The Winds of Change

March roared in like a lion. Even though temperatures had been mild, the winds were whipping the day I wrote this. Their ferocity and unpredictability reminded me of the political winds blowing — fast and furious and in directions difficult to predict. A few days before, the race for the Democratic nomination for president, which had been large and diverse, narrowed to one single demographic, a demographic shared by Donald Trump. As someone who has studied how social disadvantage creates health disparities over the life course, I cannot help but notice these defining characteristics of those vying for the most powerful position in our nation and, indeed, the world. As a pediatrician, I cannot help but wonder how children will figure in the political battles ahead.

One important way that children figure in politics is through the 2020 census. The census is constitutionally mandated to occur every 10 years. This year’s census began in March. Although it may seem like just a count, the census is so much more than that. It defines the flow of money and power to states through proportional allocation. There are almost 300 federal programs that use census data to allocate hundreds of billions of dollars, including Medicaid, Supplemental Nutrition Assistance Program, housing assistance, foster care, and early childhood programs. Undercounting of children puts those programs at risk. Ironically, the communities where those programs are most needed are also at greatest risk for not being counted. Historically, immigrant and rural communities, and those wary of giving the government personal data are undercounted and children under the age of 5.

We invite you to join an ongoing statewide effort to improve the care of opioid-exposed newborns (OENs) and their families. This project was launched by the Neonatal Quality Improvement Collaborative of Massachusetts in 2013, and at first focused on the hospital care of infants with neonatal abstinence syndrome (NAS). In 2017, it became a project of the Perinatal-Neonatal Quality Improvement Network of Massachusetts, bringing together maternal and neonatal providers in efforts to improve the care of mothers and newborns impacted by perinatal opioid use during pregnancy and after birth. This effort, anchored in two statewide meetings each year, is now a robust collaboration of hospital-based improvement teams, state agencies, community organizations, and families.

As a collaborative, we have made some real and significant improvements in care and outcomes for these families. However, there are important aspects of care that have not improved, and there remains much to be done. A particular area that needs more attention is the outpatient care of OENs and infants with NAS after hospital discharge; we know that these infants receive care with providers throughout the state, but we know little about how

continued on page 3
EDITOR’S NOTE

Fight Hard, Dream Big

During a recent teen wellness visit, I asked a young woman, “Who do you admire?” She thought for a few minutes and said, “No one.”

“No one?” I said.

“No, no one,” she said.

Nevertheless, I persisted. “Michelle Obama? Beyoncé?”

“No.”

“Your mom?”

“No.” That was the most heartbreaking of all.

We then opened the door to a discussion of finding your passion, following your heart, and dreaming big.

During her campaign during the Democratic primary race, Senator Elizabeth Warren gave a poignant description of her thousands and thousands of “pinky promises” with little girls while commenting “I’m running for president, because that’s what girls do.” And then the senator and all her fans — even the littlest ones — linked their pinkies and promises, so that the girls would remember, as they most certainly will.

In the days since Senator Warren’s departure from the race, I have been thinking of many of my patients and families. One of my patients is a teen who spent every Saturday knocking on doors for the senator. The young mother of another patient was forced to pump in a closet in the auto repair shop after her return to work, because “that’s all the boss will let me use.” There many young mothers like her, returning to work eight weeks after giving birth, because they couldn’t afford longer maternity leaves. On a bright note, this will improve in 2021 when the Commonwealth implements Paid Family and Medical Leave. A huge thanks to all Chapter members who advocated for this bill!

We hope our interactions with our patients are meaningful. Sometimes we are part of the positive village surrounding a child with opportunity, support, positivity, and love. Sometimes we are a lone voice in their world. Thank goodness for yearly physicals or otherwise we would never ever see some children and teens. During those visits, as I tried with my own teen, we serve up inspiration along with vaccines.

continued on page 3
The Winds of Change

are the most at risk of undercount. Housing insecurity and poverty are also risk factors for being undercounted. Data suggest that the undercount rate for children has more than tripled since 1980. There were about one million children not included in the 2010 census, leading to a loss of over $550 million/year to states. The Trump Administration’s failed push to include a citizenship question on the 2020 census and their recent changes to the public charge rule have increased anxiety, fear, and concern among immigrant groups. It is likely that children, including US-born children, will not be counted in Massachusetts as a result of these understandable concerns. As spring continues, encourage all your patients and families to be counted so our communities and our state can get the support they need to fully support those children and families.

