President’s Message

We Have Accomplished So Much, but There Is Much Left to Do

It is astonishing to find that two years have flown by, and here I am writing my final message as president of the MCAAP. I want to thank all of you for entrusting me with the leadership of your chapter. I hope I have lived up to your expectations.

So much has happened during my term to impact our patients and our practices.

• A protracted recession has put a strain on families and on our employees and colleagues. It has also fueled national and statewide malaise and anger directed at those currently and previously in power — witness the election of Senator Scott Brown.

• Despite losing a tireless champion for children, families, and universal coverage in Senator Kennedy, Congress passed health insurance legislation that will have a profound impact over time by increasing access and preventive health benefits. AAP President Judy Palfrey, a member of the MCAAP, has been instrumental in assuring that the health care needs of children are addressed in the final legislation.

• At the state level, the Payment Reform Commission recommended a radical change in health care funding mechanisms from a fee-for-service model to a global-payment one. Both the chapter and the Massachusetts Medical Society testified in favor of incremental change, but the Legislature seems poised to pass a transformative bill.

• Both the Massachusetts senate and the state attorney general’s office focused on

continued on page 3

Table of Contents • Summer 2010 • Volume 11 No. 3

President’s Message .................................. 1
Book Corner ...................................... 1
Editor’s Note ..................................... 2
Best Bones Forever ............................... 4
PROS Update .................................... 4
Voting for National Officers .................... 6
Fifth Annual Residents’ Day at the State House 2010 ............. 8

ShotClock ......................................... 9
Success with Social Media ..................... 9
Massachusetts Leads Nation in Immunization Rates .............. 9
Immunization Updates Direct to Your E-mail Inbox ............. 10
The MCAAP 2010 Annual Meeting ............. 10
Letter to the Editor .............................. 11

BOOK CORNER

Books Provide Common Bind to All Aspects of Well-Child Care

In July of 2009, the AAP released a thought-provoking policy statement: “The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care” (www.pediatrics.org/cgi/doi/10.1542/peds.2009-1061). What challenged many who read it was the wide range of competencies it proposed and how little direction it gave us as to how we would achieve them. For example, while it recognized that “pediatric primary care clinicians have unique opportunities and a growing sense of responsibility to prevent and address mental health and substance abuse problems in the medical home,” it gave few tips about what to do next. It stated that “the competencies reflect the uniqueness of the primary care clinician’s role: building resilience in all children; promoting healthy lifestyles; preventing or mitigating mental health and substance abuse problems; identifying risk factors and emerging mental health problems in children and their families; and partnering with families, schools, agencies, and mental health specialists to plan assessment and care,” yet the policy never told us where to start. The conclusions recognized that these were goals and not expectations, but it left one wanting for more.

Well this month we got our first dose.

A supplement to the June issue of Pediatrics, “Enhancing Pediatric Mental Health Care: Report from the American Academy of Pediatrics Task Force on Mental Health” gave us the roadmap to address the challenge posed by last July’s policy statement. The supplement has three opening reviews: strategies for preparing a community and a primary care practice and algorithms for primary care, followed by 14 appendices, which provide concrete resources with which to begin. The overview sets the stage with the scope of the challenge — for example, that 21% of children and adolescents in the United States meet diagnostic criteria for a mental health disorder and have significant functional impairment (severe emotional disturbance). It also presents the unique strengths of primary care clinicians — their longitudinal trusting and empowering therapeutic

continued on page 3
In the last issue of *The Forum*, I wrote about the difficulties young physicians face in balancing the demands of their professional and family lives, and I asserted that we, as a profession, need to accept that the old model of practice and expectations for the time we spend working are undergoing a change and will need to be adapted to fit the needs of this new generation of physicians. Many are fearful of our profession moving toward a “shift work” mentality. Although I accept this reality, and my own personal situation — having a young family and being married to another physician — dictates that I, too, am unable and unwilling to have the same type of career as my elders, in no way do I feel that medicine can ever or should ever be a strictly 9 to 5 job or shift work. As a primary care physician, I entered this field to provide complete and comprehensive care to my patients and their families. Boundaries must be established between my work life and my personal life, but I feel strongly that there are times when I do need to be available to my patients outside of normal business hours. Not only is that philosophy important to our patients and important for good patient care, but I believe it is also important for physician satisfaction.

