



The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

INTRODUCTION FROM DR. PALFREY

I look forward to serving as MCAAP president for the next two years, and I hope that you will call or e-mail Cathleen Haggerty, Lynda Young, or myself with issues and concerns you want us to consider. We will be as responsive as we can.

We hope, in return, that you will answer and help us when we reach out to you. Please give us your input and advice, consent or critique, when important issues arise. Committees may be started or joined at any time, and now many of our discussions take place by e-mail, so you do not have to drive all over the state to attend meetings in order to contribute significantly. We do, however, need your energy, commitment, and expertise.

At this moment, there are a number of issues being actively addressed, and I have listed several here that I think you should know about. They have, or will be, discussed in greater detail in articles in *The Forum*, but we need your input on all of them.

I) MENTAL HEALTH: Our management of children with behavioral and mental health problems in this state is often terrible, and members of the MCAAP have been working with a broad coalition of clinicians and administrators to rectify this. Currently, we are focusing on the following issues:

A) Office screening of children: Pediatricians are being urged to establish routine tools and ages for screening children for behavioral, attentional, and mental health problems. Which instruments do you find most useful

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Practical Guidelines for Pediatricians on Infant Hearing Screening

Jane E. Stewart, M.D.

Department of Neonatology
Beth Israel Deaconess Medical Center

Recently, I had the honor of representing the MCAAP at the National Early Hearing Detection and Intervention (EHDI) meeting. The AAP has developed a Chapter Champion's program to enhance pediatricians' knowledge and to share important resources regarding the issue of congenital deafness. In 1999, the AAP published a policy statement entitled "Newborn and Infant Hearing Loss: Detection and Intervention" highlighting the Academy's recommendations in support of universal newborn hearing screening. It can be found on the Academy's website at www.aap.org/policy/re9846.html.

More than two-thirds of the states have passed legislation mandating universal newborn hearing screening. In 1998, Massachusetts passed one of the most comprehensive newborn hearing screening laws in the country and established the Universal Newborn Hearing Screening Program at the Department of Public Health (DPH). All birth facilities are now performing hearing screening on newborns and a list of DPH audiologic diagnostic centers has been established. For a list of hearing screening centers, please see page 5.

Below are some frequently asked questions regarding the physician's role in the follow-up of infants with abnormal hearing screening results.

WHAT SHOULD A PRIMARY CARE PHYSICIAN DO IF A NEWBORN DOESN'T PASS THE HOSPITAL-BASED HEARING SCREENING?

The risk of hearing loss in the general newborn population is approximately one in 250. It is reasonable to reassure families that their child may be shown to have normal hearing, but it is critical that every newborn who fails initial screening return for follow-up audiologic evaluation.

WHEN SHOULD AN INFANT WHO HAS FAILED AN INITIAL HEARING SCREENING HAVE FOLLOW-UP AUDIOLOGICAL TESTING?

If an infant has failed his initial screening in both ears, follow-up testing should be performed promptly — the standard recommended by the Department of Public Health Guidelines is within three weeks after discharge.

WHAT SHOULD PARENTS BE TOLD IF THEIR NEWBORN DOES NOT PASS THE SCREENING TEST IN THE HOSPITAL?

Most infants who do not pass the hospital-based test are eventually shown to have normal hearing. But parents should

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President's Message

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— e.g. Connor's forms (long or short), the Pediatric Symptom Checklist, etc. — and at what ages do you screen children?

B) Better access to counselors and psychiatrists: Are the best people in your area available to treat your patients, and if not, is this because they have too little time, they are not credentialed in particular health plans, etc.?

C) Reimbursement for time spent: Would you like to spend more time counseling and treating these children and families, and would you do so if you could bill more effectively?

Please contact the Chairperson of the Mental Health Taskforce Walter Harrison (WHarrison@mcaap.org) for more information.

II) ASTHMA ACTION PLANS: Pediatricians, schools, camps, and day cares are all being urged to live by Asthma Action Plans. This fall, schools will be asking all doctors and parents to submit Asthma Action Plans for every child with asthma. We need to fill out and revise these plans at each visit, and they must be submitted with all medication administration forms.

