



# The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

## PRESIDENT'S MESSAGE

### Obesity: MCAAP Addresses the Issue

The MCAAP is a large organization (more than 1,400 members), and large organizations typically move slowly. But we don't have to. If you have an interest or a mission that you want to work on, want others to work on with you, or want the MCAAP to help you jump-start, talk to me, Cathleen, Lynda, or your district representative.

One such issue is the rapidly increasing incidence of obesity and type 2 diabetes.

At several of our recent meetings, pediatricians, health plan administrators, and state legislators have said that the MCAAP should help to coordinate diagnostic and management initiatives, spearhead projects, and even foster legislation to address this serious situation. I wrote a letter from the MCAAP urging interested groups and individuals to work together on a series of steps.

In response to this letter, we have been hearing about public health, educational, legislative, and community efforts as varied as efforts to increase town-supported athletic activities, mandate healthier school vending machine drinks and foods, and ban advertising to children.

What are you doing in your practice? Do you calculate body-mass index on every child? Do you take a diet history that includes the following: the amount of juice drunk, the number of hours of TV watched

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## QuitWorks in the Pediatric Setting

Kate Staunton, M.P.A., Donna Warner, M.A., M.B.A., and Jonathan Winickoff, M.D., M.P.H.

**Q**uitWorks is an innovative smoking cessation service available to all Massachusetts residents, regardless of their health insurance status. It is the result of an unparalleled collaboration between the Department of Public Health and all major health plans in Massachusetts. QuitWorks provides physicians with a simple way to identify smokers and refer them to the state's full range of tobacco treatment services. QuitWorks is evidence-based and free-of-charge, and it has a simple enrollment process endorsed by all the major health plans in the state.

QuitWorks provides:

- ★ Free, multisession proactive telephone counseling for your patients;
- ★ Self-help information and Web-based support;
- ★ Referral to community tobacco treatment provided by certified specialists;
- ★ Follow-up to support the quit attempt; and
- ★ A patient progress report for you.

A free QuitWorks Practice Implementation Starter Kit is available and includes everything you need to put the program in place — office tools to identify smokers, QuitWorks enrollment forms, a pharmacotherapy guide, information for patients who agree to quit, and take-home advice for those who are not ready to quit. Since its launch in May 2002, thousands of providers in hospitals, clinics, and independent practices across Massachusetts have been introduced to QuitWorks and are now helping to make smoking history.

We know that providers want to intervene with smokers, but many lack a resource to refer patients who need more intensive assistance to quit. QuitWorks is the solution. QuitWorks simplifies the process for you: Only a few extra minutes in your practice are needed to screen your patients or their parents who smoke, advise the smoker to quit, and encourage them to make a quit attempt. Then, you simply obtain the parents' consent to enroll themselves or their child in QuitWorks and fax the enrollment form to QuitWorks. If the patient is not ready to quit, your role is still critical. Research has shown that even brief

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## Preventing Infection Due to RSV

H. Cody Meissner, M.D.

**R**espiratory infections caused by Respiratory Syncytial Virus (RSV) occur throughout life, but the highest incidence rates are during the first and second year of life. Early in the first year, pulmonary anatomy, declining levels of maternally acquired antibody, and an immature immune system increase the risk of lower respiratory tract disease. During this period, approximately 20% of RSV-infected children will experience

lower respiratory tract involvement, and up to 3% of all children in the first year of life will be hospitalized with bronchiolitis or pneumonia. Most infants who require hospitalization are previously healthy infants less than 6 months of age, and the highest hospitalization rates due to RSV occur in premature infants and those born with congenital heart or chronic lung disease.

A critical aspect of RSV prevention in

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## FORUM JOB LISTINGS

### LOOKING TO HIRE:

**Practice Name:** Meadows Pediatrics, PC  
**Position:** Looking for second BC/BE pediatrician to join suburban Springfield practice FT/PT. Affiliated with Baystate Medical Center (tertiary care teaching hospital). Located in beautiful Pioneer Valley.