Many of you, especially those of you who have children, may have heard about a young boy who fell from a third-story window and tragically died a few days later. That boy and his three-year-old sister were my patients. I’ve known the family since the boy’s sister was born. One Saturday morning I was making breakfast for my wife and daughter when our phone rang. It was one of my partners, who was on call for our group and had just received a call from the PICU physician, who informed him about this boy. The boy was on life support, but was going to be evaluated by neurology within the next hour, and it was predicted that he would be declared brain dead.

I immediately put my day’s plans on hold and went into the PICU. My wife and two-year-old daughter clearly understood that I needed to be there. I arrived at the child’s room where the neurologist was already in the process of evaluating him. His parents were standing quietly at his bedside. I stood next to them during the next few minutes, which seemed like hours. Unfortunately, the tests revealed that he was in fact brain dead. As he had been a very healthy child, he was an excellent candidate to be an organ donor.

I stayed with the parents while the representative from the New England Organ Bank met with the family. They ultimately decided that they wanted their son’s organs and tissues to live on and to help as many other people as possible. While I had little to offer in terms of information about the process, I feel my presence was helpful and appreciated. However, regardless of what my presence meant to the family, being there was important to me. While nobody wants to see their patients, especially a child, die so young and so tragically, I feel that I chose to practice primary care for those moments. I want to be part of my patients’ and their families’ lives for the celebrations — and for the difficult times, too. Those situations do not always occur from 9 to 5, Monday through Friday.

I maintain my opinion that we need to accept the changing face of our profession and understand the implications for the workforce and the expectations of practice. I feel that there needs to be a separation of our professional and personal lives. I want to maintain a good work-life balance. However, as a primary care pediatrician, I also recognize that caring for my patients does not always fall into a strictly defined timeframe. Sometimes you have to relax those barriers to be there when you’re needed. It is what we need to do for our patients — and really what we should do for ourselves.

— Lloyd D. Fisher, MD, FAAP
President’s Message
continued from page 1

cost-containment measures for health care. The chapter testified at the state’s health care cost trends hearing in favor of the medical home as the most cost-effective source of health care for children.

- Health and Human Services Secretary JudyAnn Bigby convened the Patient Centered Medical Home Initiative (PCMHI), whose goal is to make every primary care medical practice a medical home by 2015. I was privileged to represent the chapter on the PCMHI Council and Steering Committee. It was a challenge to keep children on the agenda, as so much attention is focused on cost efficiencies in chronic diseases such as diabetes and hypertension, which primarily affect adults and seniors. We all know that the chronic conditions sucking up health care dollars have their origins in childhood, but long-term savings don’t hold much sway in the current health care economy discussions.

When I started my presidency, I asked the chapter’s executive board to choose a focus for our strategic direction. Building on my suggestion, they chose investing in early childhood as the main strategic imperative for the chapter. Committee work, especially that of the Children’s Mental Health Task Force, has focused on this area as much as possible. While health care reform has diverted my energy from the early childhood endeavor, we have been fortunate to be a part of Early Education for All and other coalitions working toward implementation of quality preschool education.

We also formed a 501(c)(3) foundation to enable the chapter to receive and direct charitable contributions and grants. At our annual meeting in May, your colleagues voted to loan the foundation $10,000 in seed money to get it off the ground. My hope is that the initial mission of the foundation will be related to early literacy, parental literacy, and health literacy. As a member of the foundation board or directors, I plan to expend energy in this direction.

We have had notable successes over the past year or two. The chapter’s vice president, Greg Hagan, convened a group of experts to write a white paper (or as Greg calls it, a “manifesto”) to define the requirements of a pediatric medical home. The paper was distributed to state officials and is being used as a model by the national AAP. You can find it on our website, www.mcaap.org.

Another major success, Residents’ Day at the State House, now in its fifth year, provided more than 60 residents from the Massachusetts training programs with the opportunity to learn about legislation and how to lobby. Armed with information on three bills — two the chapter supports and one we oppose — residents met in small groups with their individual state representatives and senators. The chapter received two chapter outreach grants to promote increased interaction between residents and chapter members. We held one social and planning event, and we hope to hold another in the near future.

Over the past two years, we held a very successful continuing medical education (CME) program on adolescent health issues and participated in an equally impressive tri-state CME program on children’s mental health in Providence, Rhode Island. In addition, a number of our members have been appointed as members or chairs of national AAP committees.