Because children do not vote, their voice is often absent from political debates. This is where we, as pediatricians, can and do play a powerful role. I’ve seen this advocacy role blossom over the past few decades. Certainly, in the past few years since I have been in a leadership role with the MCAAP, the demands on the Chapter for legislative advocacy have grown exponentially. We continue to welcome members bringing bills to our attention. This is vital to our Chapter. Because the volume of requests for endorsement has grown so rapidly, we have tightened up our legislative process and request all members complete the MCAAP Legislative Endorsement Request form.

We have been very active in regard to the Chapter’s number one advocacy priority this year: eliminating religious exemptions to mandatory school vaccines through support of H. 3999. In my last message, I noted that the vaccine legislation was before the Public Health Committee and that a hearing was scheduled for early December. The Chapter had a panel at that hearing. Rick Moriarty, our former Immunization Initiative co-director; Everett Lam, current co-chair of the Immunization Initiative Advisory Committee; and I each gave factually accurate, reasoned, and — dare I say — impassioned testimony. I’ve never experienced a hearing quite like that. The

Improving the Care of Opioid-Exposed Newborns: A Statewide Initiative

these infants do or opportunities for improvement in primary care. We are eager to partner with primary care providers in this ongoing initiative to better address the care of these infants and their mothers after discharge. We are well aware that improvements in prenatal care and hospital care will have limited impact unless we can collaborate with the community that will care for these families long after they leave the hospital. If you are a primary care provider that is interested in joining us, please email Munish Gupta (mgupta@bidmc.harvard.edu). More information on our project is available at www.pnqinma.org/perinatal-opioid-project.

— Munish Gupta, MD

Fight Hard, Dream Big

Coming into young adulthood in the late 60s/early 70s and the heyday of the feminist movement, at a women’s college, my friends and I talked and dreamed of women in politics and, of course, a women president. When Hillary Clinton ran for president in 2008 and again in 2016, all her Wellesley College sisters and I were elated and poured our hearts into the campaign in droves. We all know that ending.

When Senator Warren announced her campaign, I was again elated! But a little part of me wondered, “Will I lose my heart in a campaign again?” Wise words from many, including Carole E. Allen, MD, MBA (a member and former president of the Chapter, the soon-to-be president of the Massachusetts Medical Society, and a savvy and effective political advocate for families and children in the Commonwealth), reminded me that we should support “the best qualified candidate to be president.” That was Senator Warren, and I supported her enthusiastically with my resources, time, and heart.

Her departure leaves a huge void in the political landscape. We will have to wait at least four more years for a woman president. Until then, we must continue to inspire children and families, girls and boys, to dream big and fight hard, and we must all persist!

— Lisa Dobberteen, MD, FAAP

— Munish Gupta, MD
The Importance of Follow-Up

We all know that good follow-up is critical. In order to ensure that a patient is doing well, one can contact the patient or the parent the next day. This can be done by office personnel, telephone call, an email, or an electronic medical record patient portal. In cases where the patient has no primary care provider, or permanent residence, for example, a homeless person could be checked on by an out-reach worker.

Over my 50 years of practicing pediatrics, when I was uncertain about a patient’s diagnosis, I have tried to write down the patient’s name in a 3” x 5” notebook. My practice was to contact the patient or parent the next day. Keeping in touch by phone or even house calls for follow-up of the patients who have who have entrusted me with their care has been one of the satisfying rewards of being a physician.

