



PRESIDENT'S MESSAGE

Life-Changing Experiences

We all have one. Mine was during my third year of residency when I was senior resident on one of the ward teams. The prior night a previously healthy 16-year-old boy was admitted to our service who was in fulminant liver failure. He did not drink and had not taken a large amount of acetaminophen and levels for both alcohol and salicylates were undetectable. It turned out to be autoimmune hepatitis from oral minocycline, which was being prescribed for the treatment of acne. Autoimmune hepatitis is a known but extremely rare complication of minocycline use, yet numerous teenagers take minocycline for treatment of acne and nearly all of them do fine. That is my one and only patient to experience such an adverse effect from this medication, but one that has completely changed my practice forever.

Since that day, I have never prescribed minocycline. I know the data, I know the risks, and I know the likelihood that I will ever see liver failure from drug-induced autoimmune hepatitis from minocycline is far less likely than other risks I am willing to take with other medications I prescribe every day. However, that single, individual experience is far more powerful than any study I could read or any statistics I could incorporate into my decision-making. Taking care of that patient helped me understand why one pediatrician in the community sent every kid with a headache to the ED for a meningitis workup and why another insisted on obtaining bilirubin levels on babies that seemed to have no risk factors and no visible jaundice. Just as my patient with liver

continued on page 3

Table of Contents • Spring 2021 • Volume 22 No. 2

President's Message	1	MDPH News and Updates	7
COVID-19 Resources from the Chapter Task Force	1	Upcoming Events and Meetings	7
Editor's Note	2	MCAAP Medicaid ACOTask Force — Advancing Pediatric Care in MassHealth	9
Children's Mental Health in the Time of COVID-19	4	MCAAP Medical School Committee Updates	10
ShotClock	6	Building Blocks of Early Childhood	11
CDC Publishes 2021 Immunization Schedules	6	Book Corner	12
Vaccine Catch-Up Guidance Job Aids	6	Member Spotlight	13
Vaccinate With Confidence: Strategy to Reinforce Confidence in COVID-19 Vaccines	6	Virtual Annual CME and Business Meeting	14



COVID-19 Resources from the Chapter Task Force

In July of 2020, Dr. Lloyd Fisher was just beginning his term as Chapter president but was acutely aware of how much the pandemic was affecting our young patients and pediatricians statewide. In response to this need, Dr. Fisher assembled the MCAAP School Reopening Task Force with the goals of educating member physicians on the following:

- How to best discuss COVID risks, safety strategies, and returning to school with families in the exam room

- How to advocate in their communities and school districts for child health during the pandemic
- How to implement Massachusetts-specific guidance in their practices for return to school and return to play

Dr. Fisher appointed task force members to represent different geography, practice types, and areas of interest, including school district physicians, pediatric

continued on page 4

**Massachusetts Chapter
American Academy of Pediatrics**
860 Winter Street
Waltham, MA 02451

EXECUTIVE DIRECTOR
Cathleen Haggerty
chaggerty@mcaap.org

FORUM EDITOR
Lisa Dobberteen, MD, FAAP
ldobberteen@mcaap.org

PRESIDENT
Lloyd Fisher, MD, FAAP
lfisher@mcaap.org

IMMEDIATE PAST PRESIDENT
Elizabeth Goodman, MD, MBA, FAAP
egoodman@mcaap.org

VICE PRESIDENT
Mary Beth Miotto, MD, FAAP
mmiotto@mcaap.org

SECRETARY
Anna Rosenquist, MD, FAAP
arosenquist@mcaap.org

TREASURER
Brenda Anders Pring, MD, FAAP
bpring@mcaap.org

LEGAL COUNSEL
Edward Brennan, Esq.
ebrennan@ebjlawoffice.com

DISTRICT 1
Monica Liao, MD, FAAP
mliao@mcaap.org

DISTRICT 2
Gina O'Brien, MD, FAAP
gobrien@mcaap.org

DISTRICT 3
Lauren Hittner, MD, FAAP
lhittner@mcaap.org

DISTRICT 4
David Lyczkowski, MD, FAAP
dlyczkowski@mcaap.org

DISTRICT 5
Katherine Wu, MD, FAAP
kwu@mcaap.org

DISTRICT 6
Clovene Campbell, MD, FAAP
ccampbell@mcaap.org

DISTRICT 7
Genevieve Daftary, MD, MPH, FAAP
gdaftary@mcaap.org

DISTRICT 8
Daniel Rauch, MD, FAAP
drauch@mcaap.org



EDITOR'S NOTE

Thoughts of the Pandemic, One Year Later

It seems incredible we are still in this pandemic. While vaccines are certainly a sign of hope, the emergence of the new variants and what they mean for potential new surges is worrisome.

Lives lost: We remember the more than 500,000 people in this country alone, and 2.5 million globally, who have died from COVID-19 illness. Many of the families I care for have been touched by COVID-19 illness, and many have lost loved ones. In my own corner of the world, a dear friend died alone in a nursing home. Two wonderful elderly neighbors, married for over 50 years, both died from COVID, separated from each other and the rest of their family, within two weeks of each other. An unimaginable loss of life, and what haunts me late at night is that much of this was preventable.

Home visits: I was involved with a home visit pilot a year ago, visiting families with children under two, providing vaccines, exams, and anticipatory guidance. Often, my scribe and I were the only visitors to young families with a new baby. Besides the usual new parent questions, we often discussed the intricate quarantine dance new grandparents had to go through, both before and after testing was available.

Return to the office: The absolute joy of returning to see patients in person. I promise to never complain about a bad day again. Clearly a bad day in the office in person is far better than not being able to see patients in person.

Televisits: The new patient care modality we didn't know we needed! "Tell me your email again?" "You're having trouble logging on?" "You're at work, and your child with Auntie, while we do the visit?" Visits may include, but are not limited to the following:

- The teenager who clearly is lounging in bed while we have our visit
- The kids, parents or both in pajamas
- The family dog or cat joining the fun
- Grandparents joining in the visit with all of their questions

Televisits are not a way to deliver well childcare, in my opinion, but very well suited to parent conferences about behavior, bedwetting, ADHD, and other topics. It does seem appropriate for our time and professional expertise to be recognized and compensated.