I am so proud of our accomplishments — they only reflect upon the strength of the MCAAP. Please encourage your fellow chapter members to get involved in one of our incredibly active and productive committees. It is a fun and energizing way to offer invaluable input. Also remind colleagues who don’t belong to the MCAAP that we represent them, too, and we need their support and involvement.

I am extremely grateful to the chapter officers, district representatives, committee chairs, and the Forum editor for their hard work and support. I am particularly grateful for our executive director, Cathleen Haggerty, who moves us continually forward and makes the work of the officers possible.

Finally, I would like to pay tribute to another chapter member who has helped guide and support the MCAAP over many years. Dr. Ed Bailey is completing a six-year term as AAP district I chair. Ed, a former chapter president, has been a champion of member–resident collaboration, a behind-the-scenes supporter of the chapter, and a mentor to me and other officers. His influence will long be felt. Thank you, Ed.

By the time you read this, Greg Hagan will have assumed leadership of the chapter. Greg has been a wonderful partner in steering the MCAAP and will do an amazing job of leading us forward. Welcome to an exciting adventure, Greg!

— Carole Allen, MD, FAAP

Book Corner
continued from page 1

relationship with children and family members and their unique opportunities to prevent future mental health problems by promoting healthy lifestyles and reinforcing strengths in the child and family. The remaining articles specifically tease out the pragmatics of how this can happen.

The report states that “Separation of mental health services from medical care contributes to stigma, poor coordination of care and increased costs.” Case in point is the promotion of early literacy during the first five years of a child’s life. Bringing books and reading into the exam room takes away the stigma of illiteracy and makes the child’s educational and mental health functioning fair game for a pediatric encounter. By talking about sharing books as early as the six-month well-child visit, we are telling families that we care about every aspect of their child’s well-being: medical, developmental, and mental health. The torch has been passed.

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

For more information about Reach Out and Read and early literacy, e-mail Gretchen.hunsberger@reachoutandread.org or augustyn@bu.edu or visit Reach Out and Read’s national website (www.reachoutandread.org).
Are you interested in participating in collaborative clinical research? Pediatric Research in Office Settings (PROS) is the academy’s practice-based research network of more than 1,700 practitioners from 730 practices across the United States, Canada, and Puerto Rico. Its mission is to improve the health of children and enhance primary care practice by conducting national, collaborative practice-based research. Massachusetts is one of the largest PROS chapters, with 34 practices and nearly 150 practitioners. There is still room to grow!

PROS research influences pediatric practice. In the 1990s, PROS conducted an observational study of fever in more than 3,000 infants less than three months old (Pantell RH, Newman TB, Bernzweig J, Bergman DA, Takayama JI, Segal M, Finch SA, Wasserman RC. Management and outcomes of care of fever in early infancy. JAMA 2004;291:1203-1212).

“Best Bones Forever!” — a national bone health campaign for girls 9 to 14 years of age. Best Bones Forever! focuses on friendship and fun — and encourages girls to “grow strong together, stay strong forever.” The new campaign empowers girls and their BFFs (best friends forever) to build strong bones by choosing snacks and foods with calcium and vitamin D and getting an hour of physical activity each day.

Campaign materials such as journals, posters, magnets, temporary tattoos, book covers, and a website (www.bestbonesforever.gov) get girls excited about bone health with recipes, tips, and fun activities. A brochure in both English and Spanish and other resources are available for parents at www.bestbonesforever.gov/parents. Help make an impact by taking just a few minutes to discuss bone health with your young patients and their parents.

If you are interested in ordering our free Best Bones Forever! materials, please contact Talia Thomson at the Office of Women’s Health at owh@hagersharp.com.

Osteoporosis is a pediatric disease with geriatric consequences. In terms of bone health, the stage is set early on: girls build close to 90% of their bone mass by 18 years of age. Once they reach adulthood, it becomes increasingly difficult for them to make it up. Unfortunately, most adolescent girls do not get the calcium, vitamin D, and physical activity they need to grow strong, healthy bones.

That’s why the U.S. Department of Health and Human Services Office on Women’s Health (OWH) launched

A new AAP clinical practice guideline on fever in infants under three months is being developed by a subcommittee chaired by the principal investigator of the PROS febrile infant study, with three PROS practitioners who participated in the study serving as members.