Follow-up calls and the transmission of laboratory results to the primary care physician, especially for patients seen in an emergency room for potentially severe illnesses, are critical. Failure to appropriately provide follow-up and treatment resulted in the tragic and preventable death by sepsis for a young man, Rory Staunton. Advocacy by his parents and others resulted in the 2012 legislation in New York, “Rory’s Regulations” (Sections 405.2 and 405.4 of Title 10 (Health) legislation). This mandates that extremely sick children, at risk for sepsis, who have been seen in emergency rooms, are required to have specific lab tests and treatments before they are discharged.

Making reimbursement dependent on documentation is one way to help encourage good follow-up care, and to ensure that patients are treated appropriately. And in the end, we all know that providing follow-up for our patients is a critical component of providing good care. Families appreciate it, and it’s the right thing to do.

Ed. Note: We thank Dr Abrams for his thoughtful suggestions to improve patient care. Any other members of the Chapter who would like to contribute suggestions or comments from their practices?
— Robert Abrams, MD

RFDASH 2020

Please save the date for this year’s Residents and Fellows Day at the State House (RFDASH), which takes place on Thursday, June 4, 2020, from 9 a.m. to 4 p.m. RFDASH is an annual event where pediatric trainees of Massachusetts (including medical students, residents, and fellows) come together at the State House as advocates for the children of the Commonwealth.

For more information, visit https://rfdash.weebly.com.
MCAAP Medical Student Activities

Child Advocacy Field Trip to the Massachusetts State House
We organized a child advocacy learning trip to the Massachusetts State House. We went on a tour of the State House, sat in on a hearing on newborn health held by the Joint Committee on Families, Children, and Persons with Disabilities, and even had a chance to speak directly to Representative Kay Khan and Senator Sonia Chang-Diaz (see photos at right). The afternoon was facilitated by Dr. Amanda Stewart, MCAAP member, ED physician at Boston Children’s Hospital (BCH), and lead physician of the Office of Government Relations at BCH.

Migration is Beautiful Art Display
If you recall, we began making butterflies at our fall child health advocacy conference, in support of the Butterfly Effect: Migration is Beautiful art awareness project (https://butterflyeffectmigration.org/learn-more-about-the-kids-at-detention-centers-and-how-you-can-help), a youth-led movement to raise awareness and show solidarity for the continued child detentions and family separations along our southern border. This project was suggested to us by Med Peds physician and MCAAP member Dr. Aura Obando, medical director of the Family Team of Boston Healthcare for the Homeless. In the spirit of the project, we began “migrating” the art display across our medical schools. The display began at Tufts and is now at BMC (see photos on page 14), with plans to migrate the display to Harvard Medical School next.

Advocating for Immigrant Families Meeting with Dr. Julia Koehler
We had a brainstorming meeting with Dr. Julia Koehler, chair of MCAAP’s immigration group, on ways to advocate for our immigrant children and families — it was a productive and fruitful discussion. In addition, several of us were present at the Safe Communities Act hearing. While the act is not officially endorsed by the MCAAP, we went to support Dr. Koehler
Member Opinion — Advocacy Is Our Job
In 2019, the Centers for Disease Control and Prevention (CDC) reported 1,282 cases (www.cdc.gov/measles/cases-outbreaks.html) of measles in the United States—the most cases since 1992. Thirty-one states reported cases of measles with 10 states having outbreaks with multiple cases. Eighty percent of affected patients were documented to have not received measles-mumps-rubella (MMR) vaccine and the majority of the other 20% had uncertain immunization status. Many of the outbreaks occurred in communities where the MMR immunization rate was well below the 95% level necessary for herd immunity.

Measles is not “just a rash and fever.” It is the most contagious of all the vaccine-preventable diseases. Children with measles are sick for 2 weeks; the Latin derivative of “measles” means miserable or wretched, an apt description of how children feel when they have the disease. The disease is debilitating, can have severe complications, and can cause immune amnesia that can last months to years after children recover. Measles is expensive for society to deal with. During 2019 in Rockland County, New York spent $3 million to curb their outbreak of 320 cases of measles. Minnesota spent approximately $2 million to deal with the measles outbreak in the 2017 Hennepin County outbreak that infected 75 people. States with outbreaks have reported that 10–20% of children with measles have had to be admitted to the hospital with their illness. These costs increase our insurance rates and our taxes.