School: The value of in-person learning can never be underestimated, nor can the risks to students of not being in school. As schools throughout the Commonwealth grapple with social distancing, ventilation, and testing protocols, they deserve our enthusiastic support and encouragement to be open to as many learners as possible. In school, transmission has been very low, and schools have been found to be very safe places for children during the pandemic, if the right mitigation strategies are followed. For those who have not seen this, Dr. Danielle Allen and her colleagues offer a thoughtful framework in their

continued on page 3

Life-Changing Experiences

continued from page 1

failure did for me, other pediatricians too likely had an N of 1 that forever changed their practice.

Personal stories and anecdotes are powerful. We are all aware of parents with typically developing children who, soon after receiving their first measles, mumps, rubella (MMR) vaccines, begin showing signs of autism spectrum disorder. There are just not enough studies disproving any link to change those parents' minds. We can share data, we can talk about the millions of children who receive MMR every year and do not develop autism, we can talk about studies showing the likelihood of developing autism is just as high in those who do not receive the vaccine, and we can share the horrible outcomes that can occur from measles in the unvaccinated child. For these parents, none of that will make a difference. Even the most intellectual, scientifically minded, and analytical people among us can sometimes be swayed more by their N of 1 than by the scientific literature, regardless of how compelling it may be.

As we have grappled with how to manage both our personal and professional lives through the COVID-19 pandemic during the past year, the power of the personal story or anecdote has never been more prominent. It is amazing to me, and often frustrating, how everyone from those without any formal higher education to those with MDs or PhDs can ignore the data and science. The deep emotions they feel due to a personal connection with an individual whose personal experience is different far outweighs

what we know to be true from the published literature.

There are those who refuse to accept the importance of masks for lowering the risk of COVID-19 transmission because they know people who always wear masks and seem to always do the "right thing" to limit their risk and yet tested positive and may have had a severe infection. There are those who refuse to believe the ever-increasing mountain of evidence that schools are not a major contributor to community spread and data showing that teachers and students are far less likely to become infected in school than they are outside of school, because they know an individual who in fact had the uncommon experience of becoming infected inside of a school building.

The negative impacts of a lack of in-person learning to so many children over the past year are likely to persist for years, and for some a lifetime. During my presidential term to date, bringing as many children as possible back to in-person learning safely and as soon as possible has been my number one priority. As we are all aware, this effort has been met with some resistance. I know many of you, like me, continue to be frustrated with those who refuse to follow the evidence and the data that show us that in-person learning can be done in a safe and appropriate way. It is clear to me that the evidence shows us the risk of keeping schools closed is far greater than the risks of opening them up. However, some people simply do not see it.

There are a few people in my personal life who fall into this category of being highly educated and who are generally guided by data and science, yet for this issue in particular discount what we know. My instinct

here, like my instinct when dealing with a vaccine-hesitant or vaccine-resistant parent, is to flood them with statistics. Unfortunately, this rarely works. Statistics do not have a name or face or feelings. They are numbers on a page and even the most intelligent among us can discount them and come up with excuses to ignore that data in exchange for direct influence from real-world experience.

Rather than getting angry and frustrated, we need to draw on our training and do our best to meet people where they are, acknowledging the fear and the emotion that they feel. We need to continue to promote the science and share what we know but recognize it may be a slower process than we would like for some to accept the truths that seem so obvious to many of us. For one of my long-term friends, whose spouse is a public school teacher, this has been quite difficult. My friend refuses to even talk with me now due to an overwhelming and paralyzing fear of harm that will come to the spouse from teaching in person.

My N of 1 prevents me from prescribing minocycline. Sometimes an N of less than 1 prevents a teacher, parent, or family member from believing that in-person schooling is safe. As pediatricians we need to have a realization that the absence of logic in certain decisions is not always due to ignorance or ill intentions, but rather a function of how the human brain is influenced by our lived experiences more so than anything we can learn from an academic paper. When the person represented by that N of 1 is somebody about whom you care deeply, there are times when nothing else matters.

— **Lloyd D. Fisher, MD, FAAP**

Thoughts of the Pandemic, One Year Later

continued from page 2

report *Schools and the Path to Zero: Strategies for Pandemic Resilience in the Face of High Community Spread* (<https://globalepidemics.org/2020/12>).

Vaccines: What we knew about vaccines, vaccine development, and the logistics of vaccine production and delivery changed dramatically on January 21, 2021. The previous lack of a plan has played havoc with

the vaccine rollout at all levels. Our friends over 65 have struggled with the website to secure appointments at the large vaccination sites, while local boards of health have been stymied in their efforts to obtain vaccines and set up community sites. Hopefully by the time you read this teachers and school staff will be vaccinated.

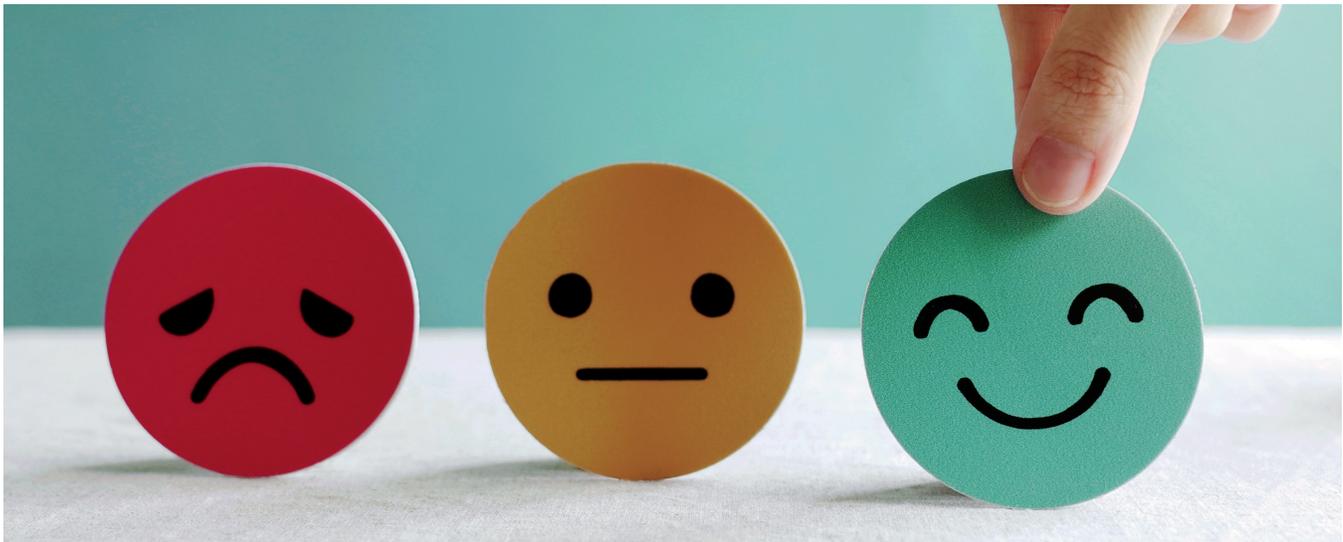
Personally, the minute I received my own first dose of vaccine, it was as if the weight of the whole pandemic was lifted off my shoulders. As my nurse colleague,

whom I've known for years administered the vaccine, she and I both cried tears of relief. It was a moment.