PROS studies under way and under development:

- Secondary Sexual Characteristics in Boys (SSCIB), an observational study of the age of pubertal onset, completed data collection at the end of 2009. More than 4,000 boys enrolled. Dr. Tanner himself based his stages on a sample of only 200 boys.
- Clinical Effort Against Secondhand Smoke Exposure (CEASE), a randomized, controlled trial of a brief office-based intervention to help smoking parents quit. The principal investigator is MGH/Waltham-based pediatrician Jonathan Winickoff.
- A randomized controlled trial of motivational interviewing and dietitian visits to reduce BMI in overweight children — following patients for two years.
- Teen driving (number-one cause of mortality in children less than one year of age): a translational study of a proven, Web-based program to help parents make teen drivers safer with a parent-teen driving agreement.

— David Norton, MD, FAAP, and Ben Scheindlin, MD, FAAP, PROS chapter co-coordinators

For further information about these or other PROS studies, please contact David Norton at norton@holypeds.com or Ben Scheindlin at bscheindlin@yahoo.com.

Submissions for the next issue of The Forum should be sent to lfisher@mcaap.org by September 8, 2010.
These health and nutrition organizations support Fuel Up to Play 60, a partnership between the NFL and National Dairy Council impacting an expected 60,000 schools and 36.6 million students.

This program empowers youth to make changes at school that will help them “fuel up” with nutrient-rich foods missing from their diets, such as low-fat and fat-free milk and milk products, fruits, vegetables and whole grains and to “get active and play” for 60 minutes daily.

Learn more–
www.FuelUpToPlay60.com
Voting for national officers of the AAP will begin on August 2 and will conclude September 1. This year there will be no paper ballots. Members have the option of voting either online or via telephone. Following is some information about the candidates for president-elect of the AAP and District 1 chair.

### 2010 CANDIDATE FOR PRESIDENT-ELECT

**ROBERT BLOCK, MD, FAAP TULSA, OKLAHOMA**

Robert Block, MD, FAAP, is a professor and Daniel Plunket Chair of the Department of Pediatrics at the University of Oklahoma School of Community Medicine in Tulsa, Oklahoma. Dr. Block received his medical degree from the University of Pennsylvania and completed three years of pediatric residency at the Children’s Hospital of Philadelphia. He became board certified and was elected a fellow of the AAP in 1974. He served three years in the U.S. Army prior to joining the new faculty of the University of Oklahoma — Tulsa in 1975, where he remains.

From 1990 to 1996, Dr. Block served as vice president and president of the AAP Oklahoma chapter. He worked for 10 years with the AAP COCAN, four as chair. He represented the AAP on the U.S. Advisory Commission on Childhood Vaccines for three years, two as chair. Today, he is the AAP liaison to the Family Violence Prevention Fund. Dr. Block was the founding chair and remains a member of the newest American Board of Pediatrics Sub-board, Child Abuse Pediatrics. During his 37 years of practice, Dr. Block has followed his interests in adolescent behavioral medicine, especially drug abuse and teen pregnancy; learning disabilities, ADHD, and behavioral issues; and for the last 25 years, child maltreatment. He is an award-winning teacher in general pediatrics and manages an active pediatric clinic that serves as a medical home for 12,000 children. Dr. Block has presented over 2,000 community and professional talks and has served often as a media spokesperson on children’s issues locally and nationally for the AAP.

For more information about Dr. Block, please go to his website (www.bobblock.org) or Facebook page (www.facebook.com/people/Bob-Block/100000904930173).

### 2010 CANDIDATE FOR PRESIDENT-ELECT

**WAYNE YANKUS, MD, FAAP MIDLAND PARK, NEW JERSEY**

Dr. Yankus is a New Jersey native and practicing community-based pediatrician who completed his pediatric training at New York University Hospital Bellevue Medical Center and internship at the University of Medicine and Dentistry of New...
Jersey. He attended medical school at the Autonomous University of Guadalajara in Mexico.

He is chair of the New Jersey Chapter’s Committee on School Health and founder of its Critical Issues in School Health program, now in its 19th year. He is past president of the New Jersey Chapter of the American Academy of Pediatrics and a current member of its government affairs committee. He served as chair of the academy’s national section on school health and was awarded the academy’s Milton J. Senn award for contributions to the nation’s school health. He was awarded the American Academy of Pediatrics, New Jersey Chapter, recognition award and is an expert panelist for Education.com, a national education website.

