



PRESIDENT'S MESSAGE

The Importance of Medicaid Parity with Medicare in Massachusetts

In Massachusetts we are at the top in the nation for pediatric health coverage, thanks to MassHealth, our Medicaid program. As pediatricians, we are aware of the significant disparity that exists between the reimbursement rates for services under Medicaid compared to Medicare. This discrepancy disproportionately affects pediatricians, particularly those of us caring for low-income families relying on Medicaid. While Massachusetts is a national leader, there are opportunities for achieving full Medicaid parity with Medicare, which is crucial for both the sustainability of pediatric practices and the health of children across the Commonwealth.

To review, MassHealth is a state-federal partnership that provides health coverage for low-income individuals, including children, pregnant women, and those with disabilities. Medicare, primarily for seniors and certain individuals with disabilities, is a federally funded program with overall higher reimbursement rates. This reimbursement gap creates financial challenges for pediatricians who treat Medicaid-enrolled children, often resulting in a strain on their practices.

The financial challenges posed by low reimbursement rates, particularly in areas with a high concentration of children on Medicaid, can contribute to burnout and discourage medical students from selecting pediatrics. If pediatricians remain at the bottom of the physician income levels, they may leave the specialty altogether.

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Behavioral Health Wellness Exams in Massachusetts



In the recent MCAAP Children's Mental Health Task Force (CMHTF) meetings, we have been hearing from practices that have successfully implemented the Behavioral Health Wellness Examinations. The conversations are focused on the clinical content, operationalization, and reimbursement.

1) Clinical content: [The January 2024 Bulletin, Appendix A](#), clearly documents the requirements of a Behavioral Health Wellness exam. It clearly states this can be part of the Annual Preventative Visit. There is significant overlap with a typical

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Photo by Lisa Dobberteen, MD, FAAP

EDITOR'S NOTE

How Will History Repeat Itself?

The day after the recent election, I thought back to something President Barack Obama said in 2016: “Regardless of which side you were on in the election, regardless of whether your candidate won or lost, the sun would come up in the morning...The sun is up.” He went on to say, “But the day after, we have to remember that we’re actually all on one team. This is an intramural scrimmage. We’re not Democrats first. We’re not Republicans first. We are Americans first. We’re patriots first. We all want what’s best for this country.” I took comfort in his words. We all know what came next from 2016 to 2020.

The election of 2024 feels to some of us even more disheartening. By a very small majority, voters rejected the policies of the current administration, President Biden and Vice President Harris. We must not forget that it was President Biden’s leadership and the brilliant minds of physician scientists such as Dr. Anthony Fauci and Dr. Ashish Jha, who brought us out of the pandemic. The Inflation Reduction Act created jobs and stability and supported the green economy and will continue to do so for years ahead. Many of his policies improved the lives of the children and families we care for.

I’ll leave it to the political pundits to make sense of why the election outcome is what it is. A dramatic change of candidates gave Vice President Harris and Governor Tim Walz only 107 days to make their case to the voters. How much did racism, sexism, and misogyny play a role? Have voters forgotten what really happened from 2016 to 2020?

More words to try to make sense of these election results come from our 42nd president, President Bill Clinton: “We must remember that America is bigger than the results of any one election and that what we as citizens do now will make the difference between a nation that moves forward or one that falls back. We need to solve our problems and seize our opportunities together. The future of our country depends on it.”

I take comfort in President Clinton’s words as well. The future of our patients, families, staff, and our own families depends on our actions and commitments as well as what goes on in Washington. Keep the faith and keep sight of what really matters every day. Wishing you all strength, joy, hope, and peace in 2025.

— **Lisa Dobberteen, MD, FAAP**

The Importance of Medicaid Parity with Medicare in Massachusetts

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Attaining Medicaid parity is not only an economic issue but also a matter of health equity. Disparities in health care access can foster a two-tiered health care system where children from families who are covered by private insurance have more access to care than their lower-income counterparts.

The MCAAP can work toward Medicaid parity with Medicare by raising awareness of the issue, collaborating with stakeholders and policymakers, and advocating for legislative changes at the state house to ensure that MassHealth is adequately funded and that reimbursement rates are reflective of the cost of providing care. Medicaid parity with Medicare is essential for the sustainability of pediatric



practices and for ensuring that all children in Massachusetts have access to high-quality health care and support

pediatricians in the mission to provide the best possible care to all children.

— **Brenda Anders Pring, MD, FAAP**

Behavioral Health Wellness Exams in Massachusetts

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well-child exam, but areas that are likely more emphasized include the following:

- History of trauma or adverse childhood experiences; gender identity; family history of mental illness; and a behavioral health focus review of systems
- Mental status exam
- An additional mental health-focused screen. For example, if a Pediatric Symptom Checklist (PSC) is conducted as part of the standard Annual Preventative Visit, then a substance use screen (e.g., CRAFFT: Car, Relax, Alone, Forget, Friends, Trouble; S2BI: Screening to Brief Intervention) could be part of the Behavioral Health Wellness Exam.