This situation is so frustrating because measles is preventable. We have an effective vaccine. Two doses of MMR vaccine will provide protection for 95–97% of recipients. Measles vaccine is safe. Serious or long-lasting side effects are extremely rare. And, although it shouldn’t need to be said again, MMR vaccine does not cause autism.

Yet we see across the country that parents have less confidence in vaccines. Immunization rates are lower than they were several years ago, and social media is loaded with false narratives about vaccines (https://news.gallup.com/poll/276929/fewer-continue-vaccines-important.aspx). In the 2018–2019 school immunization survey (www.mass.gov/info-details/school-immunizations-kindergarten-data) data published by the Massachusetts Department of Public Health, there were more than 40 kindergartens across our state that had MMR immunization rates less than 95%. Communities with these low immunization rates are ripe for outbreaks. The number of people claiming religious exemptions for school vaccines in Massachusetts has steadily increased over the past few years despite the fact that no religion preaches against vaccines.

H. 3999, (https://malegislature.gov/Bills/191/H3999), “An Act relative to vaccinations and public health,” is a bill pending in the Massachusetts legislature’s Joint Committee on Public Health. The bill would simply remove the religious exemption for school-required vaccines in our state. The bill is supported by the Massachusetts Chapter, American Academy of Pediatrics (MCAAP), the Massachusetts Medical Society, the March of Dimes, the Massachusetts Hospital Association, the Massachusetts Parent Teacher Association, and other important organizations in the state. At a December 2019 hearing for this bill at the Massachusetts State House, hundreds of people came to voice anti-vaccine sentiments and to demand that legislators maintain a religious exemption for school-required vaccines. Legislators told us that their offices were swamped with letters and visits from “anti-vax” parents and that they had received very few calls or letters or visits from those who support immunization laws. We need them to hear our voices.

Legislatures can be intimidated by the loud, angry, and sometimes hostile voices of the anti-vaccine community. We have seen this effect in New Jersey just recently as their legislature backed away from a bill to end their religious exemption for school vaccines. It is our duty as advocates for the health of children, particularly for those too young or too immunocompromised, to loudly support measures to maintain herd immunity to measles and rubella. We need to urge all physicians, nurses, pediatric residents, medical students, and office staff to personally contact their legislators and representatives to support H. 3999. We should urge all our families who care about the health of our communities to contact their legislators too. We can help by relating stories of children who are immunocompromised and need to rely on herd immunity. We can help by telling of our experiences caring for children with vaccine-preventable diseases. We can write letters and make phone calls to support H. 3999. Even more impressive for legislators is if we can take the time to visit their offices in their districts and personally tell these stories. Raising our voices with facts and true stories above the anti-vax furor will help to convince our legislators that our state supports strong immunization laws. For help contacting your legislators, please visit https://malegislature.gov/search/findmylegislator.

— Richard Moriarty, MD, FAAP

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by June 1, 2020.
St. Elizabeth’s Medical Center Named to Immunization Action Coalition’s Hepatitis B Birth Dose Honor Roll

St. Elizabeth’s Medical Center, Boston, MA, has been named to the Immunization Action Coalition’s Hepatitis B Birth Dose Honor Roll. The Medical Center reported a hepatitis B birth dose coverage rate of 96% from January 1, 2018, to December 31, 2018, and reported 98% from January 1, 2019, to December 31, 2019.

The Immunization Action Coalition’s (IAC) Hepatitis B Birth Dose Honor Roll recognizes US birthing institutions that have attained a birth dose coverage rate of 90 percent or greater and have met specific additional criteria. These criteria help define the important elements of a birth dose policy that are needed to ensure newborns do not fall through the cracks when medical errors occur.

