Vaccine Unit will still continue to review and approve all vaccine orders, and requirements for reporting of inventories and vaccine usage and submission of temperature logs will not change, but much of it will be automated now.

The MDPH is asking providers of state-supplied vaccine to register with the MIIS now to ensure that you will be able to access the online vaccine ordering system when it goes live at the end of this year.

We recommend that only the **Vaccine Ordering Contact(s)** for your site register with the MIIS now. More users will be asked to register once the MIIS is fully implemented at your site. Please contact the MIIS Help Desk (see contact information below) *before proceeding with registration*, if you:

- Are part of a hospital or large provider network
- Have more than one vaccine PIN for your practice
- Believe your site is already working with the MIIS
- Believe your site is already a registered organization with the Virtual Gateway (VG)

To register, please visit the Contact MIIS Resource Center (www.contactmiis.info), click the "Enrollment" tab, then scroll down and click the "Provider Site Enrollment" button. Registration forms are generated once the required information is entered. Print the forms, follow the instructional sheet, and send them to the MIIS. Training for vaccine ordering will be coming in late 2012/early 2013 — MDPH will be in touch!

For questions regarding registration, contact the MIIS Help Desk at (617) 983-4335 or miishelpdesk@state.ma.us. For questions regarding vaccine ordering, contact the Vaccine Unit at (617) 983-6828.

MDPH and MCAAP Recognize Outstanding Pediatric Providers in Massachusetts

Massachusetts enjoys some of the highest childhood vaccination rates in the nation. The Massachusetts DPH (MDPH) appreciates the hard work on the part of pediatric care providers that makes this achievement possible.

In 2011, MDPH Immunization Program staff conducted 557 site visits to providers receiving state-supplied vaccine to assess for compliance with requirements for storage, handling, and documentation for the Vaccines for Children (VFC) Program. Immunization levels were also assessed at 235 of these sites through the Assessment Feedback Incentives and eXchange of Information (AFIX) standards. During this chart review, children are assessed for their completion of the **4:3:1:3:3:1:4** vaccine series, which includes **4** or more doses of DTaP, **3** or more doses of polio, **1** or more MMR, **3** or more Hib, **3** or more hep B, **1** or more varicella, and **4** or more PCV. Depending on the size of the record sample, a threshold is set at either 80 or 90 percent of children up-to-date with the series by two years of age.

Seventy-three (73) practices had no compliance issues identified during their site visit and met the threshold for percent of their patients who were up-to-date with their vaccinations. They are being recognized for their excellent stewardship of the vaccine, as well as for their success in ensuring the children at their practice are fully immunized on time.

One hundred and thirty (130) practices with no compliance issues identified during their site visit are being recognized for being excellent stewards of publicly purchased vaccines. These practices may not have been assessed for their immunization levels.

Of those that had their immunization levels assessed and met the threshold during their visit, seventy-four (74) are being recognized for their excellence in ensuring children seen at their practice are fully immunized by two years of age.

We congratulate these providers and their staff for their outstanding work in protecting the children of the Commonwealth.

SITES RECOGNIZED FOR BOTH THEIR EXCELLENT STEWARDSHIP OF PUBLICLY FUNDED VACCINES AND FOR THEIR EXCELLENCE IN ENSURING CHILDREN IN THEIR PRACTICE ARE FULLY IMMUNIZED BY TWO YEARS OF AGE (TOTAL: 73)