He represented District III on the CATCH committee and was vice president of the Chapter Forum Committee (currently ALF).

Dr. Yankus practices pediatrics in Midland Park, New Jersey, and is the medical liaison to the Ridgewood Board of Education. He is an honorary member of the Board of Children’s Aid and Family Services, a former trustee of the Greater Bergen County YWCA, and was honored with his wife, Pat, by the YWCA in 2004 with its Community Role Model Award.

Dr. Yankus is married, and he is the father of three young men.

For more information about Dr. Yankus, please go to his website (www.wayneyankusmd.com) or Facebook page (www.facebook.com/people/Wayne-A-Yankus/1223358255).

**2010 CANDIDATE FOR DISTRICT I CHAIR**

**CAROLE ALLEN, MD, FAAP**

**Biography**

Dr. Carole Allen is completing her term as president of the Massachusetts Chapter of the American Academy of Pediatrics (MCAAP). She is director of pediatrics for Harvard Vanguard Medical Associates, a nationally renowned multispecialty medical group in Greater Boston.

A graduate of Cornell University and Tufts University School of Medicine (TUSM), Dr. Allen completed her pediatric residency at Boston City Hospital and Boston’s Floating Hospital for Children. She worked as a pediatrician at the East Boston Neighborhood Health Center, and then started and ran a private practice in her home community of Arlington, Massachusetts, before joining Harvard Vanguard.

Dr. Allen is clinical instructor at Harvard Medical School and Boston University School of Medicine. She is a member of the medical staff at Children’s Hospital Boston and Mt. Auburn Hospital in Cambridge and the TUSM Alumni Council. Dr. Allen is a delegate to the Massachusetts Medical Society, where she is currently an alternate trustee and president of the Middlesex District.

A member of the AAP Committee on State Government Affairs, Dr. Allen has received numerous awards for her advocacy work in prevention of tobacco use and exposure. Under her leadership, a broad-based advocacy group, the Tobacco Free Mass Coalition, succeeded in passing a statewide smoke-free workplaces law in 2004. More recently, the MCAAP has forged strong relationships with the Massachusetts Departments of Public Health and Health and Human Services.

The parents of a gay son and a lesbian daughter, Dr. Allen and her husband are strong supporters of lesbian, gay, bisexual, and transgender equality.

**Position Statement**

The new health insurance law affords both opportunities and challenges for pediatric practices, our patients, and their families. As District I chair, I will push the AAP to anticipate and monitor the implementation and impact of the legislation. For example, we need to be sure that insurers eliminate copayments and deductibles for preventive care without shifting the cost to the providers. Likewise, vigilance is needed to prevent exclusions of coverage for children with preexisting conditions such as congenital defects.

I believe the AAP should advocate to expand the “meaningful use” support of electronic systems to all pediatric practices, not just those with high Medicaid enrollment. In conjunction with this, we should make Bright Futures tools available through all electronic medical record systems, regardless of vendor. I will encourage the AAP to petition the state and federal governments to facilitate connectivity among medical providers, including between pediatric practices and hospitals.

Having spent my career in varied clinical settings — health center, private practice, and large multispecialty group — I am familiar with the frustrations (and rewards) experienced by pediatricians. I believe the AAP has a responsibility to its members to stay aware of these practice issues and to find solutions that enhance both patient care and professional satisfaction.

As a board member, I will share the skills I have learned as a leader in a large practice that is fully engaged in quality, efficiency, and patient and provider empowerment initiatives in order to benefit patients and pediatricians.

**2010 CANDIDATE FOR DISTRICT I CHAIR**

**PAULA DUNCAN, MD, FAAP**

**Biography**

Dr. Paula Duncan, professor of pediatrics at the University of Vermont College of Medicine, is on the faculty of the Vermont Child Health Improvement Program (VCHIP), where she collaborates with practices throughout the state on quality improvement. She is president-elect of the Vermont Medical Society.

Dr. Duncan graduated from Women’s Medical College and completed her residency at Albany Medical Center and Stanford. She was a RWJ Clinical Scholar, adolescent medicine fellow, and pediatric faculty member at Stanford.

Dr. Duncan was vice president of the Vermont AAP chapter and the first Vermont CATCH facilitator. She served as the Burlington school health coordinator, the Vermont maternal child health director, and headed the Vermont Agency of Human Services Planning Division.