The MCAAP is planning to work with the Massachusetts Department of Public Health (Mass DPH) to implement this statewide initiative. We will be forming a group to educate clinicians, public health professionals, and the general public about the use of Asthma Action Plans, current treatment recommendations, and ways to reduce environmental irritants (smoking, dust, toxins, etc.). Please contact Cathleen Haggerty (CHaggerty@mcaap.org)

at (781) 895-9852 for more information.

III) CHILD ABUSE: A bill has been proposed that would mandate physicians to report all cases of suspected child abuse and neglect simultaneously to Department of Social Services (DSS) and to the police. This would allow the police to perform immediate, on-site investigations of the allegations. Is this good legislation? Will it improve the safety and well-being of children? Please send input to Robert Nelken (RNelken@mcaap.org), who is the chairperson of the Committee on Child Abuse, and to Ed Brennan (Ebrennan@mcaap.org), MCAAP counsel.

IV) MEDICAL HOMES: There are current state and national initiatives, involving the AAP, Mass DPH, and other organizations, to provide all children — particularly children with special health care needs and those in DSS custody — with continuous, full-service primary care. Manuals are being developed, practices are being trained, and service networks are being established and piloted in a number of communities across the state. If you are interested in learning more, please contact the Chairperson of the Committee on Disabilities Richard Antonelli (RAntonelli@mcaap.org).

Please feel to contact me at SPalfrey@mcaap.org, your regional representative, or the chairperson of the individual committees listed below about these or other issues of concern or interest. Help us to improve the health care of all children in the state in every way we can.

— John G. (Sean) Palfrey, M.D., FAAP

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding

Coordinators
Susan Browne
Jean Sheeley

Accident Prevention

& Poison Control
Paul Schreiber

Bylaws Committee

Carole Allen

CATCH Co-coordinators

David Keller
Emily Roth

Child Abuse & Neglect

Robert Nelken

Committee on

Adolescence

Harris Faigel

Continuing Medical

Education

Lynda Young

Developmental Disabilities

Richard Antonelli

Emergency Pediatric

Services

Patricia O'Malley

Environmental Hazards

Open

Fetus & Newborn

Elizabeth Brown

Finance Committee

Paul Schreiber

Forum Editor

David Chung

Foster Care

Robert Abrams

Infectious Disease

Sean Palfrey

International Child Health

Open

Legislative

Alan Meyers

Susan O'Brien

Massachusetts Health

Families

Howard King

Membership

Patricia Moffatt

Mental Health

Task Force

Walter Harrison

Eugenia Marcus

MMS Delegate/House

of Delegates

Carole Allen

MMS Interspeciality

Committee Representatives

Carole Allen

Sean Palfrey

Nominating Committee

Eugenia Marcus

Nutrition

Open

Pediatric Council

Walter Harrison

Pediatric Practice

Open

PROS Network Coordinator

Hank Bernstein

Ben Scheindlin

School Health

Linda Grant

Substance Abuse

Open

Technology

David Norton

William Adams

What is the MCAAP Doing For You?

Major steps have been taken this year to improve the lives of the pediatricians in Massachusetts. Highlights, in particular, have come from the Pediatric Council where pediatricians meet with medical directors of Massachusetts insurers to discuss problems with reimbursement and how to improve the care of children in the Commonwealth. Two major accomplishments include the manual override for the MassHealth same-day eligibility problem and the allowance of annual physical exams so long as there is a 10 month interval between physical exams.

Previously, if a patient with MassHealth had the incorrect primary care physician (PCP) assigned, the physician's office would either have to reschedule the patient or see the patient without being reimbursed. With the manual override, patients can call the Division of Medical Assistance (DMA) at the time of the appointment and change the PCP designation, so the office can submit the claim.

Although the claim will initially be denied, the physician's office can call DMA to obtain a manual override for the claim and be reimbursed.

Tufts, BlueCross, and Harvard Pilgrim have reaffirmed that patients may obtain an annual physical exam so long as their last physical exam was at least 10 months prior. Please contact Walter Harrison (WHarrison@mcaap.org) with specific examples if you are still receiving denials. This buffer for physical exam eligibility was discussed in the Pediatric Council many years ago and remains the official position of the aforementioned insurers.