**Availability:** Immediate

**Contact Name:** Robert P. Leavitt, M.D.

**Send CV to:** Meadows Pediatrics  
734 Bliss Road  
Longmeadow, MA 01106

**Or FAX:** 413-567-2447

### LOOKING FOR POSITION:

**Name:** Linda C. Loney, M.D., F.A.A.P.

**Contact:** 617-969-2754 (home)  
617-721-5715 (cell)  
[lcloyne@RCN.com](mailto:lcloyne@RCN.com) (e-mail)

**Residency:** St. Louis Children's Hospital  
1976-1979

**Fellowship:** St. Louis Children's Hospital  
(nephrology)  
1979-1980

**Availability:** Immediate for locum tenens and/or one day per week within one hour drive of Boston/Newton area

**Comment:** Currently working for locum tenens agency and as a massage therapist. I have my own malpractice insurance.

## Looking to Hire or Be Hired?

Job listings are a free service provided by *The Forum* to MCAAP members and residents completing their training. Nonmembers may submit ads for a fee.

### If you are looking to fill a position

*MCAAP members: Free*

*Nonmembers: \$250*

*Please submit the following information:*

- Practice Name
- Position Title and Description (25-word limit)
- Availability (e.g., starting July 2003)
- Contact Name
- Address, Telephone Number, E-mail Address

### If you are looking for a job

*MCAAP members and residents: Free*

*Nonmembers: \$50*

*Please submit the following information:*

- Your Name
- Contact Information
- Residency Program
- Availability (e.g., available now)
- Comment (25-word limit)

Please send text information via e-mail to [dchung@mcaap.org](mailto:dchung@mcaap.org). Checks may be mailed to the MCAAP office, c/o Cathleen Haggerty, Executive Director, P.O. Box 9132, Waltham, MA 02454-9132. All submissions must be received by January 15, 2004, to be included in the next issue of *The Forum*. All submissions are subject to review for appropriateness. For information, please contact the editor at [dchung@mcaap.org](mailto:dchung@mcaap.org)

## MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

<b>AAP Breastfeeding Coordinators</b> Susan Browne Jean Sheeley	<b>Emergency Pediatric Services</b> Patricia O'Malley	<b>International Child Health</b> Open	<b>Nominating Committee</b> Eugenia Marcus
<b>Bylaws Committee</b> Carole Allen	<b>Environmental Hazards</b> Open	<b>Legislation</b> Alan Meyers	<b>Nutrition</b> Open
<b>CATCH Co-Coordinator</b> Robert Kossack Emily Roth	<b>Fetus &amp; Newborn</b> Elizabeth Brown	<b>Massachusetts Healthy Families</b> Susan O'Brien Howard King	<b>Pediatric Council</b> Walter Harrison
<b>Child Abuse &amp; Family Violence</b> Robert Nelken	<b>Forum Editor</b> David Chung	<b>Membership</b> Patricia Moffatt	<b>Pediatric Practice</b> Open
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<b>Continuing Medical Education</b> Lynda Young	<b>Immunization Initiative</b> Sean Palfrey Hadassa Kubat	<b>MMS Delegate/ House of Delegates</b> Carole Allen	<b>School Health</b> Linda Grant
<b>Developmental Disabilities</b> Richard Antonelli	<b>Infectious Disease</b> Sean Palfrey	<b>MMS Interspecialty Committee Representatives</b> Carole Allen Sean Palfrey	<b>Substance Abuse</b> Open
	<b>Injury Prevention &amp; Poison Control</b> Paul Schreiber		<b>Technology</b> David Norton William Adams

# Every Child Deserves a Medical Home Training Program

November 8, 2003 ★ 8 a.m. – 3 p.m.

## Overview

The American Academy of Pediatrics (AAP) and Shriners Hospitals for Children will offer its Every Child Deserves a Medical Home Training Program in Springfield, Massachusetts, on November 8, 2003 (8 a.m. – 3 p.m.) at Shriners Hospital for Children. The program aims to support pediatric health care providers, children with special health care needs (CSHCN) and their families, and communities interested in the well-being of these special needs children in a changing health care environment.

## Target Audience

The target audience includes pediatric health professionals and their staff, other health care professionals, families of children with special needs, managed care professionals, policymakers, community members, and other child advocates who care for children with special needs.