Alan Bulotsky and Associates, Brockton
All Family Care, Fitchburg
Allied Pediatrics of Greater Brockton, Brockton
Baystate General Pediatric, Springfield
Braintree Allied Pediatrics, Braintree
Brian Dempsey, MD, Pittsfield
Briar Patch Pediatrics, Yarmouth Port
Brockton Hospital Children/Youth, Chicopee
Brockton Pediatrics, Inc., Brockton
Brockton Pediatrics, Inc., East Bridgewater
Burlington Pediatrics, LLC, Burlington
Burt Minaker, MD, Attleboro Falls
Chicopee Health Center, Chicopee
Children's Medical Office, North Andover
Community Pediatrics of Andover, Andover
Dimock Community Health Center, Roxbury
Drumhill Pediatrics, North Chelmsford
Fairview Pediatrics, Chicopee
Fallon Clinic, Milford
Fallon Medical Center–May Street Pediatrics, Worcester
Falmouth Pediatric Associates, Falmouth
Family Care of Tewksbury, Tewksbury
Family Health Care Center @ SSTAR, Fall River
Family Medicine Dedham/Westwood, Dedham
Framingham Community Health Center, Framingham
Franklin Pediatrics/Adolescent Care, Franklin
Garden City Pediatrics, Beverly
George Vitek, MD, Wilbraham
Greater Lowell Pediatrics, Lowell
Hampshire Pediatrics, Easthampton
Harrington Physician Services, Charlton
Harvard Vanguard Medical Associates, Medford
Harvard Vanguard Medical Associates, West Roxbury
Holy Family Hospital Pediatrics Clinic, Methuen
Holyoke Pediatric Associates, Holyoke
Hyde Park Pediatrics, Hyde Park
Joan Mathews, MD, Cambridge
Karen Szczechowicz, MD, Peabody
Lahey Amesbury, Amesbury
Longwood Pediatrics, Boston
Mansfield Health Center, Mansfield
Mansfield Pediatrics Associates, Mansfield
Merrimack Family Medicine PC, Tewksbury
MetroWest Medical Center–Child Clinic, Framingham
MGH Charlestown HealthCare Center, Charlestown
Michael Gilchrist, MD, Chelmsford
Mill River Pediatrics, Taunton
North Andover Pediatric Associates, North Andover
North Quincy Manet Community Health Center, North Quincy
Outer Cape Health Services, Wellfleet
Pediatric Associates at Northwoods, Taunton
Pediatric Associates of Wellesley, Weston
Pediatric Health Care Associates, Lynn
Pediatric Health Care Associates, Salem
Pioneer Valley Pediatrics, Longmeadow
Quabbin Pediatrics Ware, Ware
Raynham Taunton Pediatrics, Raynham
Rekha Bains, MD, Lowell
RiverBend Medical Group, Agawam
RiverBend Medical Group, Westfield
Roslindale Pediatric Associates, Boston
Seaside Pediatric Associates, West Yarmouth
Shrewsbury Family Medicine, Shrewsbury
Shrewsbury Family Practice, Shrewsbury
Signature Medical Group–BGPMA, Raynham
South Avenue Pediatrics, Attleboro
South County Pediatrics, Webster
South Cove Community Health Center, Boston
Southcoast Primary Care, North Dartmouth
Vicki Smith, MD, Pittsfield
Wareham Pediatric Associates, Wareham
Wing Medical Center, Monson
Zbigniew Dombek, MD, Fitchburg

SITES RECOGNIZED FOR THEIR EXCELLENT STEWARDSHIP OF PUBLICLY FUNDED VACCINES (TOTAL: 130)

Abington BOH–Partners Home Care, Rockland
Academy School-Based Health Center, Worcester
Agawam Public Schools, Agawam
Alena Ashenberg, MD, Dracut
Amherst Pediatrics, LLP, Amherst
Attleboro Public Schools, Attleboro
Barnstable Board of Health, Hyannis
Becker College, Leicester
Bertrand Chapman, MD, Middleboro
Boston Health Care for the Homeless, Boston
Boston Latin Academy, Boston
Bridgewater State College, Bridgewater
Brightwood Health Center, Springfield
Brockton Hospital Children/Youth, Brockton
Brockton Hospital Children/Youth, South Dennis
Brockton Hospital, Brockton
Cambridge Family Health, Cambridge
Cambridge Teen Health Center @CRLS, Cambridge
Caritas Christi Physician Network, Brockton
Chelmsford Family Practice, North Chelmsford
Christopher Bechara, MD, Lancaster
Community Pediatrics, Quincy
Compass Medical, Halifax
Danvers Family Doctors, Danvers
Desmond Callan Community Health Center, Orange
Donald Gentile, MD, Southbridge
Dracut Pediatrics, Dracut
Eaglebrook School, Deerfield
Eduardo Leonardo, MD, Fall River
Elias Friedman School-Based Health, Taunton
Evergreen Center, Milford
Fallon Clinic, Leominster
Family Medicine Associates, Medway
Fontaine Medical Center, Harwich
Foxboro Family Practice, Foxboro
Franklin Regional Council of Governments, South Deerfield
Gateway Regional School-Based Health, Huntington