Finally: As I write this, the snow is melting with a cold late-winter rain. I have just returned from what still seems like a miracle, a week spent with my adult children after a year without seeing them. Such joy!

Wishing you, your families, and your staff good health, vaccines, and time with those you love.

— **Lisa Dobbertein, MD, FAAP**



Children's Mental Health in the Time of COVID-19

The COVID-19 pandemic has led to a serious mental health pandemic. Children and families have been deprived of much as they struggle to follow much needed public health guidelines. Latinx and Black families have been disproportionately impacted¹ by all these challenges, especially given the pre-pandemic barriers they had been facing. For example, family finances have been impacted significantly with over 40 percent of White parents reporting losing work-related income or their

jobs while over 60 percent of Latinx parents and over 50 percent of Black parents reported the same financial losses.² Remote learning has further impacted children's well-being.³ About 33 percent of parents say they had to stay home from work in order to provide additional caregiving. Families have been experiencing less community support and connection (e.g., loss of community events, family gatherings, religious services). Children

and their parents have experienced a sense of loss and loneliness.⁴

In 2020, about 33 percent of Americans reported depressive and anxiety symptoms compared to 6–8 percent in 2019. Again, people of color were hit the hardest as they reported more depressive and anxiety symptoms (about 40 percent).⁵ We also cannot ignore the racial reckoning that has occurred within the past year and how this has impacted the mental health of Black

continued on page 5

COVID-19 Resources from the Chapter Task Force

continued from page 1

infectious disease specialists, and other pediatricians involved in school health.

Over the last six months, the Chapter's task force has created and distributed a toolkit for pediatricians, school nurses, parents, and other types of child health providers to improve communication about how COVID affects youth and how we can safely return children to in-person schooling. Using timely evidence from the American Academy of Pediatrics, the Mass General COVID-19 School and Community Resource Library, Massachusetts Department of Public Health and Department of Elementary and Secondary Education, children's hospitals from across the nation, and a wide variety of peer-reviewed journals, the toolkit grew to include the following:

- Updated interactive and printable decision tools for COVID return-to-school recommendations
- Pediatrician guidance on return to child-care and early education settings
- Parent information sheets in six languages on COVID testing, school reopening safety, and introducing children to safely wearing masks
- Pediatrician case studies to foster discussion on return to school advice
- Printable and EPIC templates for return to school letters
- Printable return to play decision tool
- Return to play pediatrician letters
- Parent handouts on youth sports and COVID

The toolkit contents have been shared widely across the state with school nurses, the Department of Public Health, private

practices and community health centers, and other specialty societies. As new information has become available, many of these resources have been updated to reflect the latest science. All tools can be found at <https://mcaap.org/school-reopening-information> along with Chapter policy statements on issues of school reopening during the pandemic.

Please feel free to reach out to the Chapter with questions on the tools or to suggest new resources. The Chapter would like to express its sincere appreciation to task force members Childsy Art, Chloe Campbell, Monica Liao Chang, Christina Hermos, Katherine Hsu, Kelby Maher, Christine McKiernan, Safdar Medina, Beverly Nazarian, Molly Senn-McNally, and Katherine Wu for their dedication, amazing productivity, and focus on innovation. — **Mary Beth Miotto, Chair of the MCAAP School Reopening Task Force**

Children's Mental Health in the Time of COVID-19

continued from page 4

children as well as the xenophobic racism Asian American children have had to experience. Furthermore, more families are reporting moderate to severe food insecurity, less insurance coverage for their children (largely due to changes in parents' job status), and loss of childcare.⁶ Along with the loss of insurance coverage there has been an increase in mental health related ER visits for children.⁷ Sadly, there has also been an increase in the number of children reporting suicidal thoughts and suicide attempts.^{8,9}

Our helping role as health care professionals is especially important as the families we serve, especially the families of color, try to manage and navigate the accumulated and prolonged stressors this pandemic has caused. There is a unique opportunity for us to tap into the strengths and resilience that live within the families we serve and connect them to additional supports as needed. As a wise primary care physician colleague once said, "You don't need to be a therapist to be therapeutic." Families may find the recommendations below to be helpful:

Normalize Difficult Discussions

- **Have conversations about emotions:** Help children label their emotions and normalize and validate changing and conflicting feelings. "It's okay to not feel okay."
- **Encourage and allow space for asking questions:** Reading a children's book together is a great start!^{10,11,12} Listen and look up answers together. Help them question sources, "Let's investigate together."
- **Provide a safe place to talk about race, racism, and identities:**^{13,14,15} Children are never too young to talk, as they identify different races within the first couple years of life. Be honest and real. Encourage families to learn and grow (e.g., read books about social justice^{16,17}) and consider ways to join community groups who are making changes.^{18,19}

Identify Ways to Cope

- **Identify strengths:** Reinforce positive behaviors and encourage activities that

highlight their strengths (e.g., social justice, hope, compassion).²⁰

- **Gratitude:** Identify 1–3 things you're grateful for every day. Ask "What's something that made you happy today?"
- **Model positive coping skills:** Encourage parents to use external self-talk and discuss their emotions and coping skills. Practice minimizing media exposure.
- **Focusing on what we can control:** Stay present and action oriented. Have children join parents' prosocial activities to help them focus on making change and impacting the community (e.g., discuss intention and goal for volunteering, activism, wearing a mask, etc.).
- **Getting outside:** Biking, walks/hiking, picnics, gardening, water balloon fights, scavenger hunts.
- **Sleep:** Keep consistent morning and bedtime routines. Plan something during the day as a motivator. Limit device time at night; consider making it a family rule.
- **Try some behavioral health apps:** *Breathe, Think, Do with Sesame, Smiling Mind, Sanvello, or SuperBetter.*

Maintaining Structure and Consistency

- **Children thrive with structure and predictability:** It helps them have a sense of control during a very unpredictable and ever-changing time.
- **Identify at least one daily family activity:** Allow for special connection time that they can anticipate every day. One-on-one time for each child if possible. This can be as short as 10–15 minutes. Have the child pick the activity but make sure it is interactive (e.g., reading, dancing, cooking, or simply having a conversation not related to school or COVID).²¹
- **Manage understandable emotional dysregulation:** Be direct. Use *when-then* statements. Identify and focus on the target, desired behavior.