2) Operationalization: The clearest way to distinguish these visits, for those practices that have integrated behavioral health clinicians (e.g., a social worker), would be for those staff to conduct the Behavioral Health Wellness Exam visit immediately after the Annual Preventative Visit.

Having a BH staff member, though, is not essential; these visits can be

conducted by the pediatric primary care practitioner (e.g., MD or NP). Pediatric primary care practices have built new electronic health record templates to reflect the Behavioral Health Wellness Exam requirements above. It may be clearer for billing purposes to have these as back-to-back visits. While the additional reimbursement would ideally cover a longer visit, during the implementation phase, practices may choose to shorten the Annual Preventative Visit for adolescents, since many pediatric practitioners feel more than half of these visits are focused on socioemotional health anyway.

In this structure, if a practice originally has 30-minute well-child visits for adolescents, the new structure would include the following:

- Fifteen minutes for the standard Annual Preventative Visit, including a developmental screen like the Y-PSC, but have the template and visit not as focused on socioemotional health
- Fifteen minutes immediately after for the Behavioral Health Wellness Visit. The provider should signal, “Now let’s shift the conversation to your emotional health,” but otherwise would be consistent with the typical practice. This visit

should include documentation and billing for the additional screen, such as the S2BI for substance use. The assessment and plan would then focus on interventions, such as healthy lifestyle changes and/or referrals.

- This visit would be billed as a Primary Diagnosis Code Z13.30, modifier 33, with the Procedure Code 90791. Of note, the [All Provider Bulletin 392](#) suggests that for most plans, there would be no cost sharing for this additional visit, and a Child and Adolescent Needs and Strengths (CANS) is not required.

3) Reimbursement: We are hearing that several primary care practices, large and small, are being reimbursed when using procedures similar to those described here, for both MassHealth and commercial insurers. The Child Mental Health Taskforce encourages all practices to begin using it! We are also interested in hearing feedback from practices on their experiences and any specific barriers they are facing, which we are happy to help escalate to MassHealth and other payers.

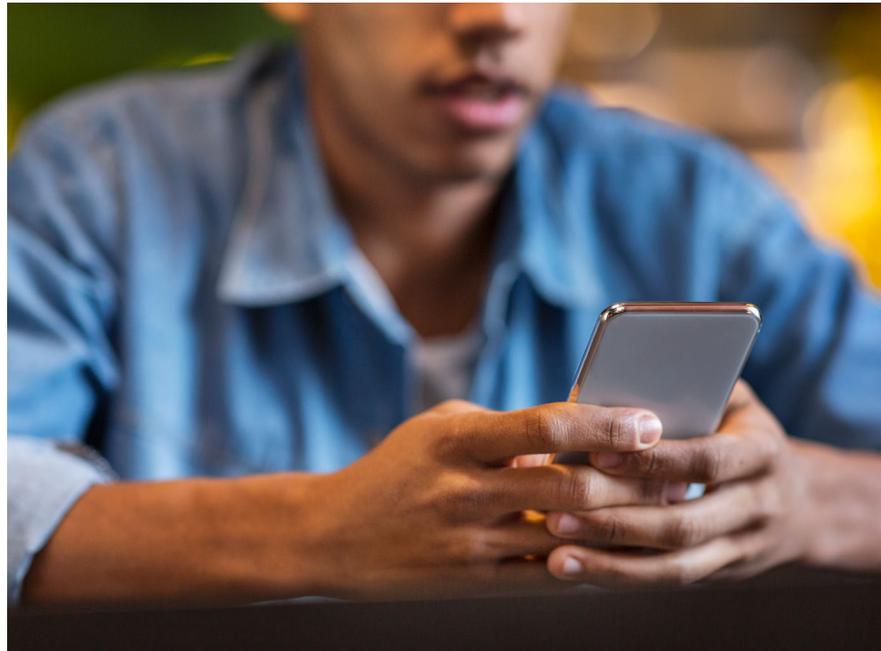
— **Michael Tang, MD, Co-chair of the MCAAP Children’s Mental Health Task Force (CMHTF)**

Hey Sam: A Lifeline for Youth Mental Health — An Essential Resource for Pediatricians

Pediatricians in Massachusetts carry the heavy responsibility of not only diagnosing and treating physical ailments but also identifying and addressing mental health needs in a busy clinical environment. Given the busy pace of routine well-teen visits, there may not be adequate time to provide the emotional support that many young patients require. This is where the [Hey Sam](#) textline from [Samaritans](#), Inc. can serve as an invaluable resource for both pediatricians and their patients.

