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**American Academy of Pediatrics  
CHAPTER ANNUAL REPORT: Massachusetts Chapter**

**Fiscal Year July 1, 2005 - December 31, 2006**

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Chapter: **Massachusetts Chapter**

District: I

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### **Chapter Goals**

Please list the major goals/objectives of your chapter, and include information on how they are measured, as well as the status of each goal/objective. Please explain if there was an unexpected event that required significant chapter attention and affected your goals.



## **Chapter Finances**

Describe your chapter's annual budgeting process. Please indicate how you relate the budget to your defined goals (eg. allocation of your resources based on identified priorities).

The Chapter employs a Certified Public Accountant (CPA) who oversees chapter finances along with the Treasurer and Executive Board. Each Executive Board meeting includes a treasurer's report. The Finance Committee meets periodically to discuss any significant changes in Chapter finances and investments options. The Chapter only invests in socially responsible funds. Expenses over \$2,000 need to be approved by the Chapter's Executive Board. This past year, the Executive Board voted to award grants up to \$3,000 for each Committee. Each Committee Chair may submit an application for a project(s) that will improve the health and well-being of Massachusetts children. Applications are reviewed by members of the Executive Board.

Please describe in detail your chapter's efforts to secure non-dues revenue (e.g., grants, fundraising activities, etc.).

In the past, the Chapter has applied for AAP grants relating to obesity and mental health access for children. This year, the Chapter was awarded an AAP Healthy Tomorrow's 2010 grant in the amount of \$20,000 to implement a pediatric injury prevention project. The Chapter will also apply for an AAP Healthy Tomorrow's grant to address the issue of pediatric oral health. The Chapter charges \$1,000 for representatives from industry to exhibit at CME programs. With the establishment of the new 501(c)3, the Chapter will have the ability to accept tax-deductible donations and apply for funding from a wide variety of sources. The Chapter's recent feasibility report clearly outlines the funding environment and the recommendations to acquire and sustain funding.

## **Chapter Activities:**

Please describe ongoing chapter projects that specifically relate to Advocacy, Education, Research, Service, and Policy Implementation.

### **Advocacy for Children:**

The Chapter exists to advocate for children. All Chapter efforts are focused on improving the overall health of children. The MCAAP is committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents, and young adults. In countless ways (e.g. lobbying efforts, support of relevant legislation, formation of committees), members of the Chapter dedicate their efforts and resources to continually strive towards this goal.

**Advocacy for Pediatricians:**

The Pediatric Council advocates for both children and pediatricians. The MCAAP Pediatric Council was the first Council to be formed on the chapter level and has been in existence for 16 years. The Council is comprised of chapter members, medical directors from area health plans, representatives from the Department of Public Health and the Division of Medical Assistance. The Council members advocate for fair reimbursement and address a variety of issues that affect children and pediatricians. Items the Council has addressed over the years include coverage of spacers and peak flow meters, extra payment for evening hours, allowance for seeing children sooner than 12 calendar months, coding, coverage for vaccines, documentation, and common coding guidelines. The Council was recently restructured to better streamline the overall process. The new structure has resulted in improved effectiveness and communication between Council members. There are pre-meetings with Council/Chapter members to determine the following: \*Topics to be discussed including topics solicited from the entire MCAAP membership \* Ensure that outliers are not discussed \* Ensure that Chapter Member Representatives are appointed to research agenda topics for presentation at joint meetings. \* Inform insurers of the meeting agenda before each Council meeting. Guests are invited to attend Council meetings if they can provide relevant information about the meeting topics (e.g., vision screening, immunizations). Only those pediatricians presenting, and no more than 6-8 pediatricians, are present at the joint meetings. Recent topics included 1) conversion of the state from universal to universal-select status and potential strategies for return to universal status 2) forging partnerships with insurers around Consumer Driven Health Plans (CDHPs) 3) physician tiering 4) Retail-based clinics. Also, the Chapter advocates for pediatricians through its participation on the Medicaid Drug and Utilization Review Board (DUR) that is lead by Paul Jeffrey, Director of the MassHealth Pharmacy. The Chapter's Immediate Past President, Dr. Lynda Young, serves on this Board. Members of the DUR provide relevant clinical information for the DUR program; the Board is committed to promoting rational prescription drug therapy and cost effectiveness.