To be included in IAC’s Hepatitis B Birth Dose Honor Roll, a birthing institution must have:

- Achieved, over a 12-month period, a coverage rate of 90 percent or greater for administering hepatitis B vaccine before hospital discharge to all newborns (regardless of weight), including those whose parents refuse vaccination. (Newborns who are transferred to a different facility after birth due to medical problems do not need to be included in the denominator.)
- Implemented written policies, procedures, and protocols to protect all newborns from hepatitis B virus infection prior to hospital discharge.
- St. Elizabeth’s Medical Center joins the following Massachusetts birthing institutions on the Hepatitis B Birth Dose Honor Roll:
  - Beth Israel Deaconess Medical Center
  - Boston Medical Center
  - Cape Cod Hospital
  - Falmouth Hospital
  - Hallmark Health System/MelroseWakefield Hospital
  - Harrington Memorial Hospital
  - Holy Family Hospital
  - Lawrence General Hospital
  - Lowell General Hospital
  - Morton Hospital
  - Signature Healthcare/Brockton Hospital
  - Sturdy Memorial Hospital
  - UMass Memorial Medical Center

Congratulations to St. Elizabeth’s Medical Center!

Has your hospital or birthing center attained coverage rates of 90 percent or higher? If yes, we encourage you to apply to be included on the Hepatitis B Birth Dose Honor Roll. Instructions for submitting an application for your hospital or birthing center can be found at www.immunize.org/honor-roll/birthdose.

— MCAAP Immunization Initiative
From the Massachusetts Department of Public Health

2020 CDC Immunization Schedules Published
The CDC recently published the ACIP’s annual updates of the immunization schedules in the *Morbidity and Mortality Weekly Report* (MMWR). The updates reflect current recommendations for licensed vaccines.

Please visit the CDC’s Immunization Schedules page for the new Child/Adolescent Schedule. The web page also includes sections on Resources for Health Care Providers and Resources for Parents. (www.cdc.gov/vaccines/schedules/index.html)

Changes in the Child/Adolescent Immunization Schedule include new or revised ACIP recommendations for hepatitis A vaccine, influenza vaccine, meningococcal B vaccine, and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine. Updates also include clarification of the recommendations for diphtheria tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b vaccine, hepatitis B vaccine, meningococcal ACWY vaccine, and poliovirus vaccine.

- ACIP Recommended Immunization Schedule for Children and Adolescents Aged 8 Years or Younger (MMWR) (www.cdc.gov/mmwr/volumes/69/wr/pdf/mm6905a3-H.pdf)
  www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

School Immunizations
The 2019–20 school immunization survey data is posted on the MDPH website (www.mass.gov/info-details/school-immunizations). Immunization coverage rates for the state as a whole are high and consistent with prior years. However, there are areas of the state with lower immunization rates and higher exemption rates. Visit the website to check out the rates in your community.

As a reminder, starting in the 2020–21 school year, all students entering Grades 7 and 11 will need meningococcal conjugate vaccine, MenACWY (brand names Menveo or Menactra), for school entry. Grade 7 entry requires 1 dose of MenACWY for all students.

Grade 11 entry requires 1 dose of MenACWY received on or after 16 years of age.

2020 Immunization Updates
The 2020 Immunization Updates will take place as a series of one-hour webinars in May and June (in-person sessions have been canceled).

We’ll introduce a new topic this year on Vaccine Confidence. And vaccine coordinators and backups can earn their VFC Certificate by taking the Storage & Handling webinar.

- Vaccine Confidence Communication Strategies for Providers (new!)
- 2020 Immunization Schedule Updates
- Vaccine-Preventable Diseases in Massachusetts
- Vaccine Storage & Handling and VFC Compliance
- MIIS

For the webinar schedule and more information, please visit www.mass.gov/service-details/immunization-division-events.

Vaccine Confidence Project
The Immunization Division, in partnership with MCAAP, is developing a new handout: Communicate with Confidence: Talking with Patients about Vaccines (working title). It will direct to the best resources we’ve found — communication techniques, vaccine safety, translations, and immunization-related apps for patients and providers — to help overcome objections by vaccine-hesitant patients. Now in the testing phase, we expect to roll out the finished version this spring.