George Butterworth, MD, Nantucket
Georgetown Family Medicine, Boxford
Ghassibi Family Medicine, North Andover
Gleason and Greenfield Pediatrics, Marion
Gloria Moussa-Gabour, MD, Melrose
Gloucester Family Health Center, Gloucester
Goddard School Based Health Center, Worcester
Greater Lawrence Family Health Center, Lawrence
Greenfield International Health Center, Greenfield
Greenwood Street Medical Clinic, Worcester
Hacker, Marglin, Kylander, MDs, Plymouth
Hampshire Family Physicians, Belchertown
Harvard Vanguard Medical Associates–Kenmore, Boston
Harvard Vanguard Medical Associates, Somerville
Harvard Vanguard Medical Associates, Watertown
Harvard Vanguard Medical Associates, Burlington
Hillcrest Educational Centers, Pittsfield
Holden Family Practice, Holden
Holy Family Hospital and Medical Center, Methuen
Holyoke Health Center, Inc., Holyoke
Huntington Health Center, Huntington
Hyde Park Pediatrics, Milton
Iddi Crystal Springs School, Assonet
Joan Gitlin, MD, North Andover
John Howland, MD, Southbridge
Jose Ruano, MD, Boston
Kaehler Memorial Medical Clinic, Buzzards Bay
Laila Attar, MD, Pepperell
Laura Knobel, MD, Walpole
Leominster Board of Health, Leominster
Main Street Pediatrics, Hopkinton
Market Square Family Health Services, Lynn
Mattapan Obstetrics and Pediatrics, Mattapan
Mattapoisett Board of Health, Mattapoisett
Meadows Pediatrics, Longmeadow
Meeting House Family Practice, Westminster
Merrimack Valley Family Practice, Andover
Merrimack Valley Pediatrics, Billerica
MGH-Everett Family Care, Everett
Mid-Cape Medical Center, Hyannis
Middleboro Pediatrics, Lakeville
Middlesex Family Practice, Reading
Milford Walk-In, Milford
Millbury Pediatrics–Fallon Clinic, Millbury
Nashaway Pediatrics, Sterling
Nashoba Family Medicine, Groton
Neighborhood Health Center, Pittsfield
Newton Pediatrics, Newton
Newton Wellesley Family Pediatrics, Newton
Nora Hanke, MD, Easthampton
North Quabbin Family Physicians PC, Athol
Orchard Medical Associates, Indian Orchard
Orleans Medical Center, East Orleans
Parent Information Center Immun, Springfield
Partners Home Care, Plymouth
Paul Walker, MD, Springfield
Pioneer School Community Health Center–Franklin County, Northfield
PMG Kingston Family Practice, Kingston
Prima-Care Somerset Medical Associates, Fall River
Primary Care Center of Plainville, Plainville
Primary Care Partnership, Westport
Rainbow Pediatrics, Springfield
Robert Miller, MD, Shelburne
Saints Med Center Walk-In, Lowell
Sandwich Public Schools, East Sandwich
Shelly Berkowitz, MD, Northampton
Sidney Borum Jr., Health Center, Boston
Somerset Board of Health, Somerset
Somerville Teen Connection, Somerville
Southboro Medical of Framingham, Framingham
Southcoast Primary Care, North Dartmouth
Spencer Fallon Pediatrics–Fallon Clinic, Spencer
Springfield Health Care for the Homeless, Springfield
Stemmer Pediatrics, Quincy
Sterling Family, Sterling
Stockbridge Family Medicine, Stockbridge
Stoneham Pediatrics, Stoneham
Sturbridge Professional Services PC, Southbridge
Suburban Internal Medicine, Lee
Swansea Board of Health, Swansea
Tapestry Health, Greenfield
Timothy Lepore, MD, Nantucket
UMass Medical Group, Fitchburg
Universal Pediatric Associates, Wellesley
Wareham Public School, Wareham
Wayland Pediatrics, Wayland
Wayland Public Schools, Wayland
Westboro Family Medicine, Westboro
Western Massachusetts Women's Correctional Center, Chicopee
Winchester Family Physicians, Winchester
Windsor Street Health Center, Cambridge
Worcester Board of Health, Worcester
Worcester State Hospital, Worcester