Understanding the Need

The mental health crisis among youth is alarming. Suicide remains the second leading cause of death for individuals aged 10 to 14 years, as reported by the CDC in 2022. Particularly vulnerable are LGBTQ+ youth, who are more than four times as likely to attempt suicide compared to their cisgender peers. In Massachusetts alone, 626 individuals lost their lives to suicide in 2022, with 78 deaths occurring in people under the age of 25.* Most tragically, this represents approximately one young person every five days. Recognizing this urgent need prompted Samaritans to refine its approach, culminating in the launch of



Hey Sam, a peer-to-peer service designed specifically for youth.

A Valuable Resource for Pediatricians

The pediatric environment may not always foster open discussions about mental health. Many young patients may feel

uncomfortable sharing their struggles, especially in the presence of a parent or guardian. Pediatricians often have limited opportunities to foster these critical conversations, seeing patients only once or twice a year. Given these constraints, it is essential to empower both youth and

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AAP/MCAAP Appointments, Chairs, and Expert Representatives

AAP/MCAAP Appointments

AAP DISASTER PREPAREDNESS CONTACTS
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AAP EARLY CHILDHOOD CHAMPION
Katherine Wu, MD

CATCH CO-COORDINATORS
Esther Kisseih, MD
Franny Polcano, MD

MMS DELEGATE/HOUSE OF DELEGATES
Elisabeth Di Pietro, MD

PROS NETWORK COORDINATORS
David Norton, MD
Ben Scheindlin, MD

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CHILDREN'S MENTAL HEALTH TASK FORCE

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INJURY PREVENTION
Michael Flaherty, DO
Greg Parkinson, MD

ORAL HEALTH
OPEN

SCHOOL HEALTH
OPEN

Hey Sam: A Lifeline for Youth Mental Health — An Essential Resource for Pediatricians

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their health care providers by offering resources like **Hey Sam**. Pediatricians can play a crucial role in normalizing conversations around mental health. Providing materials about **Hey Sam** in waiting rooms or exam rooms can help foster an atmosphere where mental well-being is openly discussed, thereby reducing stigma.

Introducing Hey Sam

Launched in March 2022, **Hey Sam** is a mental health support textline designed for youth, operated by youth. It is modeled after Samaritans' 24/7 Helpline, which has a 50-year history of providing emotional support to individuals in crisis. When someone texts **Hey Sam**, they engage in a conversation with trained youth volunteers, ages 15 to 24, specially equipped to offer relatable and informed support. Since its inception, **Hey Sam** has engaged in over 7,000 conversations with young individuals, providing meaningful assistance to more than 4,000 youth. This

program exemplifies a unique approach: trained peers offering support, which significantly enhances the comfort level for young people discussing their emotional and mental health challenges.

What Makes Hey Sam Effective?

The effectiveness of the **Hey Sam** program lies in its empathetic and compassionate response to the youth it serves. When a young person reaches out, they are met with active listening and validation of their experiences. Rather than merely dispensing advice, the **Hey Sam** team ensures that conversational engagement respects the individual's feelings, affirming their concerns are valid and important. Safety assessments are an integral part of the conversation process, enabling **Hey Sam** volunteers to gauge the individual's needs more effectively. Active listening and befriending have proven to be highly effective interventions, as demonstrated by the program's impressive de-escalation rates. Since its launch, **Hey Sam** has successfully de-escalated 90 percent of imminent risk conversations, facilitating safety planning and removing the necessity of emergency service interventions.

Call to Action

We encourage pediatricians to utilize **Hey Sam** as a vital resource for their patients. By integrating **Hey Sam** into your patient interactions, you can reduce the stigma surrounding mental health and create a culture where youth feel supported and encouraged to seek help.

Providing information about this support service in your offices can empower young patients to reach out when they need help. Promote mental health awareness at your practice. Sign up at samaritanshope.org/pediatricians to receive a free **Hey Sam** swag kit for your office.

Engaging in this collective effort is crucial, as we all strive to ensure that our young patients know they are not alone in their struggles. Together, we can pave the way for a more healthy future for the young individuals we serve in Massachusetts.