For over 20 years, Dr. Duncan has been actively involved with the AAP, both locally and nationally. She chairs the continued on page 8
Bright Futures Steering Committee and co-edited the Bright Futures Guidelines, 3rd edition (2008), and the Bright Futures Toolkit (2009). She is the immediate past chair of the Management Committee on Councils and chaired the 2010 Annual Leadership Forum. She is on the Oral Health Workgroup and the Mental Health Task Force, and previously chaired the School Health Committee. The AAP has honored her with the Milton Senn, Job Lewis Smith, Clifford Grulee, Oral Health, and Green Mountain Pediatrician awards.

Dr. Duncan lives in Essex, Vermont, with her husband Jim, an ER physician. She has two sons, Josh and Jim, who work in natural resources, a daughter, Liz, who is a pediatric resident, and three grandchildren.

Position Statement
We have an incredible opportunity to push forward our agenda to improve the health and well-being of all children, youth, and families. I say we go for it — big time. I believe that our potential for success directly relates to the incredible strength we are building on — our members — the pediatricians and surgical subspecialists who provide health care, guidance, and encouragement to children and families on a daily basis, 24/7.

From my experience, to really get something done for kids, we have to focus — look for opportunity, think about measurable steps forward, get feedback from colleagues about priorities and possible strategies, and be ready to take the big leap as soon as we get the chance. We have a chance to get all kids insured. We have a chance to get fair pay for our work and credit for our recertification by demonstrating quality care. We have a chance to improve our everyday enjoyment of primary care or subspecialty practice by incorporating strength-based approaches and shared decision-making with youth and families. I believe that in today’s environment, continued strong collaborative efforts across our District 1 chapters, and even stronger partnerships with our state agencies, insurers, and adult medicine colleagues, will amplify our impact. If I have the honor of serving as your district chair, I will approach these existing challenges and new opportunities in partnership with you, using your ideas, input, and feedback to focus the direction of our efforts.

Each year, the MCAAP residents, Legislative Committee members, and chapter leaders plan and host an annual “Residents’ Day” at the Massachusetts State House. This year, the chapter hosted its fifth annual Residents’ Day, with more than 60 Massachusetts residents in attendance. In addition to being addressed by speakers who are knowledgeable about health care and bills that affect children, these residents participated in interactive workshops designed to impart strategies to effectively work with and lobby legislators. Residents met with legislators to advocate for the following state bills:

- In opposition: “An Act Relative to Certified Professional Midwives and Enhancing the Practice of Nurse-Midwives”
- “An Act Establishing the Massachusetts Childhood Vaccines Program and the Massachusetts Immunization Registry”
- “An Act to Regulate the Use of Off Highway and Recreation Vehicles”

This year, the ATV bill “An Act to Regulate the Use of Off Highway and Recreation Vehicles” is close to being passed, in part as a result of the residents’ advocacy efforts and their continued efforts in the legislative process.

Each year, approximately 5 to 10 residents from Massachusetts General Hospital comprise the core group that organizes this event. Residents’ Day has steadily gained momentum over the past five years and the respect of legislators and pediatricians throughout Massachusetts. This year, the ATV bill “An Act to Regulate the Use of Off Highway and Recreation Vehicles” is close to being passed, in part as a result of the residents’ advocacy efforts and their continued efforts in the legislative process.

Fifth Annual Residents’ Day at the State House 2010

Vivek Murthy, MD, president of Doctors for America

Susan Lett, medical director of the Massachusetts Immunization Program, Massachusetts Department of Public Health

State Representative Alice Wolf

Submissions for the next issue of The Forum should be sent to lfisher@mcaap.org by September 8, 2010.
Success with Social Media during Flu Season

The onslaught of the 2009 flu season brought a widespread need for efficient communication to parents about flu vaccine updates. Here at Woburn and North Andover Pediatric Associates, we utilized our existing website and phone recordings to relay information. This year, additional need for frequent updates prompted us to create a Facebook fan page.

At some points during the hectic flu season, we were able to update our page daily and consequently get timely updates to hundreds of Facebook fans. As a practice, we also found this innovative way of relaying information to be helpful in terms of conserving time. Call volume to the office decreased, and nurses were able to focus on calls regarding sick patients. Receptionists were able to offer concerned parents a few extra moments, both in the office and during phone conversations.

