SPRING 2004

The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

Speaking Out on Controversial Subjects: Children of Gay Parents

The MCAAP was urged by many people to take a public position on the question of "gay marriage," but for a variety of reasons, we have not done so. The Chapter feels that it is only appropriate to take stands on issues when there is good data that children would be affected significantly by such a public decision.

However, when gay marriage opponents introduced the argument that "gay" couples were less good parents than "straight" couples, the discussion entered territory about which the AAP actually has data. The question then arose, should we correct such misstatements, and could we do it without appearing to support one side of a truly unrelated political dispute?

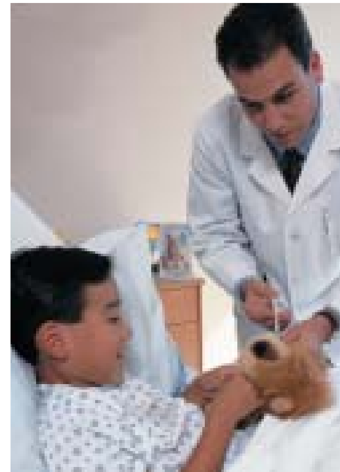
One of our members, David Keller M.D., has written an eloquent letter to the editor of the *Boston Globe* in which he points out that the AAP conducted an extensive review of the literature and found that "a growing body of scientific evidence demonstrates that children who grow up with one or two gay and/or lesbian parents fare as well in emotional, cognitive, social, and sexual functioning as do children whose parents are heterosexual. Children's optimal development seems to be influenced more by the nature of the relationships and interactions within the family unit than the particular structural form it takes."

Another of our most active leaders, Carole Allen, M.D., has written a letter which we are publishing in this edition of *The Forum* about her own personal experiences with the issue.

Continued on page 3

Pneumococcal Conjugate Vaccine Shortage More Severe — Need to Defer 3rd and 4th Dose

On February 13, 2004, the Centers for Disease Control and Prevention (CDC) — in consultation with the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), and the American Academy of Pediatrics (AAP) — recommended that providers defer the 4th dose of PCV7 in healthy children. However, PCV7 production has been *much less* than expected and shipments have been significantly delayed, resulting in shortages that may continue until at least the summer of 2004.



In order to further conserve vaccine supplies, the CDC and the other national advisory bodies are now recommending that all health care providers do the following, *regardless* of current inventories at their individual offices:

★ Continue to vaccinate all high-risk children with the complete PCV7 series;

★ Defer the 3rd *and* 4th dose for healthy children;

★ Institute a two-dose schedule for healthy children;

★ Reduce PCV7 orders and inventories by 50% from preshortage levels.

These recommendations are based on the existing diminished national supply of PCV7. If all providers comply with these temporary recommendations, it will help to decrease the duration of the shortages and disruption in vaccination services.

Immunization Recommendations During the Severe PCV7 Shortage

1. Continue to vaccinate high-risk children who are < 5 years of age with the full series of PCV7. Children at increased risk of severe disease should continue to be vaccinated. This includes those with sickle cell disease and other hemoglobinopathies, anatomic asplenia, cochlear implants, chronic diseases such as chronic cardiac or pulmonary disease and

Continued on page 4

Chronic Care Coordinators Available

Whit Garberson, M.S.W.

In order to offer stronger and more consistent support to children with special health care needs (CSHCN) and their families across the state, the Division for Special Health Needs is undergoing a reorganization.

Currently, MDPH Care Coordinators work directly with more than a dozen medical practices throughout Massachusetts and will continue to assist these providers in their efforts to improve both medical and social service to CSHCN and their families. We call these Medical Home partnerships, and we believe they are the most effective way to promote systemwide improvements in how this population is served.

Continued on page 4

MASSACHUSETTS CHAPTER
AMERICAN ACADEMY OF PEDIATRICS
PO Box 9132, Waltham, MA 02454-9132

Chapter Administrator
Cathleen Haggerty
(781) 895-9852; Fax: (781) 895-9855
E-mail: chaggerty@mcaap.org

Forum Editor
David Chung, M.D.
E-mail: dchung@mcaap.org

Chapter President
Sean Palfrey, M.D.
Boston (617) 414-5202; Fax: (617) 414-4541
E-mail: spalfrey@mcaap.org

Vice-President
Lynda Young, M.D.
Worcester (508) 752-4511; Fax: (508) 797-4729
E-mail: lyoung@mcaap.org

Treasurer
Paul C. Schreiber, M.D.
Brockton (508) 894-0618; Fax: (508) 894-0618
E-mail: pschreiber@mcaap.org

Secretary
Carole Allen, M.D.
Somerville (617) 629-6391; Fax: (617) 629-6090
E-mail: callen@mcaap.org

Legal Counsel
Edward Brennan, Esq.
Kirkpatrick & Lockhart, Boston (617) 951-9143

District 1
David Sigelman, M.D.
Holyoke (413) 536-2393; Fax: (413) 536-1087
E-mail: dsigelman@mcaap.org

District 2
David Norton, M.D.
Ware (413) 967-2040; Fax: (413) 967-2044
E-mail: dnorton@mcaap.org

District 3
Julie Meyers, M.D.
Uxbridge (508) 278-5573; Fax: (508) 278-7142
E-mail: jmeyers@mcaap.org

District 4
Joel Bass, M.D.
Newton (617) 243-6000; Fax: (617) 256-1565
E-mail: jbass@mcaap.org