— *Kacy C. Maitland, LICSW, Chief Clinical Officer, Samaritans, Inc.*

Reference

*Massachusetts Violent Death Reporting System: Suicide 2022, Injury Surveillance Program, Massachusetts Department of Public Health. health.mass.gov/doc/2022-mavdrs-suicide-data-table/download

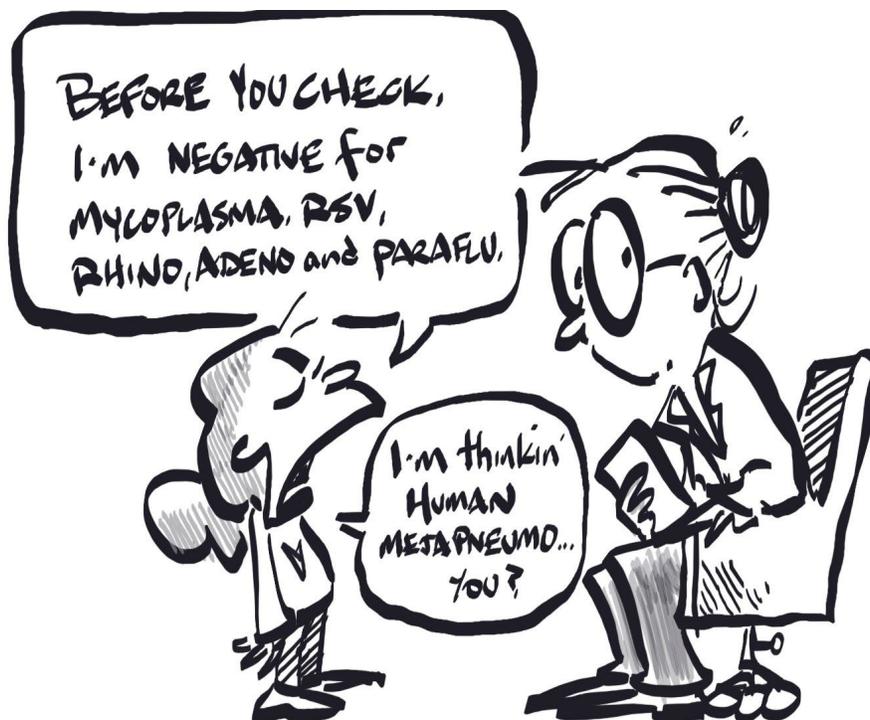


Illustration by Jack Maypole, MD

ShotClock

CDC Publishes 2025 Immunization Schedules

The Centers for Disease Control and Prevention (CDC) has published the 2025 child/adolescent and adult immunization schedules. [Web](#), pdf ([child/adolescent](#) and [adult](#)), and [app](#) versions of the schedule are available. A summary of 2025 immunization schedule updates and guidance can be found [here](#).

Earlier availability of the 2025 Immunization Schedules is part of the CDC's effort to better support immunization professionals and to improve timely implementation of new Advisory Committee on Immunization Practices (ACIP) recommendations. The 2025 schedules are effective immediately, and you *do not* need to wait until January 1, 2025, for the schedules to go into effect.

The *Morbidity and Mortality Weekly Reports* (MMWR) and *Annals of Internal Medicine* report summarizing the 2025 updates will be published in early 2025. Parent-friendly schedules and online vaccine assessment tools also will be available in early 2025.

Vaccine Catch-Up Guidance

CDC has developed catch-up guidance job aids to assist health care providers in interpreting Table 2 of the child and adolescent immunization schedule. The job aids can be found [here](#) (scroll down on the webpage to "Vaccine Catch-Up Guidance").

— *MCAAP Immunization Initiative*

2024–2025 Respiratory Disease Season Update

CDC expects the upcoming fall and winter respiratory disease season will likely have a similar or lower number of combined peak hospitalizations due to COVID-19, influenza, and RSV compared to last season. As you are aware, vaccination will play a key role in preventing hospitalizations.

The following websites provide detailed information about current respiratory virus activity:

- The [Massachusetts Viral Respiratory Illness Reporting](#) dashboards provide data on contagious respiratory viruses, including acute respiratory diseases, COVID-19,

influenza (flu), and respiratory syncytial virus (RSV) in Massachusetts.

- CDC's [Respiratory Virus Hospitalization Surveillance Network \(RESP-NET\)](#) comprises three networks that conduct population-based surveillance for laboratory-confirmed hospitalizations associated with COVID-19, influenza, and respiratory syncytial virus (RSV) among children and adults.

Your strong recommendation is a critical factor that affects whether your patients decide to be vaccinated. Vaccination with available vaccines should continue while respiratory strains are circulating. In Massachusetts, these strains can continue to circulate well into the spring.