SITES RECOGNIZED FOR THEIR EXCELLENCE IN ENSURING CHILDREN IN THEIR PRACTICE ARE FULLY IMMUNIZED BY TWO YEARS OF AGE (TOTAL: 74)

Abington Pediatrics, Abington
Andover Pediatrics, Andover
Bass River Pediatrics, South Yarmouth
Bowdoin Street Health Center, Dorchester
Bradford Kney, MD, Fall River
Bridgewater Pediatrics, Bridgewater
Chandler Pediatrics, Worcester
Children's Hospital, Boston
Children's Medical Associates, Nantucket
Cohasset Pediatrics, Cohasset
Community Health Center of Cape Cod, Mashpee
Community Medical Associates, Lawrence
Courtland Yard Pediatrics, Worcester
David Douglas, MD, Lynn
Deirdre Connolly, MD, Chelmsford
Dorchester House Multi Service Center, Dorchester
Dracut Family Health Care, Dracut
Edward M. Kennedy Community Health Center, Worcester
Fallon Clinic–Plantation Street, Worcester
Family Doctors–UMass Medical Group, Worcester
Family Medicine Associates, Worcester
Family Medicine North, Peabody
Greater Lawrence FHC, Lawrence
Greater Lawrence FHC/Park Street, Lawrence
Greater New Bedford CHC, New Bedford
Greater Roslindale Medical Center, Roslindale
Harrington Physician Services, Sturbridge
Harvard Vanguard–Braintree, Braintree
Harvard Vanguard–Cambridge Center, Cambridge
Harvard Vanguard–Chelmsford Center, Chelmsford
Hiep Nguyen, MD, Lowell
Hung Trong Do, MD, Lowell
John Mulqueen, MD, Gardner
Lynn Community Health Center, Lynn
Lynnfield Pediatrics, Lynnfield
Marblehead Pediatrics, Marblehead
Metrowest Pediatrics, Framingham
Michael Yogman, MD, Cambridge
Milton Pediatric Associates, LLC, Boston
MIT Pediatrics Service, Cambridge
North Attleboro Medical Center, North Attleboro
North Reading Pediatrics, Inc., North Reading
Pediatric Associates, Inc./Brockton, West Bridgewater
Pediatric Associates of Hampden County, Montgomery
Pediatric Associates of Hampden County, West Springfield
Pediatric Associates of Norwood, Norwood
Pediatric Health Care Associates, Peabody
Pediatric Health Care Associates, Reading
Plainville Family Practice, Plainville
PMG Physician Associates–Pediatrics, Plymouth
Primary Care Family Center, Dr. Mathu, Malden
Pushpa Agarwal, MD, Salem
Quality Kids Kare, PC, Worcester
Quincy Pediatric Associates, Marshfield
Quincy Pediatric, Quincy
River Bend Medical Group, Springfield
Robert Babineau Jr., MD, Fitchburg
Robert Giordano, MD, Southbridge
Saul Cohen, MD, Wakefield
Somerville Family Practice, Somerville
South Cove Community Health Center, North Quincy
South Shore Medical Center, Inc., Norwell
South Shore Medical Center, Weymouth
South Shore Pediatric Associates, South Weymouth
Sumner Pediatrics, PC, Springfield
UMass Memorial Medical Center, Worcester
University Medicine Foundations, Rehoboth
Westboro Pediatrics, Westboro
Westfield Pediatrics, Westfield
Westwood Pediatrics, Westwood
Whittier Street Health Center, Roxbury
Wilmington Pediatrics, Inc., Wilmington
Woburn Pediatric Associates, Woburn
Worcester Pediatric Associates, Worcester

BCRP Residents Launch No Soda Campaign

On February 9, 2010, First Lady Michelle Obama made the following statement:

"The physical and emotional health of an entire generation and the economic health and security of our nation is at stake."

