

**AMERICAN ACADEMY OF PEDIATRICS
CHAPTER ANNUAL REPORT
January 1, 2007 – December 31, 2007**

All AAP chapters should use this report format. The District Vice Chairpersons Committee will review all submitted reports to determine nominees for and winners of the **Outstanding Chapter Awards, Awards of Chapter Excellence** and the **Special Achievement Awards**.

Name of Person Preparing Report:	Karen McAlmon, M.D., FAAP
Chapter:	Massachusetts
District:	District 1

GOALS

Please list the major goals/objectives of your chapter (**maximum 5**), and include information on how they are measured, as well as the outcome/results of each goal/objective. Please explain if there was an unexpected event that required significant chapter attention and affected your goals.

GOALS/OBJECTIVES

- 1) Regain status of a Universal Immunization state in Massachusetts
- 2) Increase awareness of and access to mental health services for children
- 3) Create an open and transparent process for regulating Retail-Based Clinics (RBCs)
- 4) Improve process for reviewing cases of child abuse and neglect
- 5) Improve communication between the school systems and pediatric health care providers

MEASURES

- 1) What is the number of vaccines covered by the state and private insurers?
- 2) What is the number of children covered by the state's Massachusetts Child Access Psychiatry Project (MCPAP)?
- 3) Does the Chapter have a role in lending input to the state's process for establishing regulations for RBCs and Limited Services Clinics?
- 4) Does the Chapter lend input directly to the Commissioner of DSS on cases of child abuse and neglect?
- 5) Does the Chapter work together with members of the school systems to address issues such as mental health, oral health, and obesity?

OUTCOMES/RESULTS

- 1) Through its Immunization Initiative, the Chapter has played a crucial role in convincing the legislature that funding needs to be increased to cover certain vaccines. Through the Pediatric Council we have worked with insurers to ensure adequate reimbursement for pediatrician purchased vaccines.
- 2) The state now has over 90% of the children in Massachusetts enrolled in the MCPAP program. The Chapter regularly informs membership of developmental and behavioral screening trainings and provides CME programming on mental health issues for children. The Chapter has worked closely with the state on implementation of universal behavioral and developmental screening for Medicaid children as a result of a court case (Rosie D.).
- 3) The Chapter joined Massachusetts Medical Society (MMS) in a coalition of health care providers to oppose granting multiple waivers of basic public health protections to Retail-Based Clinics (in particular around the application of CVS MinuteClinic) and to request an open public process for evaluating these licensure applications.

Due to the efforts of the medical community, an appropriate open process for reviewing the potential benefits and risks of incorporating this form of health care into the Massachusetts health care delivery system occurred. While not all of the issues of concern to the pediatric population were addressed, especially regarding excluding children from this form of health care, the limitation of services to episodic, urgent visits; exclusion of children 24 months of age or less; prohibition of administration of routine childhood immunizations; and requirement for clinic medical personnel availability for after hours follow up is appropriate.

- 4) Chapter leadership has met with the Secretary of the Executive Office of Health and Human Services and the Commissioner of the Department of Social Services to offer expertise and collaboration regarding management of cases of abuse and neglect.

In December 2007, the Governor of Massachusetts signed an executive order to establish the Office of the Child Advocate. The Child Advocate will examine and address issues with the care and services that the Executive Office of Health and Human Services provides to children. The Office of the Child Advocate will be empowered to investigate and evaluate "critical incidents" of child abuse and neglect. The Chapter president currently serves on the state's ad hoc committee to identify candidates for the Office of the Child Advocate.

- 5) The Chapter will devote its all-day Annual CME program in 2008 to educate members about the role of the schools and how schools and pediatricians can work together to improve the health of children. Topics include mental health, infection control, and oral health.

CHAPTER FINANCES

Please describe 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. In 2006, 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. Funds are appropriated to committees as needed to support the Chapter's identified priorities.

Which of the following tactics does your chapter employ to generate non-dues revenue? Check all that apply.