## Cost

The registration fees are as follows: \$50 for physicians, \$25 for allied health professionals, no charge for parents and medical students.

## Course Objectives

General pediatricians, family physicians, pediatric subspecialists, other pediatric health care professionals, nurses, pediatric office staff, community resources, and parents of children with special needs are invited to participate in the course. Upon completion of this course, participants will be able to

1. Explain the elements of the medical home concept as applied to their practice environment or child's care;
2. Discuss practical strategies for helping parents, providers, and young people transition to adult independence, health care with funding, and work;
3. Describe practical strategies to translate the concept of Medical Home for CSHCN into office or clinic practices sensitive to the needs of CSHCN and their families;
4. Identify resources available to CSHCN and their families and strategies for

coordinating care and promoting interagency collaboration; and

5. Discuss current issues in managed care coverage and reimbursement as they relate to the Medical Home for CSHCN and transition to adult health care.

## Continuing Medical Educational (CME) Credit Information

★ CME – This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). The American Academy of Pediatrics is accredited by the ACCME to provide continuing medical education for physicians. The American Academy of Pediatrics designates this educational activity for a maximum of 4.5 category 1 RISK credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he or she actually spent

in the educational activity. These credits can be applied toward the AAPCME/CPD Award available to fellows and candidate fellows of the American Academy of Pediatrics.

- ★ Other Continuing Education Credit – If you are seeking some other form of continuing education credit, you may take your CME certificate and a copy of the agenda to your professional organization. The AAP CME hours should be honored.

*Funding for this event has been provided by an educational grant from Shriners Hospitals for Children with additional support from the Maternal and Child Health Bureau.*

The CME office at the American Academy of Pediatrics reserves the right to cancel this activity for any reason whatsoever. In the event of such cancellation, the full enrollment fee will be returned to the registrant.

For more information or to register, please visit

[www.medicalhomeinfo.org/training/upcomingsites/massindex.html](http://www.medicalhomeinfo.org/training/upcomingsites/massindex.html)

or call Cathleen Haggerty at 781-895-9852.

## 'PARI' Nebulizer Program

We supply the pediatric physician's office with nebulizers to be dispensed to patients in need. This program is easy for the physician and easy for the patient. Call for details and references.

**RELIABLE RESPIRATORY**  
**(781) 551-3335**  
**Servicing New England**

# Managing Asthma During the Flu Season

Autumn and flu season can be a difficult time for children with asthma. To help patients better manage their asthma, pediatricians can order two tools free of charge: Massachusetts Asthma Action Plans (MAAPs) and “reminder” postcards to mail to families of children with asthma. Pediatricians can also obtain updated, easy-to-use, color charts from the Web on asthma-symptom classification and therapy, as well as estimated comparative daily dosages for long-term controller medications.

When filled out by a child’s clinician, MAAPs tell families and caregivers which asthma medications a child should take and when. The three-part MAAP includes a copy for the patient’s

record, a copy for the family, and a copy to send to the child’s school nurse or caregiver. MAAPs are available in English, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish, and Vietnamese.

MAAPs can be ordered in bulk and free of charge by contacting the Massachusetts

Health Promotion Clearinghouse either online [www.maclearinghouse.com](http://www.maclearinghouse.com) or by phone 1-800-952-6637. Copies of charts on asthma symptoms and severity and estimated comparative daily dosages for long-term control medication can be downloaded from the Massachusetts

Health Quality Partners (MHQP) website at [www.mhqp.org/NICHQ.pdf](http://www.mhqp.org/NICHQ.pdf). Links for ordering MAAPs can also be found on the MHQP website. MHQP, a broad-based coalition of health care providers, plans, and purchasers spearheaded the development of the MAAP in 2001.

The reminder postcards encourage families to call pediatricians’ offices to find out how to get a MAAP and a flu

shot. Postcards can be ordered from the Department of Public Health. To request up to 100 postcards, please fax Jonina Schonfeld, director of the Asthma Coordination Project, Massachusetts Department of Public Health, at 617-624-5990 or call her at 617-624-5955.