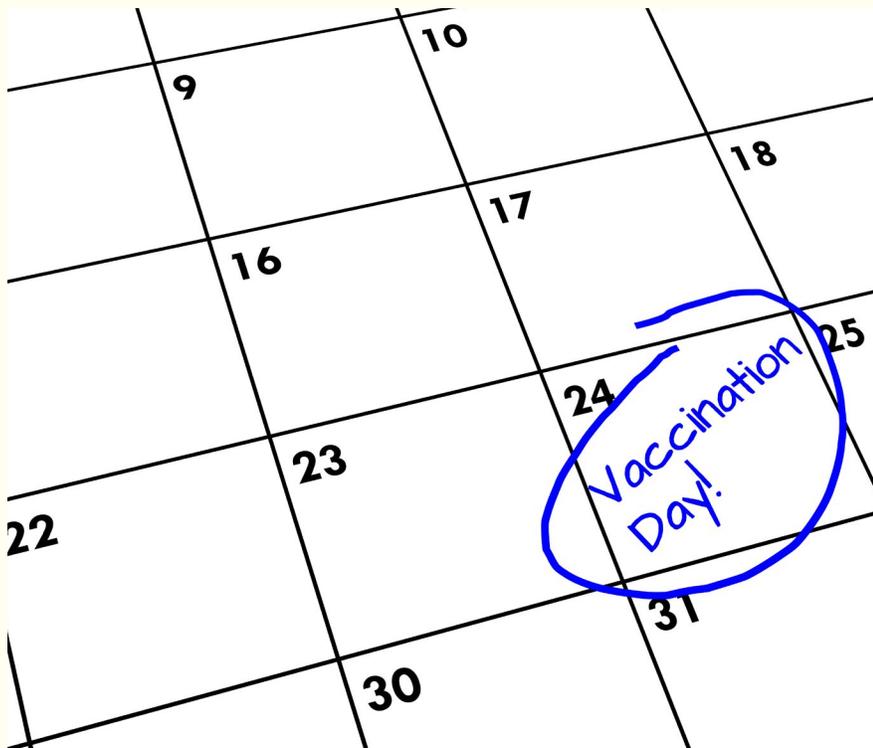
— *MCAAP Immunization Initiative*

2024 MIAP Conference Recap

More than 280 attendees participated in this year's Massachusetts Immunization Action Partnership (MIAP) Conference, held as an in-person event on October 30, 2024. The full-day conference included plenary and breakout sessions, exhibits, and the presentation of the 2024 MIAP Conference Award to the Epworth Free Vaccine Clinic. The 2024 Association of Immunization Managers (AIM) Massachusetts Immunization Champion Award also was presented to Theresa Covell, RN, BSN. Read more about the awardees in the article below.

The MIAP Conference Planning Committee would like to thank the following people and organizations for participating in this year's MIAP Conference:

- **MIAP President and Master of Ceremonies:** Lloyd Fisher
- **Plenary Session Presenters:** Katelyn Jetelina, Andrew Kroger, Mary Beth Miotto, Christy Norton, Grace Ryan, and Pejman Talebian
- **Breakout Session Presenters:** Trisha Barungi, Joanne Belanger, Dylan Kirby, Aurelia Medina, and Linda Phalen
- **Plenary and Breakout Session Moderators:** Laurie Courtney, Lloyd Fisher, Regina Njoroge, and Marija Popstefanija



Conference Exhibitors

- **Gold Level Exhibitors:** Pfizer Vaccines, Sanofi
- **Silver Level Exhibitors:** AstraZeneca, CSL Seqirus, GSK, Merck, Moderna, Novavax
- **Non-Profit Exhibitors:** Epworth Free Vaccine Clinic, Massachusetts Adult Immunization Coalition, Massachusetts Vaccine Confidence Project, MDPH Division of Epidemiology, MDPH Regional Immunization Nurses Program, MDPH State Vaccine Program, Massachusetts Immunization Information System (MIIS), Team Maureen
- **MIAP Conference Production Team:** Kathryn Ahnger-Pier, Alexandra Burke, Ted Clark, Cynthia McReynolds, Christy Norton, Kelly Welch, and Pam Worthington

Finally, the Committee would like to thank this year’s attendees! We hope to see you again in 2025!

The conference presentations are available on the conference website [Speakers tab](#). Scroll down and click on “View Profile.” Presentations can be found under “Speaker Documents.”
— *MCAAP Immunization Initiative*

2024 MIAP Conference Award

Each year, the MIAP recognizes individuals or groups that have made an outstanding contribution to pediatric immunizations in Massachusetts. The recipient of this award is an individual or an organization that has demonstrated leadership, initiative, innovation, collaboration, and/or advocacy.

The recipient of the 2024 MIAP Conference Award is the Epworth Free Vaccine Clinic of the Worcester Free Care Collaborative, Worcester, Massachusetts. [Click here](#) to read the award press release.

The award was presented on October 30, 2024, at the 29th Annual MIAP Pediatric Immunization Skills Building Conference.

Congratulations to the Epworth Free Vaccine Clinic!
— *MCAAP Immunization Initiative*

2024 AIM Immunization Champion Award



Theresa Covell, RN, BSN

The [Association of Immunization Managers \(AIM\) Immunization Champion Award](#) recognizes individuals doing an exemplary job or going above and beyond to promote or foster immunizations in their communities for children and adults.