**Professional Education:**

Based on the recent member needs assessment, the CME Committee chose CME programming topics that would educate Chapter members on topics of interest. In 2006, the Chapter presented the CME program entitled "Threats to Kids in the 21st Century." Topics included the detrimental effects of the media on children, childhood bullying, neurotoxins and childhood exposure to environmental hazards, and incorporating environmental health into pediatrics. The program was extremely well received with over 75% of evaluation respondents stating that the program exceeded their expectations. The Chapter also provided CME programming on obesity in the schools, pediatric vision screening, pediatric oral health, and developmental screening and autism. The Chapter sponsored three CME immunization grand rounds. The Chapter underwrites the cost of active members to attend various educational conferences (e.g. the AAP Legislative Conference and AAP Legislative Summit).

**Public Education:**

One of the most significant areas of public education is through the Chapter's Immunization Initiative. The Initiative sponsors 15 Grand Rounds per year throughout Massachusetts and provides office tools that were developed to increase the awareness of immunization benefits.

**Research:**

Three years ago, the Chapter formed a Research Council. The Research Council provides assistance to Chapter members in finding research grant opportunities, applying for grants, and research planning. The Council identifies Chapter members to mentor other members in their research activities. PROS (Pediatric Research in Office Settings) offers the practicing pediatrician the opportunity to participate in meaningful hands-on clinical research. There are a large number of practices in Massachusetts who actively participate in PROS studies, and there are a number of ongoing and evolving projects covering a variety of topics. Data collection is complete for the CARES-Child Abuse Recognition and Experience Study and the Safety Check studies. Analysis is ongoing, with several publications at various stages. RIDS (Reducing Immunization Disparities Study) and TIRIP (Translating Immunization Research into Practice) are finishing data collection at this time. Studies recruiting practitioners at present include the smoking study, called CEASE (Clinical Efforts Against Secondhand Smoke Exposure), which is being piloted in Massachusetts. Dr. Jonathan Winickoff of Massachusetts General Hospital is one of the primary investigators. Dr. Edward Reiter of Baystate Medical Center in Springfield is one of the primary investigators for the puberty study in boys, which is in the midst of data collection and still recruiting. Several PROS manuscripts have been recently accepted for publication in major journals, and several were presented at the Pediatric Academic Society meetings. Many Massachusetts practitioners have been part of these studies. Practitioners are encouraged to be involved in data collection, and are welcome to work on study design, analysis and manuscript writing if interested.

**Service:**

The Immunization Initiative provides one of the most widespread community services in the state. The Initiative strives to meet the goals of immunizing 90% of all children through heightening awareness through its Grand Round presentations throughout the state, immunization tools, and a deep pool of resources. The work of CATCH, PROS, and Medical Home initiatives have also significantly contributed to member community services throughout the state.

**Implementing Policy:**

Each of the Chapter's Committees consistently lends input to a wide variety of state policies in the best interests of children.

Please describe ongoing chapter activities that relate to the following national priority areas: Mental Health, Obesity, Immunizations, Smoking/Tobacco, and Children with Special Health Care Needs.

**Mental Health:**

The Chapter's Children's Mental Health Task Force (CMHTF) is a coalition of HMO's, child psychiatrists, various commissioners, legislators, employer groups, nurses, and groups from the education community who work together to improve children's mental health in Massachusetts. The Task Force has been successful in obtaining reimbursement for non face-to-face care, increasing payments for child psychiatrists, helping to establish a Special Governor's Commission on Children's Mental Health, facilitating funding from HMOs for the Parent Advocacy League from HMO's, and facilitating the creation of various local children's mental health programs. The Massachusetts Child Psychiatry Access Project (MCPAP) has been launched in six regional sites around the state and is enabling pediatricians to get training and consultations in psychopharmacology and management of patients with mental health problems. Recent activities include: \* Encouraging the health plans to reimburse for formal developmental/mental health/substance abuse screening using CPT code 96110 with annual preventative care visits. \* Providing testimony recommending the assessment of multiple aspects of the Massachusetts children's mental health system \* Forming a private/public workgroup to address substance abuse in children \* Forming a subgroup to discuss diagnosis and treatment of children with mental health issues in the school system. \* Supporting the expansion of MCPAP to ensure that child psychiatrists are available for timely pediatric consultation and education of pediatricians about mental health resources in their communities. The Chapter has been involved in the drafting and filing of a groundbreaking mental health omnibus bill entitled "An Act Improving and Expanding Behavioral Health Services for Children in the Commonwealth." The bill was filed in January 2007.