Regular readers of *The Forum* may have noticed the standardized e-mail address format for MCAAP officers and committee members. In order to streamline communications and make it easier for you to reach officers of the MCAAP, mcaap.org e-mail aliases are now available. If you are an officer, committee chairperson, or committee member, you

may obtain an e-mail alias by contacting me at dchung@mcaap.org. I will create an address at our website using the firstinitiallastname@mcaap.org format that will automatically forward e-mails to your regular account. You do not have to set up another e-mail account or remember another set of passwords to obtain your MCAAP-related mail. Additionally, by using the mcaap.org e-mail alias, you will not have to publish your regular e-mail address on our website or in our newsletter decreasing the likelihood of you receiving permanent spam at your regular e-mail address. If you choose to reply to someone's e-mail however, you will reveal your personal e-mail address.

All submissions for the next edition of *The Forum*, letters to the Editor, and suggestions should be e-mailed to dchung@mcaap.org. Submission deadlines are the 15th of September, December, March, and June of each year.

Pediatric Research in Office Settings

How can I do clinical research to help improve children's health in my busy practice? With PROS (Pediatric Research in Office Settings), the AAP's national practice-based research network! Comprised of over 1,500 pediatricians, nurse practitioners, and physician assistants from all over the country (100+ practitioners just from Massachusetts), PROS does high-quality research on a wide variety of outpatient primary care topics.

Some examples of PROS studies include the examination of secondary sexual characteristics in girls (leading to a major revision of what is considered normal), the management of febrile young infants (the largest non-ER study of its kind), the use of referrals in pediatric practice, the effects of the change from oral to injected polio vaccine, and the determinants of readiness for postpartum discharge of newborns from the nursery. (We are anticipating national public policy implications in this area.) Check www.aap.org/pros/ for more details.

Individual practitioners contribute small amounts of data, with PROS-Central staff at AAP headquarters in Chicago organizing and facilitating the paperwork. Together, these individual contributions add up to large nationwide studies with

enormous power. Because this data has been collected in the office, results of PROS studies tend to be more generalizable with what you do in the office each day, more so than studies done in specialty clinics and emergency departments.

Of course, participating in PROS studies takes extra time and effort, but PROS practitioners enjoy the stimulation of contributing to child health research. In some practices, one of the practitioners handles the coordinator duties. Other practices identify interested staff members (nurse, advanced practice nurse, office manager) who act as office coordinators for a given study, taking charge of the paperwork and patient enrollment. If a study has a small honorarium attached, some practitioners give it to their study coordinators. Time commitments tend to be eminently manageable.

PROS has several studies under development, including two that will be getting underway this summer:

1. Child Abuse Recognition and Evaluation Study (CARES)

This descriptive study seeks to understand how pediatricians assess injuries, distinguish those resulting from abuse, and manage those injuries in the real

world. Based on a new, richer model, this study is field tested and easy to do. Participating practitioners complete a pocket-sized encounter form for each of 40 injury visits. Confidentiality is assured. PROS practitioner Bob Sege of the Floating Hospital, author of the Massachusetts Medical Society VIP booklets, is one of the principal investigators.

2. Safety Check — A Randomized Controlled Trial to Prevent Child Violence

Participating practices will be randomly assigned to a novel violence prevention intervention arm or a comparison arm with an unrelated anticipatory guidance intervention, encouraging reading aloud. Each practitioner enrolls 30 patients, ages 2 to 12, coming in for check-ups. Ben Scheindlin is an active co-investigator.

If you are interested in joining PROS or would just like more information, check out the PROS website at www.aap.org/pros/, or contact your chapter PROS coordinators:

Hank Bernstein, D.O.

Children's Hospital
(617) 355-7960
Henry.Bernstein@tch.harvard.edu

Ben Scheindlin, M.D.

Burlington Pediatrics
(781) 272-2210
BScheindlin@msn.com

Head and Neck Seminar, Oct. 20th

At the AAP National Conference and Exhibition on Sunday morning, October 20, 2002, from 8 a.m. to 12:30 p.m., the Section on Otolaryngology and Bronchoesophagology will be sponsoring a seminar on the Contemporary Management of Hemangiomas and Vascular Malformations of the Head and Neck.