She was not talking about influenza, the swine flu, or terrorist attacks against our nation. She was talking about obesity. Currently, nearly one in three children are overweight or obese in America. The causes of this epidemic are complex. They are deeply imbedded in our culture, our economy, and the luxury that leads our nation to eat and drink in excess. Since 1970, sugary beverages have increased in size from an average of 13 to 20 ounces. Today, just one 20-ounce soda has an average of 16 teaspoons of sugar. With this increase in soda size, Americans now consume 15 pounds of sugar more each year than they did 40 years ago. Regardless of our political affiliations, the problem is affecting everyone's back pocket. Insurance premiums and health costs have increased in proportion with this increase in sugar consumption. Conservative estimates are that our nation spends $150 billion per year on obesity related illnesses — $150 billion dollars that could be spent educating our children.

Massachusetts is not immune from this epidemic and nearly one-third of the children in the state are overweight or obese. A little known fact among consumers and physicians alike is that soda is categorized as an essential good by Massachusetts lawmakers, and is therefore exempt from sales tax. For a state that is often a leader in health policy and reform, we are tragically behind most of the nation in this case. A group of pediatric residents attempted to jump start efforts to revoke this tax exemption by supporting H. 1697, a bill which would have revoked the sales tax exemption that currently exists for soft drinks, confectionary items, and candy. However, for the third year in a row the political ideology of "no new taxes" trumped vital health consequences of children affected by obesity, and the bill was tabled. How

is it that we as pediatricians don't have enough influence to correctly classify soda as an inessential good? We are on the front line, seeing children and families suffer — pediatricians should be outraged!

The only way we can advocate with any success is if we form a united front. We must tackle obesity from three angles: the patient/family relationship, the local community, and the national landscape. The second two angles involve educating and influencing legislators to do the right thing. Individually, we do not stand a chance in reversing this epidemic, but together as a whole we can produce a tidal wave of change and improve the health of Massachusetts children.

Pediatric residents at the Boston Combined Residency Program are starting a nationwide No Sugar campaign by handing out No Soda prescriptions to families. Initial efforts have been extremely positive as parents look for support in this battle at home. We encourage all pediatricians to do the same. Our hope is that by this time next year, when the bill (H. 1697) again comes before legislation, Massachusetts can finally be on par with the rest of the nation in its fight against obesity. To learn more about our No Sugar and No Soda campaigns and to download a printable copy of the No Soda prescription, visit www.nosodarx.com. If you would like to have No Soda prescription pads mailed to you, contact Natalie Stavas at Natalie.Stavas@bmc.org or Daniel.Parry@bmc.org

— Natalie C. Stavas, MD

Annual Meeting

This year's Annual MCAAP Meeting and CME program, "Pediatricians and Public Health," was held on May 9, 2012, at the Massachusetts Medical Society headquarters in Waltham. Attendees learned how to negotiate vaccine acceptance from Edward Penn Memorial Lecturer Sean Palfrey and reviewed key changes in behavioral health screening, dental home care in pediatric practice, new concussion guidelines, safe sleep practices, and more.

For information about the program and access to speaker presentations, please visit our new website, www.mcaap.org/continuingeducation.php.

Advertise in *The Forum*

We would like to invite you and your organization to advertise your services in upcoming editions of *The Forum*. *The Forum* is mailed to 1,700 pediatricians and is available online at no charge. If you would like more information about rates and submissions, please contact Cathleen Haggerty at chaggerty@mcaap.org.