Have questions about immunizations? Contact us!
Massachusetts Department of Public Health Immunization Division | (617) 983-6800
Vaccine Unit | (617) 983-6828
MIIS Help Desk | (617) 983-4335
— MDPH Immunization Division

Submissions for the next issue of The Forum should be sent to ldobberteen@mcaap.org by June 1, 2020.
You Are Unvaccinated and Got Sick. These Are Your Odds.†

In an opinion article published earlier this year in the New York Times, Peter Hotez, MD, PhD, a vaccine scientist and pediatrician at Baylor College of Medicine, compares the risks of being unvaccinated with the minimal side effects resulting from vaccines. Three diseases — measles, influenza and cervical cancer — were chosen for this comparison.

In each of the comparisons, the author demonstrates that risks of not being vaccinated against these diseases are more deadly than the side effects from the vaccines.

The article includes compelling side-by-side graphics (see below) which compare the potentially serious and deadly effects of these three diseases to the potential side effects from the corresponding vaccines.

The graphics can be a useful tool for discussing risk with parents who are vaccine-resistant or may just have questions about vaccines.

In closing, Dr. Hotez notes that, "As a vaccine scientist, pediatrician and the parent of an adult daughter with autism, I meet regularly with pediatricians, nurses and worried parents. Parents want to do what’s best for their child, but too often they become the victims of anti-vaccine misinformation campaigns.

"Medical professionals need to find a way to counter the anti-vaccine media empire by mounting a vigorous pro-vaccine advocacy response that rebuilds public trust."

"In my experience, once I explain how vaccines save lives with minimal risk, it is possible to overcome the fears and apprehensions that parents have about vaccines."

Do you have a vaccination success story? If yes, we would love to hear about it! Please contact Cynthia McReynolds (cmcreynolds@mcaap.org).

— MCAAP Immunization Initiative

Reference


†This article was originally published by the New York Times on Jan. 9, 2020. Used with permission.

---

The anti-vaccine community was out in force, and I felt as if I had fallen down a rabbit hole and entered an alternate reality where science did not matter, evidence was twisted and warped, and mob mentality ruled. It was surreal and very scary.

One of the scariest aspects of that hearing was the complacency that a number of legislators projected. One committee member pointedly asked, “Why now?” Why disrupt our current system when we, in Massachusetts, were not seeing measles outbreaks like those in New York or Washington or pertussis as Maine had? Rick was asked if measles was really a danger. What was so bad about it? Because vaccines have been so efficacious, people in the room did not have experience with these serious and dangerous infectious diseases and were more inclined to believe the misinformation about vaccine risks than the well-established risks of the diseases the vaccines prevent. Although we were passionate in our support of H. 3999 and tried to focus on religious exemptions, which was the issue at hand, I fear our voices were drowned out by the anti-vax protesters. The hearing went on all through the day and well into the night, mostly with protester after protester railing against vaccines and government mandates.

Since the hearing, we have continued to advocate for H. 3999 and push for elimination of religious exemptions to mandatory school vaccines. I coauthored an opinion piece on MassLive with Maryanne Bombaugh, MD, MSc, MBA, FACOG, president of the Massachusetts Medical Society. We have met with the House and Senate chairs of the Public Health Committee. We asked for you to write the committee members and register your support of H. 3999. In February, the deadline for the bill to be reported out of Committee was extended to April 5. This is, I believe, a very good thing, and not because of any Chapter actions. The extension has given the burgeoning COVID-19 infection time to spread to the United States and challenge the complacency that many on the Public Health Committee were mired in at the hearing in early December. The novel coronavirus making its way across the globe has reminded everyone about the perils that infectious diseases present to our health and our way of life. On March 6, 2020, the date this message was written, there was one confirmed case of COVID-19 in Massachusetts. There were seven presumptive cases; 719 have self-quarantined. Plymouth schools closed. One elementary school and the middle school in my hometown of Wellesley closed early that day. The stock market plunged. Air travel was down. Work routines were disrupted. Stores shelves were emptied. Fear and anxiety were rampant. By the time this piece is published, the situation will have change dramatically and the disruptions, fear, and anxiety will likely be worse.