This multidisciplinary presentation will focus on the comprehensive treatment and care of children born with these congenital anomalies that involve the cervicofacial region. Specialists from the fields of pathology, dermatology, hematology and oncology, interventional radiology, and ophthalmology will participate in addition to Otolaryngology — Head and Neck Surgery.

8:00 A.M.—8:30 A.M.

Histopathologic Features Relative to Diagnosis and Treatment
Martin C. Mihm, Jr, M.D.

9:30 A.M.—9:00 A.M.

Pharmacologic Treatment Options
Denis Adams, M.D.

9:00 A.M.—9:30 A.M.

Laser Photocoagulation Treatment Options
Sandy S. Tsao, M.D.

9:30 A.M.—10:00 A.M.

Interventional Radiology Treatment Options
Patricia E. Burrows, M.D., F.R.C.P.

10:00 A.M.—10:45 A.M.

Surgical Treatment Options
Milton Waner, M.D., F.C.S.

10:45 A.M.—11:00 A.M.

Special Sites: Orbital and Periorbital Lesions
Aaron Fay, M.D.

11:00 A.M.—11:15 A.M.

Special Sites: Subglottic and Laryngopharyngeal Airway Lesions
Michael J. Cunningham, M.D., F.A.C.S., F.A.A.P.

11:15 A.M.—11:30 A.M.

Psychosocial Impact and Parental Education
Linda Rozell-Shannon, M.S.

11:30 A.M.—12:30 P.M.

Question and Answer Session

The Section of Otolaryngology and Bronchoesophagology welcomes and encourages you to attend what we believe will be a unique educational opportunity of value to many of our primary care pediatric as well as medical and surgical subspecialty colleagues.

Your Visual Acuity Could Prevent a Child From Losing Their Eyesight

David Walton, M.D.

As pediatricians, we are all unfamiliar with much of what ophthalmologists do. Our work, however, is crucial to help recognize blinding eye conditions early in life when eye treatment has the best chance of being successful. Amblyopia, cataracts, retinoblastoma, ROP, and glaucoma all have a better chance for successful treatment if recognized early and before permanent damage has occurred.

Glaucoma may be the most important blinding condition of childhood least familiar to pediatricians. Symptoms of glaucoma occur often in the first 6 months of life and are progressive. Early tearing may be confused with the ocular discharge seen with a tear duct obstruction. Photophobia is variable and easily judged insignificant, and unsuspecting parents often may not volunteer this symptom. Progressive ocu-

lar enlargement is universal in children with glaucoma and may be more in one eye.

A difference in eye size is never an acceptable normal variation. Glaucoma causes permanent blindness secondary to optic nerve injury. Early loss of vision is also caused by corneal edema, which produces the cloudiness of the cornea — another sign of childhood glaucoma.

A heightened level of concern for glaucoma in children, careful inspection of the front of each eye, and timely consideration of a parent's eye concerns will allow early recognition of childhood glaucoma. How well a child will see after diagnosis is often determined by the success, or not, of a pediatrician's work.

Glaucoma in childhood is not rare and is a preventable cause of childhood blindness that we all must look for and recognize sooner in children entrusted in our care.



SIGNS OF CHILDHOOD GLAUCOMA:

- Fussiness
- Large, prominent eyes
- One eye larger than the other
- Excessive tearing
- Photophobia
- Cloudy corneas

SEEKING ADVOCATES

The Legislative Committee of the MCAAP is seeking individuals who are interested in collaborating around issues of legislative advocacy. The Committee's goal is to be a voice for children by participating in the legislative process at state and national levels. Members of the Committee provide their clinical expertise in various capacities to help shape legislative initiatives and ensure that they represent the best interests of children. We welcome participation by all those who are interested, even if it is not possible for you to attend Committee meetings. We will have an active e-mail list to facilitate discussion and input. For more information please contact Cathleen Haggerty (CHaggerty@mcaap.org).

ALAN MEYERS, M.D., AND SUE O'BRIEN, M.D., CO-CHAIRS

Early Hearing Detection

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not be complacent, and every baby who fails the initial screening must return for follow-up. If the child is subsequently identified as having congenital hearing loss, parents should know that early intervention has been shown to have dramatic results, with subsequent language and communication development at near-normal levels.