Remote Learning Support

- **Validate frustrations:** Listen and recognize the changes and losses children have had to endure.
- **Try to mirror the school experience:** Set up a routine, personalized workspace.

Have a quick check-in at the start and end of the day.

- **Help children manage responsibilities:** Break assignments down into chunks. Give breaks including movement breaks (use a timer or smart device to organize time). Sometimes a standing desk or fidget object helps.
- **Manage distractions:** Use Google Chrome extensions to block out distracting apps like social media (see *Dayboard* or *Forest*, or programs such as *Freedom* or *Cold Turkey*).

Hopefully these suggestions and the references provided will help all of us better support the mental health of the children and families we care for.

— **Menatalla Ads, PhD, Pediatric Psychologist, Cambridge Health Alliance; Instructor, Harvard Medical School**

Dr. Ads is a valued member of the Child and Adolescent Mental Health Integration team at the Cambridge Health Alliance. She can be contacted at mads@challiance.org.

References

- ¹www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html
- ²www.urban.org/research/publication/parents-are-struggling-provide-their-families-during-pandemic?utm_source=urban_researcher&utm_medium=email&utm_campaign=covid_parents&utm_term=lhp
- ³www.washingtonpost.com/outlook/2020/08/10/remote-school-toxic-stress
- ⁴www.npr.org/2020/11/28/938460892/pandemic-takes-toll-on-childrens-mental-health
- ⁵www.cdc.gov/nchs/covid19/pulse/mental-health.htm
- ⁶https://pediatrics.aappublications.org/content/146/4/e2020016824
- ⁷www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm
- ⁸www.medscape.com/viewarticle/943756
- ⁹www.nytimes.com/2021/01/24/us/politics/student-suicides-nevada-coronavirus.html
- ¹⁰https://psychology.berkeley.edu/sites/default/files/right_now_illustratedbook_dr_daniela_owen.pdf
- ¹¹www.mindheart.co/descargables
- ¹²www.nctsn.org/resources/trinka-and-sam-fighting-the-big-virus-sp
- ¹³www.youtube.com/watch?v=UwleUaqWY88&feature=youtu.be&ab_channel=GreaterGoodScienceCenter
- ¹⁴www.npr.org/2019/04/24/716700866/talking-race-with-young-children?fbclid=IwAR262i36JkNreR2Yg0pPPHPL9u6iyHSVkMV2vrR3Ehd-1oG-0ZIXKMrY
- ¹⁵www.vox.com/identities/2020/6/9/21283715/how-to-talk-kids-racism-race-protests
- ¹⁶https://socialjusticebooks.org/booklists/black-history
- ¹⁷https://manyhelpinghands365.org/racial-justice1
- ¹⁸https://blacklivesmatter.com
- ¹⁹https://m4bl.org
- ²⁰http://tayyabrashid.com/101-strengths-based-actions-to-connect-from-a-distance
- ²¹https://haloprojectokc.com/2020/04/24/homeschooling-during-covid-19-one-size-does-not-fit-all

ShotClock

CDC Publishes 2021 Immunization Schedules

In February, the Centers for Disease Control and Prevention (CDC) published “Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021,” and “Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2021” on its immunization schedules website: www.cdc.gov/vaccines/schedules.

Updates to this year’s schedules are reviewed in the following articles, published in *Morbidity and Mortality Weekly Report (MMWR)* on February 12, 2021:

- **Advisory Committee on Immunization Practices: Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2021:** www.cdc.gov/mmwr/volumes/70/wr/mm7006a1.htm
- **Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2021:** www.cdc.gov/mmwr/volumes/70/wr/mm7006a2.htm

A summary of schedule changes, along with guidance about COVID-19 vaccination,

vaccination recommendations during the COVID-19 pandemic, and vaccine catch-up can be found on the CDC website at www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html.

Printable versions of the 2021 immunization schedules are available on the CDC website (www.cdc.gov/vaccines/schedules) in several formats, including portrait, landscape, and pocked-sized versions. Parent-friendly schedules also are available in English and Spanish.

The *CDC Vaccine Schedules App* for health care providers for iOS and Android devices can be downloaded for free at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download.

Once again, the Immunization Action Coalition will be selling laminated versions of the 2021 immunization schedules. The schedules are now available for pre-order. For more information, visit www.immunize.org/shop/laminated-schedules.asp.

Additional Resources

- **“Recommended Childhood and Adolescent Immunization Schedule: United States, 2021” from *Pediatrics*, February 2021:** <https://doi.org/10.1542/peds.2020-049775>

- **“Recommended Adult Immunization Schedule, United States, 2021” from *Annals of Internal Medicine*, February 2021:** <https://doi.org/10.7326/M20-8080>. — *MCAAP Immunization Initiative*

Vaccine Catch-Up Guidance Job Aids

The CDC has developed guidance job aids to assist providers in interpreting Table 2 of the 2021 childhood and adolescent immunization schedule, which can be found at www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#table-catchup.

The job aids can be found at www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html. — *MCAAP Immunization Initiative*

Vaccinate With Confidence: Strategy to Reinforce Confidence in COVID-19 Vaccines

At the writing of this article, COVID-19 vaccines are not recommended for children younger than 16 years of age. While we await COVID-19 vaccines becoming available for younger teens and children, there are things that pediatric providers can do now to prepare themselves, their staff, and their patients for the vaccine. Pediatric providers can learn about the vaccine, get vaccinated, and share their experience and knowledge with their patients. Studies show that health care providers are the most-trusted source of information for their patients. And with immunization a core component of pediatric health care, pediatric providers are especially well-suited to recommend COVID-19 vaccines.

The CDC has built upon its Vaccinate With Confidence Strategy by developing an approach specifically focused on reinforcing confidence in COVID-19 vaccines. This approach can be utilized by pediatric health care providers as they prepare for COVID-19 vaccines.

The key components of the Vaccinate with Confidence Strategy include building trust, empowering health care personal, and engaging with communities and individuals.