Epworth Free Vaccine Clinic staff: Bottom row, from right to left: Joshan Niroula, FNP; Angela Beeler, MD; Ariane Michelson, MPH; Lorelle Sang; Celine Cano-Ruiz; Israh Abdeljaber, RN; Karen Morell, RN; Brianne Sutherland, RN; Top row, from right to left: Nava H., RN; Danielle Heims-Waldron; Kayal Parthiban; Amanda Jung; Brian Lisse, MD; Olesea Cojohari, PhD; Ariba Memon

This year, each of the 46 award winners was nominated and selected from a pool of health professionals, community advocates, and other immunization leaders for significantly contributing to public health in their community. The Massachusetts recipient of the 2024 Immunization Champion Award is Theresa Covell, RN, BSN. Ms. Covell is a former assistant public health nurse at the Barnstable County Department of Health and Environment and is a current school nurse at Dennis-Yarmouth Public Schools. [Click here](#) to read the award announcement.

Ms. Covell was nominated for this award by the Massachusetts Vaccine Confidence Project. She received the award at the 29th Annual MIAP Pediatric Immunization Skills Building Conference on October 30, 2024.

Congratulations to Ms. Covell for being named the **2024 Massachusetts Immunization Champion Awardee!**
— *MCAAP Immunization Initiative*

Massachusetts Vaccine Confidence Project Update



The [Massachusetts Vaccine Confidence Project \(MVCP\)](#) is a collaboration of the Immunization Division, Massachusetts Department of Public Health (MDPH); the Massachusetts Adult Immunization Coalition (MAIC); and the Massachusetts Chapter, American Academy of Pediatrics (MCAAP).

The MVCP's mission is to increase vaccine confidence throughout Massachusetts to ensure that all residents are fully protected against serious, vaccine-preventable disease. This is accomplished through the development of educational activities and science-based resources and training materials for health care providers and the public and collaboration with organizations that support immunization.

2024 was a busy year for the MVCP! Expanded funding provided the project with the opportunity to increase its staffing and activities.

2024 MVCP highlights follow:

- Sponsorship of and partner in eight provider education conferences and webinars
- Introduction of Vaccination Community Navigator [Training](#)
- Launch of a 2024–2025 Respiratory Illness Season Campaign via a “[Call to Action](#)” to Massachusetts health care providers
- Publication of three newsletters, including a “Special Edition” respiratory illness season [newsletter](#)
- Exhibits at eight provider conferences
- Exhibits at eight community (public-facing) conferences
- Presentation at American Academy of Pediatrics (AAP) vaccine confidence meeting
- Presentation at American Immunization Registry Association (AIRA) meeting
- Recipient of Massachusetts PTA Health Grant for MVCP “Take the Shot Night” events
- Recognition of Community Health Centers during National Community Health Center Week
- Successful application for the Healey Administration [proclamation](#) of August 4–10 as Massachusetts Health Center Week
- Implementation of [website](#) updates

Are you interested in collaborating with the MVCP? Please contact Cynthia McReynolds, Program Manager, MCAAP Immunization Initiative (cmcreynolds@mcaap.org) for more information.
— *MCAAP Immunization Initiative*



Upcoming Conferences and Meetings

Advisory Committee on Immunization Practices Advisory Committee on Immunization Practices Meeting

February 26–27, 2025

[Click here](#) for more information.

Massachusetts Department of Public Health Massachusetts Vaccine Purchasing Advisory Council Meeting

March 13, 2025, 4:00 p.m.

Massachusetts Medical Society, Waltham, MA

[Click here](#) for more information.

SAVE THE DATE! Massachusetts Adult Immunization Coalition/ Massachusetts Department of Public Health

2025 MA Adult Immunization Conference

March 25, 2025, 8:00 a.m.–4:00 p.m.

Boston Newton Marriott, Newton, MA

Conference updates will be posted as they become available. [Click here](#) to visit the MAIC website.

AAP Section on Early Career Physicians

Calling all early career pediatricians! The section on early career physicians (SOECP) is an active AAP section that helps those in their early careers, no matter what age, find resources for leadership skills, networking, work-life balance and well-being, and general learning. By being a member of the section, you become eligible for awards and grants, can become an active and engaged member on work groups, and help build community amongst early career physicians. Please see this [brochure](#) for more information. You can reach out to your District 1 representative, Chas Hannum (charles.d.hannum@gmail.com) for more information or how to engage with the AAP.