## Massachusetts Asthma Action Plan Resources

### MAAPs

*(available in English, Chinese, Haitian Creole, Khmer, Portuguese, Russian, Spanish, and Vietnamese)*

Massachusetts Health  
Promotion Clearinghouse  
1-800-952-6637

[www.maclearinghouse.com](http://www.maclearinghouse.com)

Asthma Symptom/Medication Charts  
Massachusetts Health Quality Partners  
[www.mhqp.org/NICHQ.pdf](http://www.mhqp.org/NICHQ.pdf)

Asthma Reminder Postcards  
*(requests up to 100 cards)*

Massachusetts DPH  
Jonina Schonfeld, Asthma Coordination  
Project Director  
Phone: 617-624-5955  
Fax: 617-624-5990

## President’s Message

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and/or video games played, and the amount of junk food eaten while sitting at the computer? Do you have a screening questionnaire or a diet/exercise handout that you give to your families? Have you talked to your town’s Recreation Commission about soccer or basketball leagues and scholarships for at-risk kids?

We want to hear about all your routines, biases, worries, and suggestions. We want to help clinicians and communities avoid reinventing the wheel a thousand times, and help link together professionals in health care, education, policy, and business to address the problems related to obesity. Please contact us.

– John G. (Sean) Palfrey, M.D., FAAP

## QuitWorks in the Pediatric Setting

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smoking cessation counseling delivered by physicians will increase smoking cessation rates. Your brief intervention can encourage the smoker to think about quitting in the near future.

The QuitWorks project team recognizes that pediatricians face some unique challenges in screening either patients or their parents for smoking status and assessing their willingness to enroll in QuitWorks. You might have concerns about the consent process for patients under the age of 18 or how to document a referral for the parent of a patient. A QuitWorks pediatrics task group, led by Jonathan P. Winickoff, M.D., M.P.H., instructor in pediatrics, Massachusetts General Hospital Center for Child and Adolescent Health Policy, and other pediatricians and representatives from participating health plans, is currently working to tailor QuitWorks to address these particular issues.

The value of QuitWorks in pediatric practices is indisputable. QuitWorks can help you to make an impact in the fight to end preventable smoking-related health complications in children and their parents. In “Pediatric-Based Smoking Cessation Intervention for Low-Income Women,” *Archives of Pediatrics and Adolescent Medicine* (March 2003), Curry, et al. designed an intervention in which clinicians advised mothers about smoking risks, informing them that children around smokers tend to have more health problems. The clinicians subsequently offered the mothers who smoked a self-help guide and cessation counseling from a trained clinic nurse or the study interventionist. When compared with a control group that did not receive this intervention, Curry, et al. found encouraging results that demonstrate interventions in the pediatric setting can lead to increased quit attempts and longer-term quit rates among low-income mothers.

Please join your colleagues and integrate QuitWorks into your practice today. To receive your copy of the QuitWorks Practice Implementation Starter Kit, call the Try-To-STOP TOBACCO Resource Center of Massachusetts at 1-800-879-8678 or, for more information, visit the QuitWorks website at [www.quitworks.org](http://www.quitworks.org). Thank you for your commitment to reducing tobacco use in Massachusetts, and we hope you will continue to work with us to reduce the toll of premature death and disease from tobacco use in Massachusetts.

## Preventing Infection Due to RSV

Continued from page 1

high-risk infants is the education of parents and other caregivers about the importance of decreasing infants' exposure to and acquisition of RSV. Preventive measures include eliminating exposure to cigarette smoke and settings where RSV or other respiratory viruses may be transmitted (e.g., child care centers). An emphasis on hand hygiene also is important in all settings, including the home, especially during periods when contacts of high-risk children have respiratory tract infections or when infants are at risk of exposure to respiratory infections from siblings who are in child care or who attend school.