The following recommendations are based on the Strategy's "Six Ways to Help Build COVID-19 Vaccine Confidence:"

1. Encourage everyone in your organization to be vaccine champions.
2. Look for and share credible vaccine information and learn how to respond to misinformation. When you come across COVID-19 vaccine information, confirm its accuracy with sources like the CDC's COVID-19 vaccination webpage (www.cdc.gov/vaccines/covid-19/index.html) and the Massachusetts Department of Public Health's COVID-19 Vaccine Information webpage (www.mass.gov/info-details/massachusetts-covid-19-vaccine-information).
3. Help to educate people about COVID-19 vaccines, including how they are developed and monitored for safety.
4. Be prepared for discussions about COVID-19 vaccines where people can openly ask questions and discuss their views.
5. Share key messages that people trust and promote action through your organization's communications channels (e.g., email, newsletter, social media, and website).
6. When you get the vaccine, promote your decision to get vaccinated and celebrate it!

The following resources can be used in planning your COVID-19 Vaccinate with Confidence Strategy:

- **Vaccine with Confidence: Strategy to Reinforce Confidence in COVID-19 Vaccines:** www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html
- **Vaccinate with Confidence COVID-19 Vaccines Strategy:** www.cdc.gov/vaccines/

[covid-19/vaccinate-with-confidence-strategy.html](http://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence-strategy.html)

- **Building Confidence in COVID-19 Vaccines among Your Patients: Tips for the Health Care Team** (PowerPoint slide deck): www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-TipsForHCTeams_508.pptx
- **COVID-19 Vaccination Toolkit for Medical Centers, Pharmacies, and Clinicians:** www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html
- **COVID-19 Vaccine Communication and Confidence Checklist:** www.cdc.gov/vaccines/covid-19/downloads/Appendix-A-Communication-Confidence-Checklist-508.pdf
- **The COVID-19 Vaccine Confidence Conversation Starter:** www.cdc.gov/vaccines/covid-19/downloads/Appendix-B-Conversation-Starter-508.pdf
- **Social Media Toolkit: COVID-19 Vaccinations:** www.cdc.gov/coronavirus/2019-ncov/communication/vaccination-toolkit.html
— **MCAAP Immunization Initiative**

MDPH News and Updates

2021 Immunization Updates

The Massachusetts Department of Public Health's Immunization Division presents annual updates on immunization-related topics for health care professionals every spring. The 2021 Immunization Updates will take place as a series of one-hour webinars in May and June. Vaccine coordinators and backups can earn their Vaccine for Children (VFC) Certificate by taking the VFC Compliance/Vaccine Storage & Handling webinar.

The Immunization Updates schedule is as follows:

- Wednesday, May 26:** Epidemiology of Vaccine-Preventable Diseases
- Tuesday, June 1:** Immunization Schedule Updates
- Wednesday, June 9:** Vaccines for Children (VFC) Compliance Training / Vaccine Storage & Handling
- Tuesday June 15:** Massachusetts Immunization Information System (MIIS)
- Wednesday, June 23:** Vaccine Confidence

All presentations will start at noon, via GoToWebinar (there will be no in-person sessions).

Updates, including information about CMEs/CEUS, will be posted as they become available at www.mass.gov/service-details/immunization-division-events.

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**

Upcoming Events and Meetings

MCAAP Annual CME and Business Meeting

May 12, 2021, 4:00–8:00 p.m.

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

2021 MDPH Immunization Updates

May and June 2021

The updates will be held as webinars. For more information, including the schedule, visit www.mass.gov/service-details/immunization-division-events.

Advisory Committee on Immunization Practices (ACIP) Meeting

June 23–24, 2021

Atlanta, Georgia

ACIP meetings are open to the public. For more information, visit www.cdc.gov/vaccines/acip/index.html.

AAP/MCAAP Appointments, Chairs, and Expert Representatives

AAP/MCAAP Appointments

AAP DISASTER PREPAREDNESS CONTACTS

Sarita Chung, MD
schung@mcaap.org

Gina O'Brien, MD
gobrien@mcaap.org

AAP EARLY CHILDHOOD CHAMPION

Katherine Wu, MD
kwu@mcaap.org

CATCH CO-COORDINATOR

Anne Nugent, MD
anugent@mcaap.org

MMS DELEGATE/HOUSE OF DELEGATES

Michelle Dalal, MD
mdalal@mcaap.org

PROS NETWORK COORDINATORS

David Norton, MD
dnorton@mcaap.org

Ben Scheindlin, MD
bscheindlin@mcaap.org

MCAAP Committees, Initiatives, and Task Forces

CHILDREN WITH SPECIAL HEALTH CARE NEEDS COMMITTEE

Judy Palfrey, MD
jpalfrey@mcaap.org

CHILDREN'S MENTAL HEALTH TASK FORCE

Barry Sarvet, MD
bsarvet@mcaap.org

Michael Tang, MD
mtang@mcaap.org

Michael Yogman, MD
myogman@mcaap.org

FOSTER CARE COMMITTEE

Linda Sagor, MD
lsagor@mcaap.org

IMMIGRANT HEALTH COMMITTEE

Julia Koehler, MD
Julia.Koehler@childrens.harvard.edu

IMMUNIZATION INITIATIVE

Everett Lamm, MD
elamm@mcaap.org

David Norton, MD
dnorton@mcaap.org

Sean Palfrey, MD
spalfrey@mcaap.org

LEGISLATIVE COMMITTEE

Karen McAlmon, MD
kmcAlmon@mcaap.org

Eli Freiman, MD
efreiman@mcaap.org

MEDICAID ACO TASK FORCE

James Perrin, MD
jperrin@mcaap.org

Greg Hagan, MD
ghagan@mcaap.org

MEDICAL STUDENT COMMITTEE

Priya Shah
pshah@mcaap.org

PEDIATRIC COUNCIL

Peter Rappo, MD
prappo@mcaap.org

SUSPECTED CHILD ABUSE AND NEGLECT

Stephen Boos, MD
sboos@mcaap.org

MCAAP Appointments and Expert Representatives

FETUS AND NEWBORN

Munish Gupta, MD
mgupta@mcaap.org

FORUM EDITOR

Lisa Dobberteen, MD
ldobberteen@mcaap.org

INJURY PREVENTION

Lois Lee, MD, MPH
llee@mcaap.org

Greg Parkinson, MD
gparkinson@mcaap.org

ORAL HEALTH

Michelle Dalal, MD
mdalal@mcaap.org

SCHOOL HEALTH

OPEN



Breaking new ground

While other mutual insurers are declaring dramatically lower annual dividends – or nothing at all – MagMutual has been consistently making payouts since 2007.* In total, our PolicyOwners™ have received over \$315M in financial rewards. We're growing where others are shrinking, and making our PolicyOwners even stronger.

magmutual.com/innovation | 800-282-4882

*Dividends and Owners Circle allocations are declared at the discretion of the MagMutual Board of Directors and are subject to eligibility requirements.