WHAT CAN PARENTS EXPECT IN A FOLLOW-UP AUDIOLOGIC EVALUATION?

They can expect the audiologist to administer a battery of tests to assess the integrity of the auditory system from the outer ear through the inner ear and even the brainstem. This testing is also performed using “physiologic” testing, typically including a standard diagnostic Auditory Brainstem Response (ABR, also known as BAER) along with additional otoacoustic emissions (OAE) testing. The ABR may include different types of stimuli and assess the system for air conduction and bone conduction. Testing for middle ear function using a tympanogram will also be done.

An important note to make is that neurologists also use Auditory Brainstem Responses to evaluate the integrity of the brainstem in specific neurological disorders. This assessment is inherently different than the pediatric audiologist’s assessment using ABR to evaluate infant hearing; thus referral to a neurologist for an infant hearing assessment is not recommended.

WHAT ABOUT THE INFANT WHO ONLY FAILS THE SCREENING IN ONE EAR?

Even though unilateral hearing loss may be a less severe condition than bilateral hearing loss, these infants also deserve prompt follow-up. The Massachusetts Department of Public Health recommends that follow-up screening should occur soon after birth. If a unilateral hearing loss is confirmed, the parents can be counseled about how to maximize the child’s language development. Furthermore, some of these children may have progressive hearing loss in the ear that initially passed screening.

IF A CHILD IS CONFIRMED AS HAVING CONGENITAL HEARING LOSS, WHAT ELSE SHOULD THE PRIMARY CARE PHYSICIAN DO?

1. Address family concerns. Families will need help understanding this new medical diagnosis. They should work closely with the audiologist to better understand the nature and degree of the hearing loss.

2. Arrange for a complete evaluation by an otolaryngologist or otologist who has experience working with infants and young children.

3. Recommend a consultation with a medical geneticist. As we discover the increasing frequency of genetic syndromes among children with congenital hearing loss, it is recommended that these families also be referred to a medical geneticist with experience in the field of congenital hearing loss. Thirty percent of hearing loss is of uncertain etiology, but there are more than 200 syndromic and non-syndromic forms of hearing loss that have been identified; only about 20 percent will have associated clinical findings.

4. Discuss having the child evaluated by a pediatric ophthalmologist. Every affected newborn should have a complete evaluation by a pediatric ophthalmologist to assure that the visual stimuli to the brain are in no way compromised, and to assess for any associated eye anomalies or genetic syndromes with both visual and auditory impairment.

AFTER HEARING LOSS IS CONFIRMED, WHAT SHOULD PHYSICIANS DO?

1. Coordinate services with the child’s local Early Intervention Program, which is available in Massachusetts at no cost to the family.

2. Monitor middle ear status to avoid further compromise to hearing.

3. Monitor developmental milestones because 30 to 40 percent of children with hearing loss will demonstrate multiple disabilities or delays.

WHAT DOES AUDIOLOGIC HABILITATION MEAN? WHAT DOES IT ENTAIL?

Audiologic habilitation includes the fitting of a hearing aid as well as coordination of audiologic, otolaryngologic, and other medical evaluations with parental collaboration and approval. It is important that the hearing aid fitting takes place in the first months of life.

As physicians, we have all learned to respond quickly to an abnormal newborn screening test for PKU or other metabolic disorders. It is time for us to respond with similar urgency when a newborn does not pass the hearing screening. For additional information contact Janet M. Farrell, Director Universal Newborn Hearing Screening Program at (617) 624-5957 or (800) 882-1435. Also, visit www.infanthearing.org and www.babyhearing.org for additional information on newborn hearing screening.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH AUDIOLOGICAL DIAGNOSTIC CENTERS

LEVEL ONE AND TWO (SERVING CHILDREN BIRTH TO THREE YEARS)

BAYSTATE MEDICAL CENTER
Rehabilitation Services/Audiology
Wesson W & I Ground
759 Chestnut Street
Springfield, MA 01199
413-794-4279 V • 413-794-2557 TTY

BERKSHIRE MEDICAL CENTER
The Center for Rehabilitation
725 North Street
Pittsfield, MA 01201
413-447-2225 V • 413-447-3079 TTY