Currently, there are two immunoprophylaxis options for prevention of RSV infection in high-risk infants. Respiratory Syncytial Virus Immune Globulin Intravenous (RSV-IGIV) is a polyclonal hyper-immune globulin prepared from donors selected for having high serum titers of RSV-neutralizing antibody. Palivizumab is a humanized murine monoclonal anti-F glycoprotein immunoglobulin G1 antibody with neutralizing and fusion-inhibitory activity against RSV. Both palivizumab and RSV-IGIV have been shown to decrease the risk of severe RSV disease in high-risk infants and children; however, no direct studies have been conducted to compare the relative efficacy of these two interventions. Because of its ease of administration, monthly palivizumab is favored over RSV-IGIV (an intramuscular injection versus a four-hour intravenous infusion).

Both RSV-IGIV and palivizumab are administered approximately once per month (e.g., every 30 days), beginning just before onset of the RSV season. In Massachusetts, the first dose of palivizumab should be administered at the beginning of November and the last dose should be administered at the beginning of March (for a total of 5 doses). Because RSV-IGIV and palivizumab are not effective in the treatment of RSV disease, neither is approved for this indication.

Complete recommendations for use of both products are available in the 2003 edition of the *Red Book* and are summarized here:

- Palivizumab or RSV-IGIV prophylaxis should be considered for infants and children younger than 2 years of age with chronic lung disease (CLD) who have required medical therapy (supplemental

**SAVE THE DATE**  
**National CATCH Conference**  
**July 16 - 17, 2004 in Chicago, Illinois**

*Participants at the conference will learn about practical strategies to provide Medical Homes and improve access to health care; asset-based community development; assessing quality improvement; screening and surveillance; coalition building and successful models of care from community-based initiatives around the world.*

*There will be information on how to apply for CATCH funds to plan your own project. Exciting recent CATCH grants in Massachusetts have funded the following local projects: a Hepatitis B Prevention Program, an Immunization Tracking Initiative, an Improving Access to Asthma Care Initiative, a School Clinic Access Project, and a Healthy Teeth for Tots Program.*

**FOR MORE INFORMATION ON THE CATCH PROGRAM AND THE NATIONAL CONFERENCE:**

**WWW.AAP.ORG/CATCH**

**MA CATCH Co-ordinators**  
Bob Kossack and Emily Roth

oxygen, bronchodilator, diuretic, or corticosteroid therapy) for CLD within six months before the anticipated start of the RSV season.

- Infants born at 32 weeks of gestation or earlier may benefit from RSV prophylaxes, even if they do not have CLD.

- Infants born at 28 weeks of gestation or earlier may benefit from prophylaxes during their first RSV season, whenever it occurs, during the first 12 months of life.

- Infants born at 29 to 32 weeks of gestation may benefit most from prophylaxes up to 6 months of age.

- Although palivizumab and RSV-IGIV have been shown to decrease the likelihood of hospitalization for infants born between 32 and 35 weeks of gestation, the cost of administering prophylaxes to this large group of infants must be carefully considered. Epidemiologic data suggest that RSV infection is more likely to lead to hospitalization for these infants when the following risk factors are present: child care attendance, school-age siblings, exposure to environmental air pollutants, congenital abnormalities of the airways, or severe neuromuscular disease. However, no single risk factor causes a very large increase in the rate of hospitalization, and

the risk is additive as the number of risk factors for an individual infant increases. Therefore, prophylaxes should be considered for infants between 32 and 35 weeks of gestation only if two or more of these risk factors are present. High-risk infants should never be exposed to tobacco smoke.

- Children who are 24 months of age or less with hemodynamically significant cyanotic and acyanotic congenital heart disease (CHD) will benefit from five monthly intramuscular injections of palivizumab (15 mg/kg). Infants less than 12 months of age with congenital heart disease who are most likely to benefit from an immunoprophylaxis include those who are receiving medication to control congestive heart failure, those with moderate to severe pulmonary hypertension, and those with cyanotic heart disease. Unlike palivizumab, RSV-IGIV is contraindicated in children with cyanotic CHD.

- Limited studies suggest that some patients with cystic fibrosis may be at increased risk of RSV infection; however, there are insufficient data to determine the effectiveness of palivizumab use in this patient population.