MCAAP Medicaid ACO Task Force — Advancing Pediatric Care in MassHealth

The Medicaid ACO Task Force of the MCAAP has worked for the past three years to encourage the Massachusetts Medicaid program (MassHealth) to strengthen the design of its accountable care organization (ACO) program to better meet the needs of children and youth. In 2017, MassHealth instituted a new Medicaid ACO model for most MassHealth recipients. The new program included several important advances — support for integrated mental/behavioral health in primary care, funding through multiple community partners for addressing social determinants of health (especially housing and nutrition), and support for better coordination of care for people with chronic health conditions. Unfortunately, in implementing the program, MassHealth did not extend these benefits to people under 21 years of age.

In 2019, after several meetings with MassHealth leadership, the chapter, with the advice of MassHealth, convened a Child and Adolescent Health Initiative (CAHI). CAHI members include MassHealth ACO Task Force pediatricians, child/family care providers, behavioral health experts, community health worker experts, educators, families, and parent engagement advocates. This group met several times in 2019 and through 2020, producing a broad series of recommendations for strengthening Medicaid for children and youth. The recommendations, which were presented to MassHealth leadership in late September 2020, focus on items for an upcoming waiver request that MassHealth will send to the Centers for Medicare and Medicaid Services outlining its plans for the next five years of the program. They also address items that MassHealth can do currently through existing authority.

CAHI developed a set of essential principles and organized subgroups focused on the unique needs of children and youth, including guidelines for investing in them; integrated mental and behavioral health in primary care; social determinants of health; children and youth with chronic and complex medical conditions and related care coordination; interface

between health care and education (including early education) and community services; and measurement to support change. The initiative developed three main recommendations, along with a wide range of associated recommendations.

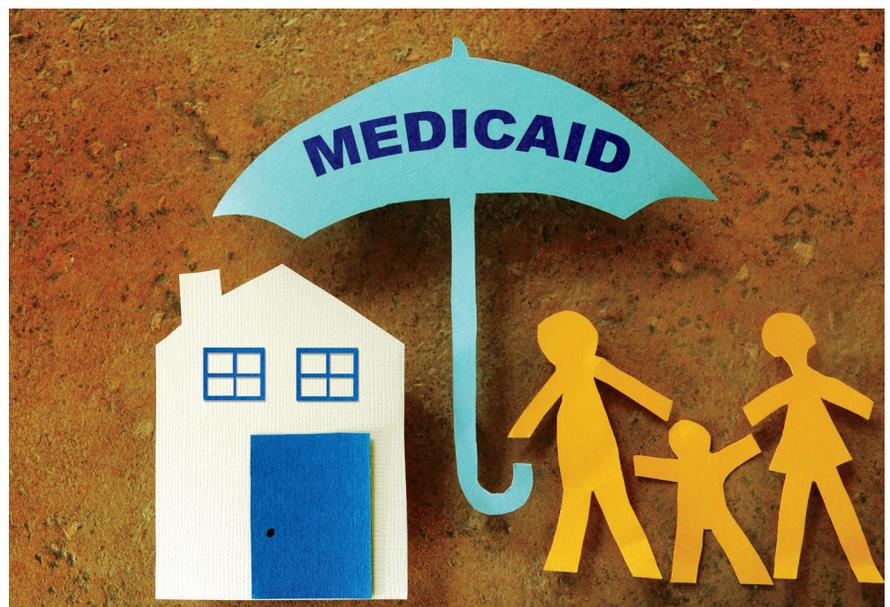
1. Support and maintain advanced pediatric primary care, using teams with active inclusion of community health workers and integrated mental/behavioral health care. Teams will aim to apply a strong family (two-generational) approach, and coordinate care with families of children with chronic health conditions. For smaller practices that cannot provide all these services, the state should support a hub-and-spoke approach with regional service providers.
2. Address social drivers of health, including rising risk and supporting whole families. Increase total funding and scope of services and broaden eligibility so more families are able to use the provided social services.
3. Require optimal and equitable investment in pediatric care. MassHealth currently invests about 16 percent of its direct care funding for people under 21 years of age. We recommended that

MassHealth view investment in pediatric care as a critical base for assuring better outcomes for children and youth, rather than on short-term return on investment. Further, MassHealth should mandate minimum expenditures in pediatric care in ACO/managed care organization contracts to reflect no less than 60 percent of the proportion of the plan's population through 21 years of age.

Additional CAHI Recommendations

The CAHI report (<https://mcaap.org/advocacy-contacts/medicaid-aco-task-force>) has further recommendations, along with background details, including information on other states' experience in Medicaid reform for children and youth. These main additional recommendations include the following:

- Enhance **cross-sector collaboration** and interface between health and education sectors.
- Establish **continuity of eligibility** for children — up to three years of age.
- Implement a **pediatric-specific dashboard**, collecting data by race/ethnicity, including enrollment, quality outcomes, equity, expenditures, use of advanced



continued on page 10

MCAAP Medical School Committee Updates

So far in the 2020–2021 year, the MCAAP Medical Student Committee has hosted a Pediatrics Residency Directors Panel as well as two events in our How Pediatricians Can Combat Racism series. These panel discussions have featured local and national pediatricians discussing antiracism efforts in their communities and practice. Please feel free to check out the recordings below.

- **How Pediatrics Can Combat Racism:** https://harvard.zoom.us/rec/share/z7cZ2gRbE6C6k8UB9I4aV6frhv7L-kEZV9k9muoygWg0cMad0jnJwG3mBdvtxMJ8S.Md_2VuvtXBZxXhmD

- **How Pediatricians Can Combat Racism Part II: Confronting Racism:** https://harvard.zoom.us/rec/share/CNxMndv57jQN_t0vwb_zqX7uNsb7miIMUIZIGtM7UVMycg6MY8hueMmbO0P223PQ.bQa5UCeIULqlw5Tx
- **Upcoming: How Pediatricians Can Combat Racism Part III: Effects on Development:** <https://harvard.zoom.us/meeting/register/tjYrduCorDIiGd2LR9DAa8I719M5oAJN8InM>

We are currently organizing the third part of this series as well as planning an exciting advocacy-themed event in May. Stay tuned! — *Priya Shah, Chair, MCAAP Medical School Committee*



MCAAP Medicaid ACO Task Force — Advancing Pediatric Care in MassHealth

continued from page 9

- pediatric practice care, and flexible services (social drivers) program.
- Engage in **ongoing review** of child and adolescent health care.
- Establish **regional networks** of community-based organizations.
- Enhance **coordination of care** for children with complex medical and behavioral conditions and their families.