We were able to offer the flu vaccine in an efficient manner and according to CDC recommendations, first serving those with chronic illnesses. Our practice was able to coordinate vaccine clinics using Facebook to communicate clinic details. Many of our clinics were planned with less than a week notice, something we could not have done without the use of this new technology. We were also able to offer information on community flu clinics.

We continued finding innovative ways to use the latest technology during the lull in flu season, and we now use Facebook to post updated office policies, seasonal topics of interest, and useful resources for parents and patients as they become available. With a Facebook link on our website’s homepage (www.facebook.com/pages/Woburn-MA/Woburn-North-Andover-Pediatric-associates/142603469456), our fan base is growing each day. — Erin Wentzel, provider liaison, Woburn and North Andover Pediatric Associates

Massachusetts Once Again Leads the Nation in Immunization Rates

In April, Massachusetts was recognized at the National Immunization Conference by the Centers for Disease Control and Prevention for its superior immunization coverage.

Three awards were presented to the Massachusetts Immunization Program:

- An award for achieving 85.3% coverage for the basic immunization series among two-year-old children
- An award for achieving 67.9% average coverage of routinely recommended vaccines for adolescents
- An award for fully vaccinating 39.8% of children 6 to 23 months of age against influenza during the 2007–2008 influenza season*

For additional information on pediatric immunization coverage in the United States, see the AAP Policy Statement (“Increasing Immunization Coverage,” Pediatrics, June 2010, pp. 1295-1304) and the National Immunization Survey (NIS), which can be found at www.cdc.gov/vaccines/stats-surv/imz-coverage.htm.

*The national immunization coverage of children 19 to 35 months of age and born between January 2005 and June 2007 was 76.1%. Immunization coverage of adolescents 13 to 17 varied substantially among state and local areas.

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<th>Single Antigen Series</th>
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<th>U.S. (%)</th>
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<tr>
<td>2+ MMR</td>
<td>99%</td>
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<tr>
<td>3+ Hep B</td>
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<td>MCV4**</td>
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*After 10 years of age
**Received MCV4 or an unspecified type of meningococcal vaccine
When I recently entered the word “immunization” into the Google search window, the search engine responded with 8,190,000 results. The word “vaccine” produced a yield of 22,400,000 results, and 14,000,000 results came up when I searched for the broader term “vaccines June 2010.” A large portion of the links direct the user to sites of low credibility or to “anti-vaccine” sites disguised as trustworthy sources for immunization information (check out www.pauloffit.com and www.nvic.org).

If you ever have tried to look up immunization information on the CDC website or on the immunization pages of the Massachusetts Department of Public Health (MDPH), you will try to avoid doing it ever again. The information is excellent, but the sites are big and therefore very difficult to navigate.

Useful information and updates are available, however, by subscribing to the services of the Immunization Action Coalition and to the IAC Express, a weekly newsletter. IAC Express features important immunization developments, the latest vaccine recommendations and licensures, important journal articles, practical vaccination resources, conference announcements, and more, delivered directly to your e-mail box. To subscribe, go to www.immunize.org/subscribe.

If straight from the horse’s mouth is your preferred way of getting information, you can subscribe to a new CDC web service, available at www.cdc.gov/emailupdates/index.html. This free e-mail subscription service allows users to receive alerts by e-mail when new information is available without having to return to the CDC website to check for updates. Choose from some 46 topics listed on the site. Be sure to visit each page at least once before you subscribe to receive alerts about updates. Topics most relevant and of special interest to practicing pediatricians include changes in ACIP recommendations, newly updated Immunization Information Statements, and news about the safety of vaccines and talking about them with parents and the public.

The MDPH does not currently provide e-mail alerts on immunization, but once launched, the Massachusetts Immunization Registry (MIIS) will include an alert section on what’s new in immunization.

Immunization Updates Direct to Your E-mail Inbox

The MCAAP 2010 Annual Meeting

This year’s MCAAP Annual Meeting took place on May 27 at the Massachusetts Medical Society (MMS). Keynote speakers included JudyAnn Bigby, MD, secretary of health and human services in Massachusetts, and Lynda Young, MD, past president of the MCAAP and president-elect of the MMS. The program, entitled “A Conversation about Health Care Reform As It Relates to Children,” provided chapter members the opportunity to discuss health care reform with the presenters and each other.