**Obesity:**

The MCAAP Obesity Committee was formed in October 2003 in response to an alarming increase in overweight children in the United States. In order to gain a broader perspective of the problem and a better understanding of current programs that address childhood obesity, members from various state organizations were invited to become members of the Obesity Committee. The Committee has worked on developing strategies to identify children at increased risk for overweight and strategies to prevent and control overweight among children. Some of the strategies include: \* Providing physicians with educational materials that address healthy meals and snacks, appropriate portion sizes, the importance of decreasing soft drink/fast food consumption, and the importance of increasing physical activity \* Supporting State Representative Peter Koutoujian's bill to promote proper school nutrition \* Collaborating with Massachusetts Partnership for Healthy Weight \* Supporting efforts to establish reimbursement of multidisciplinary treatment approaches to overweight. The Obesity Committee meets every 2-3 months. Participants include both community and academic pediatricians, nutritionists, psychologists, members from the Department of Education and the Department of Public Health (including WIC), and health plan and insurer representatives. The Committee facilitated the Chapter endorsement of the "A La Carte Food and Beverage Standards to Promote a Healthier School Environment" which was authored by the Massachusetts Action for Healthy Kids. The Committee is currently working to develop short, simple messages for each well child check up that will help children stay healthy and fit. The Committee seeks collaboration with other organizations addressing obesity issues and is communicating with MCAAP members when worthy projects surface. The Committee keeps abreast of legislative matters pertaining to childhood obesity.

**Immunizations:**

The Immunization Initiative continues to advocate for universal distribution of all recommended childhood immunizations, and to educate legislators and the general public about the importance of vaccines and vaccine safety. This task is becoming more difficult as more and more costly vaccines are developed and recommended. This year, as in each recent year, the Chapter has had to advocate with state legislators for the appropriation of adequate funds to buy and distribute vaccines for all children in the state. The Chapter continues to meet at least quarterly to advise the Massachusetts Department of Public Health on issues of purchasing and distributing vaccines for children. As mentioned under the "Public Education" section, the Initiative sponsors about 15 Grand Rounds per year throughout Massachusetts and provides office tools that were developed to increase the awareness of immunization benefits. The program publishes the ShotClock, a newsletter for Massachusetts providers, and maintains a web page within the MCAAP web site. In collaboration with the Pediatric Council, the Immunization Initiative works on clarifying issues related to CPT coding and reimbursement for vaccine administration. The Immunization Initiative contributes to the State's immunization registry development, and cosponsors the DPH Annual Massachusetts Immunization Conference.

**Smoking/Tobacco:**

Chapter leadership is an active part of the state's Tobacco Free Coalition. This year the Coalition introduced "Restore the Trust" legislation to reinstate use of the Tobacco Settlement Fund and the Health Protection Fund for tobacco control; unfortunately this legislation has been sent to study. The Coalition also advocated unsuccessfully for an increase in funding for the Mass Tobacco Control Program to the \$35 million recommended by the CDC. So far, both the Governor and the House have recommended level funding at \$4.25 million. Possibly the Senate might consider funding at a higher level. Despite these disappointments, the new Health Care reform law passed by the legislature provides for Medicaid coverage for smoking cessation and this went into effect on July 1, 2006. The Chapter was a Bronze sponsor of the Coalition's "Kick Butts Day" on April 5, 2006. A Boston Youth Rally was held at the Reggie Lewis Center in Roxbury, MA. The Chapter's banner was on display and MCAAP was featured in the program. The following resolution recently submitted to the ALF was endorsed by the Chapter: "Secondhand Smoke and AAP Meetings" - Submitted by Dr. Jonathan Winickoff.

### **Children with Special Health Care Needs:**

The MCAAP Committee on Disabilities (COD) is committed to increasing awareness and capacity among pediatricians to better care for children with special health care needs (CSHCN) within the Medical Home. The committee has recently focused on two new areas that are relevant to medical home. The first area of focus has been medical education, with a particular emphasis on pediatric residency training regarding CSHCN and medical home. The second focus has been screening, and the use of screening tools and other strategies to identify children with developmental and emotional issues, as well as CSHCN, within primary care offices. In collaboration with the Consortium for Children with Special Needs (Consortium) under the sponsorship of the Massachusetts Department of Public Health (DPH), the COD has been active in the development and implementation of the CSHCN Medical Education Project. The purpose of this project is to describe what and how pediatric residents in Massachusetts are taught about CSHCN and medical home, with the ultimate goal of improving resident awareness and education in these areas. To accomplish this, COD members will be interviewing residents and faculty at each of Massachusetts pediatric residency training programs. Members of the COD served as faculty liaisons at each site. Additionally, COD members will served as course directors and faculty at "Early Childhood Screening for Autism and Other Developmental Disabilities: A Course for Primary Care Providers," a conference held on May 24, 2006. The hope is that this conference will serve as a pilot for smaller regional conferences across the state, with COD members continuing to serve in a planning capacity and as faculty. The Committee on Disabilities hosted a similar CME program entitled "Early Childhood Screening for Autism and Other Developmental Disorders" on December 9, 2006.