- Grants
- National and/or state agency contracts to carry out projects and initiatives
- Chapter Continuing Medical Education opportunities
- Advertising space sold in the chapter newsletter and/or on chapter Web site
- Exhibit fees at chapter meetings
- Pharmaceutical/corporate contributions
- Personal/individual donations
- Private foundation donations
- Other(s) (please specify) _____

CHAPTER ACTIVITIES

Please indicate whether your chapter is involved in activities focused on any of the following national priority areas. (Check **all** that apply.)

- Children with special health care needs/foster care
- Oral Health
- Disaster preparedness
- Mental Health
- Obesity
- Immunizations

For those issues that you checked above, please then briefly describe your chapter's activities in the space provided below.

Children with special health care needs/foster care

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. Over the past year, the COD has focused on three main areas of interest. The first area has been medical education, with a particular emphasis on pediatric residency training regarding Children with Special Healthcare Needs (CSHCN) and the 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. The third area of focus has been on transition of CSHCN to adulthood, with emphasis on 1) how to increase awareness of transition among pediatricians, and 2) how we can partner with colleagues in adult medicine.

In collaboration with the Consortium for Children with Special Needs (Consortium), 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 date, residents and faculty have been interviewed at five Massachusetts pediatric residency training programs, and we are in the process of summarizing data. Members of the COD serve as faculty liaisons at each training program. As part of this project, the "Better Bridges" survey was conducted. This survey had two goals: 1) to identify providers who are willing to provide care for this population, and 2) to identify the resources and training physicians will need to care for these patients.

The MCAAP COD generally meets every two months, and includes primary care pediatricians, developmental specialists, and others. The hope is to continue to expand the membership by welcoming new members to the COD. One main goal is to increase participation of medical students, residents, and fellows.

The MCAAP Committee on Foster Care (COFC) is comprised of pediatricians and representatives from the Massachusetts Departments of Medical Assistance and Social Services. The Committee is committed to improving the health care of children in foster care. Though recent audits have indicated slight improvement in meeting the guidelines for health screening within seven days of placement and comprehensive evaluation within 30 days, the majority of children are not evaluated within this time frame. In addition, medical information and history is often inadequate and missing, leading to over- and under-immunization, medication disruptions, missed opportunities for referral to services such as Early Intervention, dental care, and mental health treatment, and lack of medical follow-up for chronic problems.

The COFC is looking at various models to facilitate new systems for children in foster care in the Commonwealth. One such model is FaCES (Foster Children Evaluation Services), a pilot project of UMass Medical School with Worcester East and Worcester West DSS offices to provide screening and comprehensive evaluation for all recently placed children from birth to 12 years of age. At completion of these visits, all medical information is sent to the child's Medical Home while in foster care. A formal evaluation of this model, led by the Center for Adoption Research at UMass, was completed in January 2007. There is currently lively discussion among other DSS offices and interested pediatricians about replication to other sites in the state. Members of the Committee have met with the Commissioner of Department of Social Services (DSS) and discussions are ongoing.

Members of our Committee are also providing consultation to DSS in the Multidisciplinary Assessment Teams as well as education of social workers and foster parents about children's health care issues. The Committee continues to work with state agencies, social service groups, and local corporations to develop new initiatives in this area.

In 2006, the national AAP board indicated that improving health care of children in foster care would be among their top ten priorities. To that end, a national Task Force on Children in Foster Care has

Oral Health

Chapter representatives serve on the state's Oral Health Steering Committee and the Oral Health Task Force. The Chapter is active in the state's "Watch Your Mouth Campaign." The Chapter is currently applying for a Healthy Tomorrows 2010 grant to allow our lead member on pediatric oral health to train practitioners across the state to provide on varnishes and sealants. At the last Pediatric Council meeting in January 2008, a local pediatrician presented information about the value of reimbursement for dental services in the pediatricians' offices. The Medical Directors from each of the insurance plans has taken this information back to their health care plans.