Dr. Carole Allen was honored for her term as president and Dr. Greg Hagan was welcomed as the incoming president. Drs. John O’Reilly, Philippa Sprinz, and Pearl Riney were honored for their terms as district representatives. New officers were welcomed into their roles as future chapter leaders.

Please contact Cathleen Haggerty at chaggerty@mcaap.org or (781) 895-9852 if you are interested in participating in chapter activities or learning how to become a chapter officer.

Past presidents of the MCAAP in attendance at the 2010 Annual Meeting (left to right): Karen McAlmon, MD, immediate past president, MCAAP; Greg Hagan, MD, president-elect, MCAAP; Carole Allen, MD, president, MCAAP; Judy Palfrey, MD, president, AAP; Sean Palfrey, MD, past president, MCAAP; Lynda Young, MD, past president, MCAAP, and president-elect, Massachusetts Medical Society

CHAPTER OFFICERS

The following members will be starting their terms as chapter officers on July 1, 2010:

President
Greg Hagan, MD, FAAP

Vice President (President-Elect)
James Perrin, MD, FAAP

Secretary
John O’Reilly, MD, FAAP

Treasurer
Peter Kang, MD, FAAP

District 1 Representative
Alan Kulberg MD, FAAP

District 2 Representative
Michelle Dalal, MD, FAAP

District 8 Representative
Allison Brown, MD, FAAP

Submissions for the next issue of The Forum should be sent to ifisher@mcaap.org by September 8, 2010.
PRACTICE FOR SALE

Please Do Not Let Me Abandon My Patients!

I have a delightful, small developmental pediatrics practice that keeps me very busy, but I am ready to retire, and I intend to move to California and watch my grandchildren grow up. However, I do not want to leave my patients in a lurch. I am looking for a qualified developmental pediatrician to continue serving them. The practice is located in New Bedford, Massachusetts, within easy commuting distance from Boston or Providence. Patients are very loyal and there is an amazing variety.

Price, if any, is negotiable. I can postpone my retirement to suit the recipient’s needs.

Call (508) 984-7072 and ask for Dan.

CONGRATULATIONS

MCAAP Member Receives Award

Dr. Beverly Nazarian, a primary care pediatrician at UMass Memorial Medical Center, was selected as the recipient of the 2010 American Academy of Pediatrics (AAP) Calvin CJ Sia Community Pediatrics Medical Home Leadership and Advocacy Award, which recognizes pediatricians who have demonstrated clinical excellence, community action, and advocacy for children. She will be presented with the award during the Community Pediatrics Awards Luncheon on Sunday, October 3, 2010.

Letter to the Editor

In the spring 2010 issue of The Forum, in the article “Nonemergent Emergency Department Visits,” I misstated that the Emergency Medical Treatment and Late Labor Act of 1986 (EMTLA) provides that “everyone has the legal right to emergency care.”

In T. R. Reid’s new book, The Healing of America,* he specifically addresses this issue when commenting on President George W. Bush’s 2007 assertion that all uninsured people have access to healthcare. “After all, you just go to the emergency room.”

In actuality, EMTLA refers only to hospitals receiving federal funding and then only to patients who are in severe risk of death and/or in active labor; otherwise, an emergency department can refuse to see a patient who comes to them for care.


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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3.5” x 3.2” (1/6 page horizontal)

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All ads should be submitted as high resolution PDFs, sent via e-mail to chaggerty@mcaap.org. Please include your name, company, phone, fax, and e-mail address. Remember to label your PDF file with your company name (i.e., CompanyX.pdf). This will assist us in identifying your file.

PDF GUIDELINES

All submissions should be Acrobat PDF files, version 5.0 or higher, and should be sent at the exact size specified herein. Ads not submitted at the proper size will be returned.

Native files or other file formats will not be accepted. Fonts must be embedded and TrueType fonts should be avoided.

Please remember to double check that your ad is the correct size and contains the most up-to-date information.

Send your e-mail address to chaggerty@mcaap.org for instant notification of issues important to the MCAAP membership.
Pediatricians Wanted


Availability: October 2010

Contact:
Dr. Kimberly Martins
Pediatric and Adolescent Medicine
2207 Boston Rd.
Wilbraham, MA 01095
Phone: (413) 596-2401
E-mail: kjm@vks.pcc.com

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, e-mail lfisher@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.