BOSTON MEDICAL CENTER
Daniels Hearing Center
Audiology ACC-2
One Boston Medical Center Place
Boston, MA 02118
617-414-4901 V • 800-439-2370 TTY

CHARLTON MEMORIAL HOSPITAL
Communication Disorders
363 Highland Avenue
Fall River, MA 02720
508-679-3131 V • 508-679-7026 TTY

CHILDREN'S HOSPITAL BOSTON
Audiology Program
300 Longwood Avenue, FE930
Boston, MA 02115
617-355-6461 V • 617-355-5574 TTY

CHILDREN'S HOSPITAL AT LEXINGTON
Audiology Program
482 Bedford Street
Lexington, MA 02420
781-672-2100 V • 781-672-2000 TTY

CHILDREN'S HOSPITAL AT PEABODY
Audiology Program
Lahey Clinic North
One Essex Center Drive
Peabody, MA 01960
978-538-3600 V • 978-538-8021 TTY

FRANCISCAN CHILDREN'S HOSPITAL
Speech/Language-Hearing Department
30 Warren Street
Boston, MA 02135
617-254-3800 x5110 V • 617-254-6835 TTY

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Diagnostic Centers

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HARVARD VANGUARD MEDICAL CENTER — KENMORE SQUARE

Audiology
133 Brookline Avenue
Boston, MA 02215
617-421-5987 V • 617-421-1190 TTY

HEALTHSOUTH BRAINTREE HOSPITAL

Department of Audiology
250 Pond Street
Braintree, MA 02184
781-848-5353 x2209 V • 781-843-9021 TTY

HOLYOKE HOSPITAL

Speech and Hearing Center
575 Beech Street
Holyoke, MA 01040
413-534-2508 V • 413-534-2508 TTY

MASSACHUSETTS EYE AND EAR INFIRMARY

Audiology Department
243 Charles Street
Boston, MA 02114
617-573-3266 V • 617-573-3290 TTY

MERCY MEDICAL CENTER

Weldon Hearing Center
233 Carew Street
Springfield, MA 01104
413-748-6840 V • 413-788-9644 TTY

MORTON HOSPITAL AND MEDICAL CENTER

Speech, Hearing & Language Center
Northwoods Medical Center
2007 Bay Street, Suite B-100
Taunton, MA 02780
508-823-3050 V • 508-821-4470 TTY

NEW ENGLAND MEDICAL CENTER

Department of Speech Language
Pathology and Audiology
750 Washington Street
Box 823
Boston, MA 02215
617-636-5300 V • 617-636-7200 TTY

NORTH SHORE CHILDREN'S HOSPITAL AT NORTH SHORE MEDICAL CENTER

Department of Audiology
57 Highland Avenue
Salem, MA 01970
978-354-2650 V • 978-740-4766 TTY

U.MASS MEMORIAL HEALTH ALLIANCE — BURBANK

Speech & Hearing
275 Nichols Road
Fitchburg, MA 01420
978-343-5005 V • 978-343-5005 TTY

U.MASS MEMORIAL MEDICAL CENTER

Department of Audiology
University Campus
55 Lake Avenue North
Worcester, MA 01655
508-856-3996 V • 508-856-5998 TTY

LEVEL THREE

(SERVING CHILDREN SIX MONTHS TO THREE YEARS)

BAYSTATE REHABILITATION CARE AT FRANKLIN MEDICAL CENTER

48 Sanderson Street
Greenfield, MA 01301
413-773-2227 V • 413-773-4566 TTY

BEVERLY HOSPITAL

Center for Communication Disorders
85 Herrick Street
Beverly, MA 01915
978-922-3000 x2690 V • 978-921-7007 TTY

CLARKE SCHOOL FOR THE DEAF

Center for Audiological Services
36 Round Hill Road
Northampton, MA 01060
413-582-1114 V • 413-582-1114 TTY

HARVARD VANGUARD MEDICAL CENTER — CHELMSFORD

Audiology
228 Billerica Road
Chelmsford, MA 01824-3604
781-250-6040 V • 978-250-6333 TTY

HARVARD VANGUARD MEDICAL CENTER — MEDFORD

Audiology
26 City Hall Mall
Medford, MA 02155-4765
781-306-5255 V • 781-306-5186 TTY