The Chapter President has collaborated with Dr. Amos Deinard from the AAP Oral Task Initiative to advocate for reimbursement of fluoride varnish services for pediatricians.

Disaster Preparedness

The Committee on Emergency Pediatric Services (COPEM) has been involved with the Pediatric Resource Group which is a standing subcommittee to the Medical Services Committee of the Massachusetts state Emergency Medical Services Office, and works closely with the state EMS for Children project.

Using information from a statewide survey and needs assessment of emergency medical services for children, a statewide planning meeting was convened to establish priorities for the future EMSC partnership grant.

Priorities identified were:

- Planning and presentation of a colloquium on the inclusion of children with special health care needs in disaster planning.
- Development of pre-hospital QA/QI guidelines.
- Development of an approach to pre-hospital refresher training and CME.
- Development of a train-the-trainer pediatric curriculum for community hospital ED providers and linkage with QA/QI.

The MA EMSC project had been working on emergency readiness for child care providers who have provided support for those goals.

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, 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. In 2007, the MCPAP program has been implemented in pilot school sites.

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
- Supporting and promoting behavioral and development screening for Medicaid children as a result of a state court case (Rosie D.)
- Expanding the "INTERFACE" project which provides on-line mental health resources for families and children

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 is currently being reviewed by the state's Health Care and Finance Committee.

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.
- Reviewing the 2007 AMA and NICHQ Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity and making recommendations.

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 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. 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 (DPH) 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.

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. The Immunization Initiative is advocating for Massachusetts to return to a universal state. There have been discussions with the Commissioner of the Department of Public Health about possibly establishing an immunization purchasing and distribution model that includes both insurers and state agencies.

In March 2007, the MCAAP Immunization Initiative Program Director, Dr. Sean Palfrey, was nominated for the AAP Council on Community Pediatrics and Section on Epidemiology to receive the 2007 Outstanding Achievement Award. Dr. Palfrey received this award at the 2007 NCE for his outstanding contributions toward advocating for children and child health in the community through the effective use of epidemiologic information as part of that advocacy.

Please describe ongoing chapter projects that specifically relate to the following and indicate which chapter goal(s) they address.

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. Toward this end, the Chapter tries to ensure that pediatricians have the tools, information and support to optimally care for children. The success of all of the outlined goals is based on these principles.

The Chapter advocates for the whole child. In addition to health issues, we support educational and public policy advocacy. We collaborate with multiple partners, some of whom have been recognized by the AAP this year for their work. They include Margaret Blood who received the AAP Child Advocate Award and Representative Ed Markey who received the AAP Excellence in Public Service Award.

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 17 years. The Council is comprised of chapter members, medical directors from area health plans, representatives from the DPH 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, common coding guidelines, Retail-Based Clinics (RBCs), and reimbursement for oral health services.

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, 5) reimbursement for oral health services.

Also, the Chapter advocates for pediatricians through its participation on the Medicaid Drug and Utilization Review Board (DUR) that is lead by the 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 2007, the Chapter presented the CME program entitled "Office Pediatrics in the New Millennium." Topics included:

- "The Electronic Health Record Workshop"
- "Identifying Autism in Primary Care: Tools and Strategies"
- "Current Topics in Immunization: HPV, Rotavirus, Tdap and Meningococcal Vaccines"
- "20 Tips for Managing a Successful Pediatric Practice, with a Focus on the Brave New World of Vaccines Funding"

The Chapter underwrites the cost of active members to attend various educational conferences (e.g. the AAP Legislative Conference, AAP Legislative Summit, and AAP PLA Conference).

In December 2007, the Chapter was reaccredited for four years to continue its mission in providing high standard CME programming for pediatricians and pediatric health care providers.

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.

Quality Improvement/ Research:

Four 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 are actively participating in PROS studies, and there are a number of ongoing and evolving projects covering a variety of topics.