— *Chas Hannum, MD, District 1 Representative for AAP SOECP*



2025 MCAAP Call for Nominations

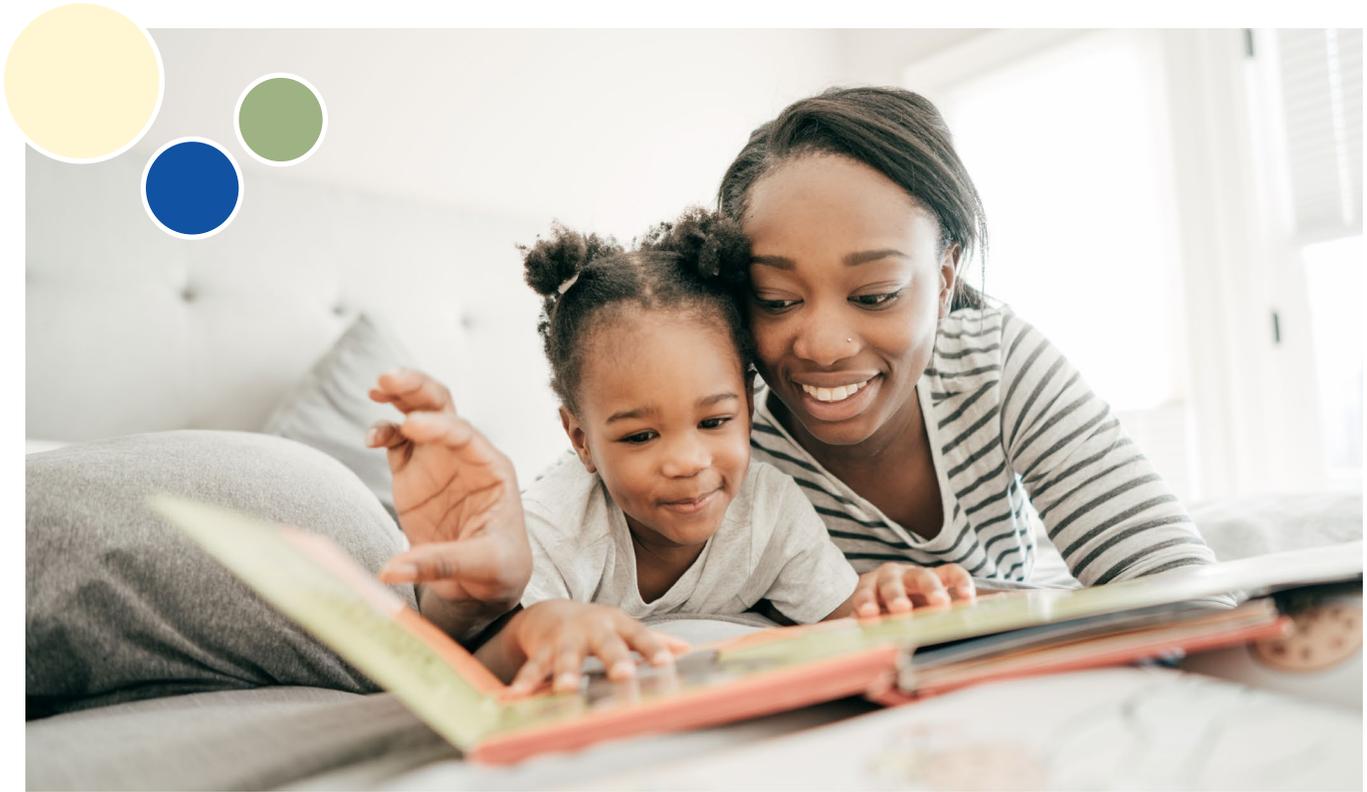
The MCAAP 2025 election will fill vacancies on the executive board for Secretary/Communications Manager and representatives in Region 1 (Barnstable, Bristol, Dukes, Norfolk, Plymouth, and Nantucket Counties) as well as two member-at-large positions (any county).

Individuals are eligible if they are voting members of the Chapter and live or work in one of the vacant regions. Please email names of nominees to Cathleen Haggerty at chaggerty@mcaap.org. You may also mail nominations to 860 Winter Street, Waltham, MA 02451.

Nominations must be received by February 15, 2025. Electronic ballots will be emailed and mailed in mid-March.



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BOOK CORNER

Bedtime Routines

My name is Jennifer Stephenson, RN, and I am the regional nurse manager overseeing the majority of pediatric sites at Cambridge Health Alliance. I am also the mom of a toddler and soon-to-arrive newborn. In navigating this professional and personal pediatric world, I see the importance of literacy for our younger ones each and every day.

As a parent, I believe that books, alongside real-life experiences, can open up a world of learning and exploration for my children. My childhood love for *The Magic School Bus* series inspired me to discover new possibilities and engage in exploration, as I saw characters experiencing adventures similar to those I wished to undertake.

An element of exploration is to be expected with a toddler. In my son's current stage, he is big on autonomy. One of his favorite sayings is, "I got it." This is the kind of independence that needs to be fostered. One of the ways we do that is by presenting books that show adventures or everyday experiences involving other kids. One of our favorites from Reach Out and Read (ROR) is *Brown Baby Lullaby*.