HARVARD VANGUARD MEDICAL CENTER — QUINCY

Audiology
President's Place, South Tower
1250 Hancock Street
Quincy, MA 02169-4339
617-774-0750 V • 617-774-0846 TTY

HARVARD VANGUARD MEDICAL CENTER — WELLESLEY

Audiology
230 Worcester Street
Wellesley, MA 02181-5491
781-431-5255 V • 781-431-7677 TTY

THE LEARNING CENTER FOR DEAF CHILDREN

Audiology Unit
848 Central Street
Framingham, MA 01701
508-875-4559 V • 508-875-4559 TTY

Northeast Hospital Corporation's Medical Staff Elects New President

Shawn Middleton
Public Affairs Director
smiddlet@nhs-healthlink.org

Northeast Hospital Corporation (NHC), the parent company of Beverly and Addison Gilbert Hospitals, recently announced the election of Peter H. Short, M.D., F.A.A.P., as president of its medical staff. A board-certified pediatrician, Dr. Short succeeds A. Howard Stone, M.D., whose two-year term ended June 30.


A member of the NHC medical staff for more than 19 years, Dr. Short previously served as the medical staff's vice president. His two-year term as president began on July 1.

"The medical staff of Northeast Hospitals is among the finest in Massachusetts, and I'm honored to represent this elite group of physicians," says Dr. Short. "NHC has long been known for providing quality care to its patients, and I look forward to upholding this already-stellar reputation."

Dr. Short is a staff physician for NHC and a pediatrician at North Shore Pediatrics in Beverly and Danvers. He currently sits on several NHC committees, including the Pediatric Subspecialty, Perinatal, and Planning Committees. As chairman of the Nursery Committee, Dr. Short helped bring a Level II Special Care Nursery to Beverly Hospital.

Dr. Short earned his medical degree from Albert Einstein College of Medicine in New York City. He currently resides in Swampscott with his wife, Lori, and two teenage sons.

Northeast Hospital Corporation consists of a family of health care organizations north of Boston and includes Addison Gilbert Hospital in Gloucester, BayRidge Hospital in Lynn, Beverly Hospital in Beverly, Cable Center in Ipswich, and the Hunt Center in Danvers. Services include a full range of inpatient and medical care, as well as an array of specialty services that include geriatrics and mental and behavioral health services. Please visit Northeast Hospital Corporation's website at www.nhshealth.org.



**BECAUSE THE WEIGHT ON FIRST-TIME YOUNG PARENTS'
SHOULDERS IS SIGNIFICANTLY HEAVIER THAN**

7LBS. 8OZ.

FPO -- Mark, please replace this image with the high-res pdf in the images folder.
thanks! -Lisa

The miracle of birth is inevitably followed by the reality of parenthood—particularly for first-time young parents. That's why there's the Healthy Families program from the Massachusetts Children's Trust Fund. A free, voluntary and confidential program that provides information and support to parents 20 and under. Our Home Visitors specialize in guiding new and expecting parents through every facet of first-time parenthood. Teaching them the skills they'll need to become great parents, and answering any questions that come up once they've left the hospital or doctor's office. All to make certain that first-time parenthood is the healthy, happy experience it should be for parents and children alike.



FOR MORE INFORMATION ABOUT HEALTHY FAMILIES MASSACHUSETTS CALL 1-888-775-4KID, OR VISIT WWW.MCTF.ORG

Learning Disability/ADD Materials Are Coming Your Way

The Learning Disabilities Association of Massachusetts (LDAM) will once again provide specific information regarding learning disabilities and Attention Deficit Disorder.

In August, every pediatrician in Massachusetts will receive the newly published "Booklet for the Pediatrician on Learning Disabilities and Attention Deficit Disorders" written by Larry B. Silver, and a copy of the book *Transitional Skills for Post Secondary Success: Students with Learning Disabilities*. Also included will be the yearly InfoBoard for every pediatrician to post. A grant was awarded to the LDAM to send a copy of our journal to every pediatrician for the year 2002-2003, so please look for it. Due to the efforts of pediatricians throughout the state, hundreds of students with learning disabilities were identified and helped.

For more info please contact Teresa Allissa Citro, Executive Director LDAM, at 781-891-5009.

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