At this point, MassHealth has put in place three stakeholder groups (Strategic Design, Primary Care, and

Care Coordination), including nine members of CAHI and/or the MCAAP ACO Task Force. Each group has met three or four times. We await publication of the proposed draft of the state's Medicaid waiver request. Chapter members can submit comments now at MassHealthinnovations@mass.gov.

The changes proposed for MassHealth will increase total Medicaid funding for pediatric care, with specific incentives for expanded and enhanced pediatric primary care. As the program develops, we plan to have sessions for interested MCAAP members about how best to work with MassHealth to improve care for many of our patients. — *James Perrin, MD, FAAP*

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.

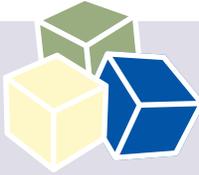
PDF GUIDELINES

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.





BUILDING BLOCKS OF EARLY CHILDHOOD

From Baby Steps to Giant Strides: Improving Developmental Surveillance and Screening

In April 2020, an article in *Pediatrics* (doi.org/10.1542/peds.2019-0851) reported that fewer than two-thirds of pediatricians use a standardized tool for developmental screening. Furthermore, more than 40 percent of at-risk children are not referred to early intervention programs.

The importance of early identification of developmental disorders cannot be more emphasized. Earlier identification allows for earlier interventions. Intervening earlier can be more effective because the brains of younger children are developing more rapidly.

To identify at-risk children earlier, pediatric health care providers should perform *both* developmental surveillance and developmental screening. *Surveillance* is an ongoing assessment that includes addressing parental concerns, identifying strengths and risks, obtaining a developmental history, observing the child, documenting the findings, and sharing concerns with relevant professionals such as childcare providers. All children should undergo developmental surveillance at every health supervision visit.

Any concerns brought up during surveillance should prompt developmental screening using a standardized tool. Screening should also occur regardless of concerns at the 9-, 18-, and 30-month health supervision visits. Additionally, screening for autism spectrum disorder should occur at the 18- and 24-month health supervision visits.

Without performing both developmental surveillance and developmental screening, pediatric health care providers may be less able to effectively detect developmental disorders. This may lead to delays in intervention, compromising school readiness. To help pediatric health care providers incorporate developmental screening into their practices, the AAP and the state of Massachusetts



offer a plethora of resources. Some of these are described below:

AAP Resources

- The STAR (Screening Technical Assistance and Resource) Center (<https://bit.ly/3pEecyE>) provides abundant resources including the following:
 - An algorithm for developmental screening (doi.org/10.1542/peds.2019-3449)
 - Bright Futures Tools (brightfutures.aap.org/materials-and-tools)
 - CME/Maintenance of Certification courses (screeningtime.org)
 - Billing and coding resources
 - A worksheet to guide practices through the steps of incorporating screening and surveillance into the office workflow
- Healthychildren.org offers many articles for parents about development screening as well as an interactive tool, “Physical Developmental Delays: What to Look For.”

Massachusetts Resources

- Mass.gov offers a list of screening tools approved by MassHealth (www.mass.gov/info-details/learn-about-the-approved-masshealth-screening-tools)
- The MA Act Early State Team is part of the Centers for Disease Control and Prevention (CDC) Act Early campaign and includes early childhood providers from different systems in the state. The website of MA Act Early at www.maactearly.org has extensive information on the state team, its vision and activities, and downloadable free material. In addition, there are several free trainings currently available, covering very important and diverse topics such as developmental monitoring, CDC Act Early training material, setting up intervention through telehealth, screening for autism through telehealth, and the effect of racism and child development. The website allows visitors to join the mailing list and provide feedback.

— **Katherine Wu, MD**

For further guidance, feel free to reach out to MCAAP's Early Childhood Champion, at kwu@mcaap.org.



BOOK CORNER

The Multilingual Advantage

It is common knowledge that early exposure to language promotes literacy and speech development in children. Like sponges, children absorb everything around them. They communicate with their environment in various ways: infants babble and respond to sounds, while toddlers can put words together to form sentences. Although many children reach those milestones appropriately, some still lag.

In my practice, I frequently see children struggling with language development, and many of them come from homes where English is a second language. When I discuss this finding with parents, they often attribute the delay to the multilingual home environment. They explain that by hearing different languages, the child gets confused and cannot decide which language to use.

Is that so?

Are children raised in multilingual households at risk for a delay in language development?

Language delays are the most common type of developmental delays in the pediatric population. One in five children speak much later than their peers. Sometimes, this delay can be mild and temporary. In those cases, I encourage continuous cognitive stimulation through playing, reading, and talking with the child. If the delay is more severe, I refer to specialists for a more thorough evaluation.

There is no scientific evidence connecting a child's language delay to multilingualism. In fact, studies show that from birth to 6 months of age, the infant's brain can learn two languages simultaneously by recognizing and processing sounds from both languages. Speaking several languages has many benefits! Multilingual children have higher cognitive flexibility, problem-solving, and executive function skills than monolingual children.¹

Children in multilingual environments may mix words from different languages when speaking, but this is not because of a delay. This is known as *code-switching* and is normal in multilingual speakers. A child learning from different language

systems will have a limited vocabulary in each language. However, when considering the sum of known words in each language, multilingual and monolingual children know approximately the same number of words. Both groups of learners meet language milestones in the same time frame.²

In today's interconnected world, being multilingual is a gift! It opens doors to other cultures and global opportunities. Children who are introduced to multiple languages at an early age are better learners and become confident communicators. I encourage parents to include multilingual books in their children's libraries so that they can enjoy the multilingual advantage!

— **Giovannie C. Bejin, CPNP-PC**

For more information, Ms. Bejin may be contacted at giovannie.bejin@bmc.org.

References

¹Castey M, Paz-Albo J. Bilingual cognitive and language development in the early years. *Ensayos*. 2020; 35(1):151–161. <https://doi.org/10.18239/ensayos.v35i1.2270>.

²Castey M, Paz-Albo J. Bilingual cognitive and language development in the early years. *Ensayos*. 2020; 35(1):151–161. <https://doi.org/10.18239/ensayos.v35i1.2270>.