Results from the recent national survey of PROS practitioners were published:

- Chien A, Coker T, Choi L, Slora E, Bodnar P, Weiley V, Wasserman R, Johnson J. What do pediatric primary care providers think are important research questions? A perspective from PROS providers. *Ambulatory Pediatrics* 2006; 6:352-355.
- Data analysis is underway for the CARES-Child Abuse Recognition and Experience Study, and Safety Check studies, resulting in both publications and media attention.
- Studies underway 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. There are several new studies in the pipeline.
- Several PROS manuscripts have recently been accepted for publication in major journals, and several were presented at the Pediatric Academic Society meetings.

Practitioners are encouraged to be involved in data collection, and are welcome to work on study design, analysis and manuscript writing if interested.

RECENT PUBLICATIONS:

- Barkin S, B Scheindlin, C Brown, E Ip, S Finch, R Wasserman. Anticipatory guidance topics: are more better? *Ambulatory Pediatrics* 5(6):372 (2005).
- Barkin S, B Scheindlin, E Ip, I Richardson, S Finch. Determinants of parental discipline practices: a national sample from primary care practices. *Clinical Pediatrics* 46(1):64 (2007).
- Flaherty EG, Sege R, Price LL, Christoffel KK, Norton DP, O'Connor KG. Physician characteristics associated with child abuse identification and reporting: results from a national survey of pediatricians. *Child Maltreatment*. Accepted for publication.

Public Health:

In 2007, one of the most significant areas of public education for pediatricians has been in relation to Retail-Based Clinics (RBCs).

The MCAAP joined a coalition of health care providers to oppose granting multiple waivers of basic public health protections to retail based clinics (in particular around the application of CVS MinuteClinic) and to request an open public process for evaluating these licensure applications. Due to the efforts of the medical community, an appropriate open process for reviewing the potential benefits and risks of incorporating this form of health care into the Massachusetts health care delivery system occurred. While not all of the issues of concern to the pediatric population were addressed, especially regarding excluding children from this form of health care, the limitation of services to episodic, urgent visits; exclusion of children 24 months of age or less; prohibition of administration of routine childhood immunizations; and requirement for clinic medical personnel availability for after hours follow up is appropriate. At least now there are consistent regulations, rather than arbitrary and inappropriate waivers in place.

Information about RBCs has been consistently communicated to membership and the general public through numerous media outlets. To assist pediatricians in communicating information about the impact of RBCs on children, members have been provided with AAP template letters, fact sheets, and talking points.

Please indicate whether your chapter is involved in activities related to smoking cessation and reduction in children's exposure to second-hand smoke.

Yes

No

Not at this time, but plan to in the future

If yes, briefly describe those activities below.

Chapter leadership is an active part of the state's Tobacco Free Coalition. The Coalition recently introduced "Restore the Trust" legislation to reinstate use of the Tobacco Settlement Fund and the Health Protection Fund for tobacco control. The Coalition also advocated for an increase in funding for the Mass Tobacco Control Program to the \$35 million recommended by the CDC. The new Health Care reform law passed by the legislature provides for Medicaid coverage for smoking cessation effective July 1, 2006.

Please describe your chapter's efforts aimed at reducing health disparities in the communities served by your members.

The Chapter has recently collaborated with the state's Reach Out and Read (ROR) program. One of the major goals was to focus on recruiting communities with significant economic and ethnic disparities. This collaboration helped to enroll 43,000 more children in ROR throughout the Commonwealth. Almost half of the newly affiliated programs are located in underperforming school districts.

The Chapter has recently joined the Disparities Action Network (DAN). DAN, as part of their mission, provides a powerful voice in state government to assure that health disparities stay at the top of the health agenda.

MEMBERSHIP DEVELOPMENT

Please indicate what recruitment and retention strategies your chapter employs. (Check **all** that apply.)