### **Membership Development**

Has your membership increased or decreased in the past year?

Decreased

What do you consider to be the **one** activity which has engendered the greatest participation of your chapter's membership?

Member participation in the Chapter's active committees (over 20) engenders the strongest and most productive Chapter participation.

Describe all membership recruitment and retention activities:

The Membership Committee has spent a great amount of time and intellectual energy to identify the benefits which are found most important to varying segments of the Chapter membership. The Chapter worked with a volunteer group of six first year Harvard Business School (HBS) students to provide recommendations as to how the Chapter can best recruit, engage, and retain medical student and resident members. The group provided solid recommendations as to how the chapter can better communicate with its members and engage the younger members. One of the major recommendations was to restructure the web site. The Chapter is in the process of taking bids from various web site design companies. \* The Membership Committee decided to start collecting archival materials so that the Chapter can provide information about its history. Many senior members submitted materials to start the archival file. \* The Chapter started to recognize individuals who have been members for over 25 and 50 years. Members received certificates of service at the 2006 Annual Meeting. \* Individual listservs were created so that District Representatives can communicate directly with their districts about Chapter and AAP information/ issues and issues specific to their congressional district. \* A resident's committee was created and has met twice within the last six months.

Please describe activities that engage the following member types:

**Medical Students:**

Medical students and pediatric residents are encouraged to be involved in any of the Chapter Committees. Some have served on the Legislative Committee, the Obesity Subcommittee, and the CME Committee among others. Medical students and pediatric residents also become involved in the Chapter through their work in the international community. Two years ago, the Chapter established a Medical Student and Resident International Studies Scholarship and over ten medical students and residents have been awarded the grant in the amount of \$500. The residents/medical students then presented information about their experiences to the MCAAP Executive Board and International Committee. Medical students and pediatric residents are encouraged to write for the Chapter newsletter, the Forum, about their experiences and lessons learned in the training. As a result of this experience, some medical students have joined the Chapter's International Committee.

**Residents:**

A resident's committee was created in October 2006. The following are action steps from the last meeting: \* The MCAAP resident liaisons will meet at the Massachusetts Medical Society on a quarterly basis. \* The Chapter will notify residency program directors to provide them with information about the AAP Legislative Conference held on June 3 -5, 2007 in Washington, D.C. The programs directors will be encouraged to identify a resident to attend the Conference. \* Chapter staff and members will participate in this year's Resident's Lobby Day at the State House (date to be determined) and help to raise awareness of the event. \* The Chapter will consider hosting a leadership conference for residents using the Pediatric Leadership Alliance (PLA) model. The conference could take place sometime in February or March on a Saturday. It was decided that a "Sailing into Practice" type workshop may be held at a later date. \* Resident representatives will be invited to attend MCAAP Executive Board Meetings. At the last Executive Committee meeting, proposed bylaws changes were presented to the Board. One of the proposed changes is to allow resident board members to have voting privileges. \* On a quarterly and rotating basis, each pediatric residency program will be responsible for identifying a resident to submit an article for the resident's column segment of the MCAAP newsletter, the Forum. The following resolutions recently submitted to the ALF were endorsed by the Chapter: "Improving Transfer of Care Communication to Decrease Medical Errors" - Submitted by the Section on Residents "Evaluation of Increasing RRC Requirements" - Submitted by the Section on Residents

**Medical subspecialists:**

All MCAAP section representatives are invited to attend the Executive Board meetings as guests. Many section representatives have attended Executive Board meetings and lead discussions about the role of the section in relation to the Chapter. Some have asked for input from the Chapter about how to improve access to surgical subspecialists and medical subspecialists.

**Surgical specialists:**

(see Medical subspecialists)

**Academicians:**

The Chapter regularly communicates with all of the academic chairs from the local pediatric teaching programs about Chapter activities and joint medical student/resident and Chapter meetings. There is a position on the Executive Board for an academic chair.