MEMBER SPOTLIGHT

Katherine Wu, MD

We are pleased to introduce a new regular column in *The Forum* highlighting the activities of a leader or member of our Massachusetts Chapter. Each leader has a unique story and can inspire us by shining a light on opportunities to get involved with the AAP on the Chapter or national level.

Our first profile is of primary care pediatrician Katherine Wu, MD. Katherine serves on the Chapter's executive board as the representative from District 5 and is affiliated with Pediatric Health Care Associates in their Peabody and Lynn offices.

Katherine grew up in Arizona, attended medical school at the Albert Einstein College of Medicine in New York, and completed her pediatric residency at Washington University in Saint Louis before deciding to return to the Cambridge area where she attended undergrad. Katherine spends her free time enjoying the diversity and good food offerings of the Cambridge neighborhoods. While she wasn't an active member of the AAP during medical school or residency, upon moving to Massachusetts Katherine reached out to find ways to engage in the Chapter and national activities soon after establishing her practice because she wanted to become more involved in quality and educational programs derived from evidence-based practice guidelines.

In our conversation, Katherine described the doors she knocked on to

volunteer her time and energy. During one of her first trips to the AAP's annual National Convention and Exhibition, Katherine attended a reception for the Early Career Physicians Section where AAP District 1 Chairperson Wendy Davis was presenting opportunities for involvement. Katherine's eye was immediately caught by the chance to apply for a position on the PREP Self-Assessment Editorial Board. She has just finished her first three-year term on the board and is starting her second term.

Katherine credits keeping a close on the *Early Career Physicians Section* e-newsletters and the chapter e-blasts for identifying chapter and national involvement opportunities that interest her. Along the way, this method for "activity mining" has garnered her volunteer positions in the national AAP's Young Physicians Leadership Alliance, in the Bright Futures Steering Committee, as the chapter's AAP Early Child Champion, and finally as a district representative.

The love of educating her colleagues on evidence-based guidelines has never dimmed for Katherine. She has been an enthusiastic and productive member of the MCAAP School Reopening Task Force, on which she worked on recommendations and was responsible for the designs of the graphic decision tools to help guide practices through COVID-19 care.



If you're an MCAAP member in District 5, Katherine invites you to reach out with questions or ideas on how to get more involved by emailing her at kwu@mcaap.org.

Katherine is the MCAAP district representative for Congressional District 5, where she lives. The district includes Arlington, Ashland, Belmont, parts of Cambridge, Framingham, Holliston, Lexington, Malden, Medford, Melrose, Natick, Sherborn, Revere, Southborough, Stoneham, parts of Sudbury, Waltham, Watertown, Wayland, Weston, Winchester, Winthrop, and Woburn. If you have questions about your district, you can visit www.house.gov/representatives/find-your-representative or call Chapter Executive Director Cathleen Haggerty.

— **Mary Beth Miotto, MD, MPH**

Massachusetts Chapter

INCORPORATED IN MASSACHUSETTS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) presents its

Virtual Annual CME and Business Meeting *Improving Child Health through a Time of Crisis: A 2021 Pediatric Toolkit*

**Wednesday, May 12, 2021
4:00 p.m. to 7:30 p.m.**

Overall Program Objectives

- Attendees will learn ways in which to effectively implement sustainable early childhood mental and behavioral co-location and integration models within their practice during the COVID-19 era.
- Attendees will learn about effective tools used to navigate school reopening.
- Attendees will learn how to integrate practices for addressing race and equity in practice.
- Attendees will learn how to identify and address physician/pediatrician burnout and tools for resilience.

Schedule

4:00 p.m.

Welcome

Lloyd Fisher, MD, FAAP, MCAAP president

4:05–4:50 p.m.

Integrated Early Childhood Behavioral Health in Primary Care Pediatrics: Feasibility, Fidelity, and Sustainability in the COVID-19 Era

Rahil Briggs, PsyD, national director of HealthySteps, a program of ZERO TO THREE

Goals and Objectives

- Understand the HealthySteps program and the importance of Early Childhood Integrated Pediatric Behavioral Health.
- Understand important principles of team-based care, and the role of model fidelity and implementation planning.
- Understand how to implement sustainable financial models.

4:50–5:20 p.m.

School Reopening: Tools and Lessons Learned

Lloyd Fisher, MD, FAAP, MCAAP president

Goals and Objectives

- Identify key guidance documents to address pediatric COVID infection and in-person learning.
- Recognize and address pediatric mental health and obesity during and following remote learning.
- Improve advocacy skills on issues regarding COVID and school.

5:20–6:00 p.m.

Break and Business Meeting

6:00–6:45 p.m. **How Do Pediatricians Diagnose and Treat Structural Racism in Practice: Case Scenarios**

Moderator: Eli Freiman, MD, FAAP

Panelists: Johyne Ballenger, MD, FAAP, and Tyler Rainer, MD, FAAP

Goals and Objectives

- Identify signs of structural racism in clinical scenarios that are common in the pediatric setting.
- Develop a plan to examine specific individual and group behaviors in an office or clinic to become more ready to respond to observed racism or concerns raised about racism.
- Describe the characteristics of a safe space in which coworkers can evaluate and discuss structural racism in the practice settings.

6:45–7:30 p.m. **Physician Burnout and Provider Resilience**

Diane Shannon, principal, Shannon Healthcare Communications

- Identify personal actions to prevent and/or mitigate burnout and increase joy in work.
- Create a personal action plan to create greater meaning in work.
- Recognize the burnout drivers over which physicians have control.
- Identify the three components of their life to prioritize to increase their overall sense of satisfaction and well-being.
- Explain three practices that physicians can use to expand their well-being and bandwidth.

7:30 p.m. **Adjourn**

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. 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 3.5 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This activity is acceptable for a maximum of 3.5 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.
- PAs may claim a maximum of 3.5 Category 1 credits for completing this activity. NCCPA accepts *AMA PRA Category 1 Credit*[™] from organizations accredited by ACCME or a recognized state medical society.

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



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.

Published by the **Massachusetts Chapter of the American Academy of Pediatrics, PO Box 549132, Waltham, MA 02454-9132**. Designed and printed by the Massachusetts Medical Society.

The Forum

Massachusetts Chapter
American Academy of Pediatrics
PO Box 549132
Waltham, MA 02454-9132

Presorted
First Class Mail
U.S. Postage
PAID
Boston, MA
Permit #59673