- Mailings/letters to members and non-members
- CME opportunities
- General communications (e.g. e-mails, Web site, general correspondence)
- Personal contact by chapter officers and/or staff
- Chapter newsletter
- New member information packets
- Resident outreach
- Membership recruitment campaigns
- Participation in advocacy efforts
- Chapter membership committee
- Recruitment of affiliate members
- Member surveys
- Other(s) (specify) _____

If you have a successful recruitment or retention strategy that you would like to share, please briefly describe it below. Please be sure to indicate, if at all, how that strategy addresses diversity. Diversity may reflect values, beliefs, attitudes, principles and other attributes that define our culture. These may be personal attributes (e.g. gender, race, ethnicity, language spoken, age, sexual orientation, religion, family composition, etc.) or professional (e.g. type of community, site of practice, types of practice, administrative or research interests, etc.)

Chapter leadership approaches diverse groups of potential members to recruit them as members and in some cases, to hold Chapter leadership positions.

The Chapter has vocally supported pediatricians in helping to ensure that same gender parents have the same rights as heterosexual parents regarding issues related to the health and well being of their children.

Please indicate whether you currently have specific activities that engage the following member types. (Check all that apply.)

- Medical students
- Residents
- Young physicians
- Medical subspecialists
- Surgical specialists
- Academicians
- Seniors
- Underrepresented and minority physicians
- Other(s) (specify) _____

For those types that you checked above, please then briefly describe your chapter's activities in the space provided below.

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 Committee, and the CME Committee among others. Medical students and pediatric residents also become involved in the Chapter through their work in the international community. Three 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 present 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 their work. 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 Committee activities:

- The MCAAP resident liaisons meet at the Massachusetts Medical Society on a quarterly basis.
- The Chapter updates residency program directors with information about the AAP Legislative Conference held in Washington, D.C. The programs directors are encouraged to identify a resident to attend the Conference.
- Chapter staff and members participate in Resident's Lobby Day at the State House and help to raise awareness of the event.
- The Chapter is considering hosting a leadership conference for residents using the Pediatric Leadership Alliance (PLA) model. The conference could take place on a Saturday in late spring or early fall. 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.

In 2007, two resident members were awarded the AAP Dyson Award for their work in establishing Resident's Lobby Day at the State House.

Young Physicians

The Chapter will soon be providing a "Sailing into Practice" CME program to attract young members to the Chapter and to assist them in transitioning from training to practice.

The Chapter recently supported the nomination of a young physician member to serve on the AAP Young Physician's Executive Committee - Council on Community Pediatrics.

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 led 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 and medical subspecialists. Specialist members have recently presented information on pediatric audiology, vision screening and oral health at Chapter Board and Pediatric Council Meetings.

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.

Underrepresented and Minority Physicians

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

Other

CHAPTER ADMINISTRATION/STRUCTURE/GOVERNANCE

Please indicate what activities your chapter engages in to support the continued growth and development of its leadership and staff. (Check **all** that apply.)

- Implementation of Pediatric Alliance Leadership principles
- Mentor program
- Succession plan
- Professional educational seminars/teleconferences
- Sponsor attendance at AAP national leadership conferences
- Support membership in professional organizations
- Other(s) (specify) Support Inter-Chapter CME programming

SUMMARY

Please succinctly summarize (250 words or less) your chapter's current initiatives – what the chapter is all about.

The MCAAP is 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. The Chapter, via its members and its many collaborations with other related health and service professionals, advocates on behalf of children to ensure universal access to health care, immunizations and mental health services; elimination of smoking and tobacco-related disease; resources for underserved children and families; early education and development services; obesity prevention services; child abuse prevention services; universal immunization coverage and injury prevention services.

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 efforts, 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.

Chapter Projects:

Individual Projects

- 1) Dr. Greg Parkinson – “Give Kids a Boost Day”
- 2) Dr. Giusy Romano-Clarke – “Healthy Teeth for Tots” project
- 3) Drs. Katie Zuckerman and Anna Wheeler Rosenquist – “Residents Day at the State House”
- 4) Dr. Linda Sagor – “FaCES Project”