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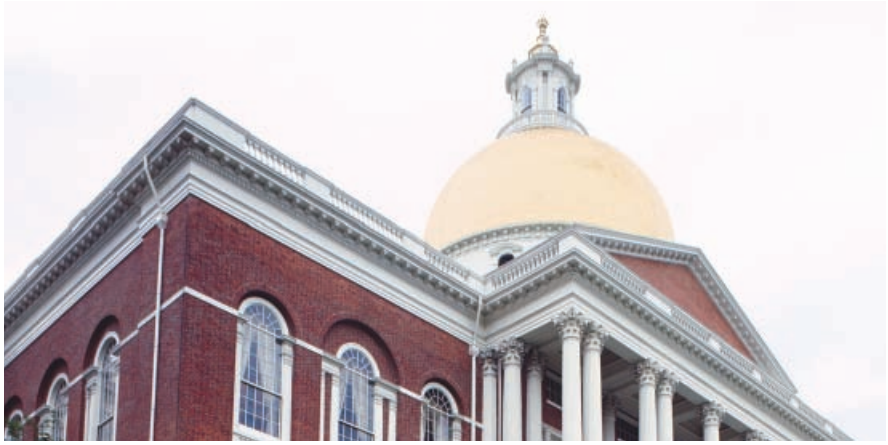


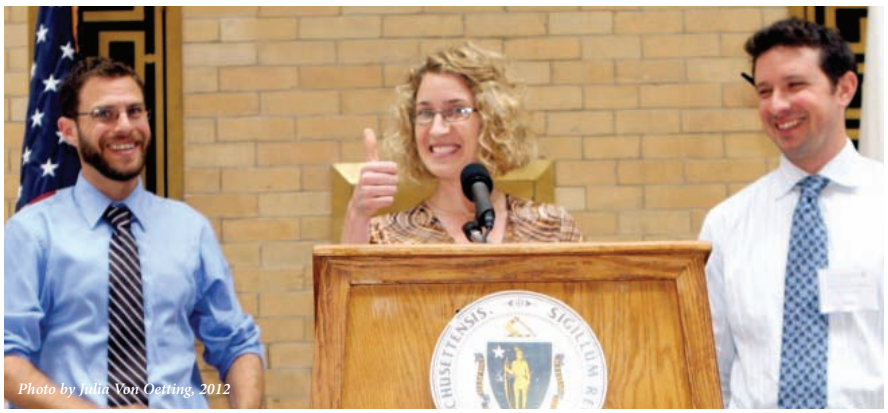
Residents and Fellows Day at the State House 2012

Each year the MCAAP pediatric residents, legislative committee members, and chapter leaders participate in efforts to plan and host an annual Residents and Fellows Day at the Massachusetts State House (RFDASH). This year, the chapter hosted RFDASH with over 70 Massachusetts residents, fellows, and medical students in attendance. In addition to being addressed by speakers who are knowledgeable about health care and bills affecting children, these trainees participated in interactive workshops designed to impart strategies to work with and lobby legislators effectively. Residents met with legislators to advocate for the following state bills:

- S. 529: An Act Establishing the Massachusetts Childhood Vaccine Program and Immunization Registry
- FY13 MA Budget Request: Early Childhood Mental Health Consultation Services "Ensuring School Readiness for Young Children with Behavior Problems"
- The Education Opportunity (H. 2109) Act Regarding Higher Education Opportunities for High School Graduates

Each year around 5 to 10 residents based out of Massachusetts General Hospital comprise the core group that organizes this event. RFDASH has steadily gained momentum over the past five years and has gained the respect of legislators and pediatricians throughout Massachusetts.
— Sarabeth Broder-Fingert, MD

MGHfC Organizers Sarabeth Broder-Fingert, Sylvia Romm, and Julia von Oetting (left to right)



Residents from the Boston Combined Residency Program discuss "residents as advocates"

JOB CORNER

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.*

Published by the **Massachusetts Chapter of the American Academy of Pediatrics, P.O. Box 9132, Waltham, MA 02454-9132.** Designed and printed by the Massachusetts Medical Society.

The Forum

Massachusetts Chapter
American Academy of Pediatrics
P.O. Box 9132
Waltham, MA 02454-9132

Presorted
First Class Mail
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PAID
Boston, MA
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