# Parent/Professional Advocacy League

*Massachusetts State Organization, Federation of Families for Children's Mental Health*

## PRN LINE

### Parent Resource Network Line

**Toll Free: 1.866.815.8122**

#### MassRelay Numbers:\*

TTY: 1.800.439.2370

Voice: 1.800.439.0183

In-state relay: 711

★ Your number to call for support, information and referral on youth mental health ★

If you have a child with mental health needs or you are an adolescent seeking help, we know it can be difficult finding the answers to your questions. That's why the Parent/Professional Advocacy League (PAL) created the Parent Resource Network Line (PRN) – a toll-free phone number where you can obtain support and get information on mental health services for children and adolescents.

#### Who is the PRN line for?

The PRN line is designed to provide information, referral and support regarding children and adolescent mental health issues to residents of Massachusetts. Adolescents and parents are encouraged to use the PRN line. Professionals working with children can also refer adolescents and parents to the line.

#### Who will be answering my call?

Trained family advocates staff the PRN line. These are parents who have successfully navigated the maze of mental health services for their own children, and have been trained to provide support, education and advocacy to families. Many family advocates are also Parent Coordinators, part of the PAL statewide network of families and professionals. All information is kept strictly confidential.

\* *MassRelay is a 24/7 service enabling hearing people or people who do not use a text telephone (TTY) to communicate over regular telephone lines with people who are deaf, hard-of-hearing, late deafened, or speech disabled.*

## When can I call the PRN line?

The line is staffed weekdays from 3 to 7 p.m. If you call at other times, or when the line is busy, leave a message and a family advocate will return your call within 24 hours.

## What kinds of questions can I ask?

Ask us any question on your mind. We're prepared to provide information about general and specific areas, such as:

- ★ Services provided by state or community agencies
- ★ School mandates, such as a Team Evaluation, Individual Education Plans, Section 504
- ★ Crisis intervention and hospitalization
- ★ Insurance issues and funding problems

## Who operates the PRN Line?

Parent/Professional Advocacy League (PAL) is an organization of parents and professionals that advocate on behalf of children, and the families of children, with mental health needs. PAL is the state chapter of the Federation of Families for Children's Mental Health. The PAL organization includes a statewide office in Boston, and a network of 41 Family Advocates providing education, advocacy and support to families throughout the state. Through the PAL network, families are supported in accessing mental health services for their children, and empowered in advocating for systems change.

## Who funds the PRN line?

The PRN line is sponsored by the Alliance for Health Care Improvement, a collaborative of major health plans in Massachusetts. Tufts Health Plan is the lead funding source. The Tufts HP grant was matched by the other Alliance health plans, Harvard Pilgrim Health Care, Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, and Neighborhood Health Plan.

### Additional funders include:

- ★ Massachusetts Behavioral Health Partnership
  - ★ Beacon Health Strategies
  - ★ Partners Health Care
- ★ Massachusetts Department of Mental Health
  - ★ Eli Lilly and Company
  - ★ Individual Contributors

# Forum

NEWSLETTER OF  
THE MASSACHUSETTS CHAPTER  
AMERICAN ACADEMY OF PEDIATRICS

The Forum is also  
available at the  
MCAAP website,  
[www.mcaap.org](http://www.mcaap.org).  
Check here for  
rapid updates  
and job listings.



SOUTH SHORE VETERINARY  
ASSOCIATION PRESENTS

**Dr. Leonard Marcus**

*speaking on*

**Zoonoses:**

**Diagnosis and Prevention of Roundworm  
Infection in Children, Toxoplasmosis,  
Ringworm, and Head Lice**

**WEDNESDAY, NOVEMBER 19, 2003**

Radisson Hotel Boston – South Shore  
929 Hingham St, Rockland, MA  
781-871-0545

- ◆ Social Time and Registration: 6:30 p.m.
- ◆ Dinner and Speaker: 7:00 – 8:30 p.m.
- ◆ NO CHARGE
- ◆ RSVP by November 12

*Sponsored by Bayer Animal Health*

Please direct questions to Martha Smith, D.V.M.,  
at 781-826-6140, x211, or at [SSVA@massvet.org](mailto:SSVA@massvet.org)

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## The Forum

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