COVID-19 is one answer to “Why now?” To me, the better but less politically compelling answer is because it’s the right thing to do for the health of our children, our families, and our communities. It’s sad that we seem to require an external crisis to motivate legislative action and ever sadder that, perhaps, even a global outbreak of a novel infectious disease with no treatment and no vaccine that has, as of March 6, killed over 3,300 people worldwide and 14 people in the United States may not even be enough to convince legislators that parents’ personal beliefs, which are what

continued on page 13
The Massachusetts Child Psychiatry Access Program (MCPAP) is proud to announce our collaboration with the Adolescent Substance Use and Addiction Program at Boston Children’s Hospital (ASAP) to provide pediatric primary care providers with quick access to pediatric substance use disorder consultation. Beginning October 1, 2019, all Massachusetts pediatric primary care providers will be able to access an ASAP consultant by phone for advice relating to substance use disorders. We are excited to have the opportunity to support pediatricians in treating their patients and to increasing access to substance use disorder treatment for children and adolescents across the state of Massachusetts.

Call your usual MCPAP team, and you will be connected with the ASAP consultant. For any questions, see www.mcpap.org.
The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) presents its

Annual CME and Business Meeting

Health Care Transformation and the Transition to Value Based Care:
Impacts on Pediatricians, Patients, and Practices

Wednesday, May 13, 2020
3:30 p.m. to 7:45 p.m.
Massachusetts Medical Society
860 Winter Street, Waltham, MA

SUBJECT TO CHANGE DUE TO COVID-19

Overall Program Objectives

- Attendees will learn ways in which to effectively implement sustainable pediatric mental and behavioral co-location and integration models within their practice.
- Attendees will learn how to navigate from fee-for-service to value-based models in the state's ACO system, specific to pediatrics.
- Attendees will learn how to identify and address physician/pediatrician burnout.

Schedule

3:30–3:55 p.m. REGISTRATION

3:55 p.m. Welcome
Elizabeth Goodman, MD, MBA, FAAP, MCAAP president

4:00–5:00 p.m. Integrated Early Childhood Behavioral Health in Primary Care Pediatrics: Feasibility, Fidelity and Sustainability
Rahil Briggs, PsyD, National Director of HealthySteps, a program of ZERO TO THREE

5:00–6:00 p.m. MODERATED PANEL AND TOWN HALL
How Can ACO Transformation Bring Better Care to Massachusetts Children
Lloyd Fisher, MD, FAAP, MCAAP Vice President, Moderator
James Colbert, MD, Senior Medical Director for Delivery System Innovation and Analytics at Blue Cross Blue Shield of Massachusetts
Everett Lamm, MD, FAAP, Chief Medical Officer, Community Health Programs, Inc.
Michael A. Lee, MD, MBA, Executive Director and Medical Director, Department of Accountable Care and Clinical Integration, Boston Children’s Hospital
Dan Tsai, Assistant Secretary for MassHealth, Massachusetts Executive Office of Health and Human Services

6:00–6:30 p.m. Physician Burnout
Alain Chaoui, MD, Chair of Family Medicine at North Shore Medical Center, Former President of the Massachusetts Medical Society

6:30–7:45 p.m. BUSINESS MEETING AND DINNER

Accreditation

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Academy of Pediatrics (AAP) and the Massachusetts Chapter of the AAP (MCAAP). The American Academy of Pediatrics is accredited by the ACCME to provide continuing medical education for physicians.
- The AAP designates this live activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For more information or to register, contact Cathleen Haggerty at chaggerty@mcaap.org or call (781) 895-9852.

Submissions for the next issue of The Forum should be sent to ldoebtereen@mcaap.org by June 1, 2020.
underlie “religious” exemptions today, are not a valid reason to undermine public health in Massachusetts.