**Seniors:**

Senior and Retired Chapter members were approached and asked if they were interested in attending daytime meetings that most working pediatricians cannot attend. Currently, the Chapter has senior/retired members that serve on the Medicare Carrier Advisory Committee and the Birth Defects Monitoring Committee. This past month, a senior member of the CME Committee expressed an interest in convening a group of senior Chapter members to lead a variety of Chapter activities. Chapter leadership will be using the AAP publication "Establishing a Senior Member Committee for AAP Chapters; a Coordinator's Guide" as a tool to start a senior committee. It will be discussed at the next Executive Board Meeting on March 13, 2007.

**Minorities:**

The Chapter consistently embraces diversity in its membership and this is reflected in its many committees and leadership.

**Chapter Administration / Structure / Governance:**

What type of orientation is provided for new officers and new committee chairpersons within your chapter? Please describe:

The President personally contacts new officers and committees chairs to welcome them to the Chapter and to explain their roles. The membership chair developed a formal Board officer job description that will be finalized at an upcoming Executive Board Meeting.

What activities does your chapter engage in to support the continued growth and development of its leadership and staff (e.g. implementation of Pediatric Alliance Leadership principles, mentor program, professional educational seminars, etc.)?

District Representatives are encouraged to invite medical students, residents, young physicians, etc. to Executive Board Meetings and Committee Meetings. The Chapter has a strong collaboration with the Massachusetts Medical Society and through this collaboration, provides mentorship and professional development opportunities. Each year, the Chapter underwrites the cost for one resident to attend the AAP Legislative Conference. The Chapter also sends a chapter member to the AAP Advocacy Summit every other year.

This completes the reporting section and the ten-page limit. Please see the following page in order to complete the summary and Special Achievement Award section. Your chapter report must be RECEIVED **no later than June 30, 2005**. Copies of the report will automatically be forwarded to the appropriate District Chairperson, District Vice Chairperson, President, Vice President, Chapter Executive Director, and Barb Dayment.

**Chapters submitting reports after June 30th will not be eligible for consideration of the Outstanding Chapter Award and the Award of Chapter Excellence.** If you have any questions regarding the annual report form, please contact Pat Stien, Manager, District Relations, at 800/433-9016, ext. 7933, or by e-mail at [pstien@aap.org](mailto:pstien@aap.org).

**Summary**

Please summarize, in 1-2 paragraphs, your chapter's MAIN activities. This summary will be used for press releases and promotional pieces, should your chapter be selected for an award (*for example, how would you describe, briefly, what your chapter is all about?*)

The MCAAP has become recognized by professionals and the public alike as the most dynamic, articulate, and trustworthy advocate for children and health services to children in the state. Members' activities on behalf of children are being supported in their communities and their regions by a widely diverse group of related health and service professionals that have pulled together; they are supported by the Chapter's activities on behalf of universal access to health care and immunizations, mental health services, elimination of smoking and tobacco-related disease, resources for underserved children and families, early education and development services, prevention of obesity, child abuse prevention services, universal immunization coverage, injury prevention services and Medical Home.

### **Special Achievement Awards**

After reviewing all the reports, the District Vice Chairpersons (DVC) Committee identifies individual member achievements, as well as successful chapter projects, that they believe are innovative and worthy of consideration for a Special Achievement Award. Special Achievement Awards recognize outstanding AAP work of individuals or chapter achievements.

To assist the DVCs in their effort, please briefly highlight projects below that you consider to be bright and innovative. Please indicate whether these are "chapter" projects, or projects spearheaded by an individual member. If it is a member project, please identify the member so that he or she can be considered for a Special Achievement Award.

Individual Initiatives Dr. Pat Moffatt (Chair of Membership) - For her efforts in engaging resident and medical student members. There has been a marked improvement in resident/medical student participation in the Chapter because of Dr. Moffatt's enthusiasm and dedication. Dr. Walter Harrison (Chair of the Children's Mental Health Task Force)- For his continued and unwavering efforts in improving mental health for children. Dr. Beverly Nazarian (Chair of the Committee on Disabilities) - For her continued efforts in improving health of children with special health care needs locally and nationally. Dr. David Norton and Dr. Jane Cross (Co-chairs of the International Committee)- For their continued and innovative efforts in successfully engaging Chapter members to improve children's health internationally. Dr. Michael Shannon and Dr. Siobhan McNally (Co-chairs of the Environmental Committee) - For their continued efforts to raise awareness of environmental issues as they relate to children and families.