In this book, the toddler is constantly on the go and making messes. However, the parents never get upset and instead encourage the child: "That's okay, you're learning. Yes? Independent baby." These affirmations encourage the child to explore. The book also illustrates the bedtime routine in a way that shows my son that other kids are preparing for bed and winding down in their own way.

Additionally, reading plays a crucial role in language development. Yes, exploring is great, but we also need to make sure language development is also ongoing. At bedtime, my son asks for the same books over and over. At some point, I think, "Okay, let's try some new titles." But what if the little ones are onto something when they are requesting the same books time and time again?

According to a study by Williams et al., "Children who heard the same story repeatedly demonstrated significantly better word learning than children who heard the storybook once." Furthermore, they note that "Sleep is most effective if it follows within a few hours of learning to reduce interference of the memory traces."

Reading before bed not only activates the brain but also fosters bonding, language development, and exposure to new concepts. This time also allows toddlers the time to connect what they read with what they see in real life, enhancing their understanding.

Does reading the same book over and over get tiring sometimes? Sure. But the benefits are too great to ignore. Reading before bed adds to the vocabulary of the kiddos and allows them time to sit, snuggle, and recap the day using the words that they do know. Parents gain insight into their child's understanding of the world, which is key.

— **Jennifer J. Stephenson, RN**

Jennifer J. Stephenson, RN, can be reached at jstephenson@challiance.org for more information.

Editor's note: We are delighted to welcome Ms. Stephenson as our new author of the Book Corner. With her busy professional life and soon-to-be even busier home life, she is the perfect illustration of "when you want something done, ask a busy person to do it!"

Reference

Williams SE, Horst JS. Goodnight book: sleep consolidation improves word learning via storybooks. *Frontiers in Psychology*. 2014;5:184. doi.org/10.3389/fpsyg.2014.00184.

New MCAAP Lobbyist



This past fall, the MCAAP Lobbyist Search Committee interviewed several candidates to become the Chapter’s new lobbyist for a one-year contract. The Committee is very pleased to announce that the contract was given to Ms. Ronna Wallace.

Ronna B. Wallace is President of Wallace and Associates Consulting, LLC.

Ms. Wallace has over two decades of experience as a legislative consultant specializing in providing physician specialty societies with all levels of governmental relations services, including monitoring and tracking, strategic planning, and lobbying of federal and state agencies and legislative and regulatory bodies.

Prior to becoming a lobbyist, Ms. Wallace was the research director of the Massachusetts State Legislature’s Joint Committee on Health Care.

Ms. Wallace received a bachelor’s degree in psychology from the University of New York at Buffalo and a dual master’s degree in social work/public health from Boston University.

We look forward to working with Ms. Wallace on child-related advocacy priorities for the Chapter. Please contact Cathleen Haggerty at chaggerty@mcaap.org if you’re interested in becoming involved in MCAAP advocacy opportunities. — *Cathleen Haggerty, Executive Director, MCAAP*

AAP 2024 National Convention and Exhibition

Chapter Leaders attended the 2024 AAP National Convention and Exhibition (NCE) in Orlando, FL, this year.



Left to right: Brenda Anders Pring, MD (President), Mary Beth Miotto, MD, MPH (Immediate Past President), David Lyczkowski, MD (Vice President), and Elisabeth DiPietro, MD (Treasurer).

JOB CORNER

Dept of Neonatology Positions

Harvard Medical Faculty Physicians (HMFP) at BIDMC. Positions at Beth Israel Deaconess Hospital–Plymouth or Anna Jaques Hospital in Newburyport. Community Neonatologists (Req. # R0885). Community Newborn Hospitalists (Req. # R0886). Employment and benefits are offered by HMFP. Apply online: hmfphysicians.org/careers. Search for the corresponding requisition number listed above. EOE

Pediatrician

Garden City Pediatrics Associates is seeking a BC/BE pediatrician to join our practice in Beverly, MA, just 20 miles north of Boston and with easy access to both beaches and mountains. We are a group of eight pediatricians (six full-time and two part-time) who,

along with our four advanced practice providers and exceptional nursing staff, are dedicated to providing high-quality, evidence-based care to children in our community 365 days a year. This 0.75 FTE position would entail three office days/week and a share in holiday/weekend coverage, which includes newborn nursery rounds at Beverly Hospital and sick visits at our office on the Beverly Hospital campus. Our proximity to the hospital allows for close collaboration with our Boston Children's and BIDMC colleagues, who provide neonatal, emergency, and inpatient care on site. Generous compensation is based on revenue. Please contact Steve Brickman, Practice Manager, at ofcmgr@gardencitypediatrics.com for more 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.