As for COVID-19, it’s such a fast-paced, rapidly evolving situation, I suggest you stay tuned to informed sources like the CDC, WHO, and AAP nationally and the Massachusetts Department of Public Health, Mass.gov, and our Chapter locally. The Chapter has links to resources and up to date information on its webpage. For those of you who are interested, the Johns Hopkins Center for Systems Science and Engineering has developed an interactive map with real-time updates.

Time will tell what will be required of us to stop the spread of COVID-19. I am confident that it will be stopped. There are too many brilliant, dedicated scientists, public health, and industry professionals bent on overcoming this virus. It will happen. Until then, questions remain. One of them relates to public convenings. We learned on March 6 that a Biogen management meeting with 175 attendees held February 24–27 resulted in eight presumptive positive cases for COVID-19, including five in Massachusetts. The meeting included visitors from Europe who presumably brought the virus with them. As community spread becomes more and more likely in Massachusetts and the further fallout from the Biogen meeting ripples through our state, the course of action regarding public convenings, like the Boston Marathon and even our own Annual Business Meeting, becomes less clear. As of this writing, the MCAAP is planning on moving ahead with our Annual CME and Business Meeting (see page 13 for more information) and we are really excited about the agenda. Speakers will address integrating behavioral/mental health care into primary care practice and physician burnout and caring for ourselves, as well as our patients. The Town Hall is an opportunity for you to share your experiences and concerns about the accountable care organization rollout and the transition to value-based care with health policy leaders. Barring public health guidance against such local convenings, we look forward to seeing you there. We will be watching the situation closely and will put the health and safety of members and attendees first.

Finally, this is my last President’s Message. My term as president ends in June. I am thrilled to be handing the reins to Lloyd Fisher, whose passion and commitment to improving the practice of pediatrics and children’s health throughout Massachusetts is clear to anyone who knows him. Before I sign off, I want to express my gratitude for the honor of serving as MCAAP’s vice president and president these past four years. It has been tremendously rewarding supporting you, our members, and the Commonwealth’s children, and working with the amazing Executive Board; our incredible executive director, Cathleen Haggerty; the committee chairs; and engaged MCAAP members.

So thank you. Onward we go!

— Elizabeth Goodman, MD, MBA

References
2https://fs29.formsite.com/x6vKaK/6zsepwvqlb/index.html
3www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

MagMutual isn’t just a malpractice insurer: we protect you from all the liability risks you face. Our visionary approach examines risk from all sides to offer you comprehensive insurance solutions for the practice, business and regulation of medicine. We see your whole picture — and that makes you even stronger.

magmutual.com/innovation | 800-282-4882

Expanding horizons
and several of our medical colleagues who were testifying that day.

**RFDASH (Residents and Fellows Day at the State House) — June 4, 2020**

We will be helping coordinate RFDASH, as we have done in previous years. We look forward to contacting legislators and participating in the day of events.

—Michelle Lee, MCAAP Medical Student Committee Chair

---

**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.

**PRICING**

- 1/6 page = $150.00
- 1/4 page = $200.00
- 1/3 page = $300.00
- 1/2 page = $400.00
- 3/4 page = $600.00
- 1 full page = $800.00

**AD SIZE (ALL SIZES ARE BY WIDTH AND HEIGHT)**

- 7” x 9.625” (full page)
- 7” x 4.75” (1/2 page)
- 2.125” x 9.625” (1/3 page vertical)
- 7” x 3.125” (1/3 page horizontal)
- 4.75” x 3.5” (1/4 page horizontal)
- 3.2” x 3.5” (1/6 page horizontal)

**INK**

Ads should be submitted as CMYK. As a convenience, we are able to convert your ad into CMYK if necessary.

**BORDER**

You do not need to include a border with your ad.

**REVERSE TYPE**

To reduce registration problems, type should be no smaller than 9 point.

**SUBMISSION**

All ads should be submitted as high resolution PDFs, sent via email to chaggerty@mcaap.org. Please include your name, company, phone, fax, and email 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.
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 chaggerty@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.