District 5
Sheila Morehouse, M.D.
Chelmsford (978) 256-4363; Fax: (978) 256-1565
E-mail: smorehouse@mcaap.org

District 6
Cheryl Kerns, M.D.
Marblehead (781) 631-7800; Fax: (781) 631-4319
E-mail: ckerns@mcaap.org

District 7
Megan Sandel, M.D.
Boston (617) 638-8000; Fax: (617) 414-3679
E-mail: msandel@mcaap.org

District 8
Michael Yogman, M.D.
Cambridge (617) 864-7071
E-mail: myogman@mcaap.org

District 9
Jordan Leff, M.D.
Brockton (508) 894-0400; Fax: (508) 894-0618
E-mail: jleff@mcaap.org

District 10
Margaret Carolan, M.D.
Cohasset (781) 383-6800; Fax: (781) 383-6504
E-mail: mcarolan@mcaap.org

Registration Now Available for CATCH and Medical Home National Conference

David Keller, M.D.

The American Academy of Pediatrics (AAP) will offer for the first time a joint Community Access to Child Health (CATCH) and Medical Home National Conference July 15–17, 2004, in Chicago, Ill. Registration is now available online at **www.aap.org/catch/nationalconfREG.html.**

Participants will learn about practical strategies to foster 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. A pre-conference workshop will be offered on July 15, 2004, on "social capital" — the processes between people that establish networks, norms and social trust, and facilitate coordination and cooperation for mutual benefit and improved health. "CATCH in Action" tours, where participants will be able to visit a local community-based child health program, will be available on Friday, July 16, 2004.

Presentations will include "Achieving Cultural and Linguistic Competency in Health Care," "Medical-Legal Partnerships: Advocacy Within the Medical Home," "The Nuts and Bolts of Developing Resident Community-Based Projects," "Linking CATCH and Medical Homes to Public Health," "Show Me the Money: Grantwriting Tips From Grantmakers," "Making It Work: Building and Sustaining Functional Family Involvement," and "Transition Tools at Your Fingertips."

A few of the keynote speakers scheduled to present include Tim Shriver, Ph.D., Special Olympics Board Chair; Peter van Dyck, M.D., MPH, U.S. Maternal and Child Health Bureau Associate Administrator; and Merle McPherson, M.D., MCHB, Division of Services for Children with Special Health Needs Director.

The AAP designates this educational activity for a maximum of 18.5 category 1 credits toward the AMA Physician's Recognition Award. The Social Capital pre-conference offers up to 6.0 credits, and the main conference allows up to 12.5 credits.

Registration fees vary by participant designation and range from no-charge up to $375 for advanced registration by May 31, 2004. There is a separate set fee of $150 for the Social Capital pre-conference and $50 for the "CATCH in Action" tours. Conference bags, continental breakfast, educational materials, and CME are provided with all programming. Lunch is provided with the pre-conference and tours.

To register for the conference, or for additional information, visit **www.aap.org/catch/nationalconf.html** or contact Julie Raymond at (847) 434-4917 or e-mail her at **jraymond@aap.org.**

The AAP believes that all children, particularly children with special needs, should have a medical home where health care services are accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators
Susan Browne
Jean Sheeley

Bylaws Committee
Carole Allen

CATCH Co-Coordinators
Robert Kossack
Emily Roth

Child Abuse & Family Violence
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
Linda Sagor

Immunization Initiative
Sean Palfrey
Hadassa Kubat

Infectious Disease
Sean Palfrey

Injury Prevention & Poison Control
Paul Schreiber

International Child Health
Open

Legislation
Alan Meyers
Susan O'Brien

Massachusetts Healthy 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 Coordinators
Hank Bernstein
Ben Scheindlin

School Health
Linda Grant

Substance Abuse
Open

Technology
David Norton
William Adams

Submissions for the next issue of The Forum should be sent to dchung@mcaap.org by June 15, 2004.

Letters to the Editor

Reflections of a Parent

When my son David was a senior in high school, my husband found a stash of gay men's magazines under his mattress. Even though my brother is gay, this discovery hit us like a ton of bricks. Somehow I had discounted the possibility that my son might also be gay.

We confronted him (not very sympathetically, I might add) and drove a communication wedge between the three of us that lasted about two years. Those were very painful years, as we became more convinced of David's homosexuality and yet didn't know how to talk to him about it. We worried for his safety and his happiness. Eventually, my husband and I each separately found ways to talk to David, and he acknowledged his sexuality while we reiterated our love for him.

We still did not find ways to discuss this in our family. Our daughter made a suicide gesture after 8th grade, and it evolved that she, too, was gay. I wish I could do those years over again. I would listen to my kids, keep an open mind about who they were, and let them know explicitly that their sexuality would never be an issue in my acceptance of them.

My "coming out" as a parent of gay children took several years. At first, talking about the subject made me cry, often when I least expected it. I have come to learn that we all have some deep-seated homophobia, and it takes time and effort to undo it. I also had to mourn the loss of my idealized picture for my children's futures (weddings, kids, etc.) Thanks to support from friends, relatives, colleagues, and PFLAG (Parents, Families, and Friends of Lesbians and Gays) I am now, as my brother says, "the most out member of the family." My husband and I have become strong advocates for the rights and dignity of gays. And this experience of parenting gay kids (now adults) together has strengthened our marriage.

I am happy to report that David and his wonderful partner will be marrying this August. Grandchildren, I know, will come along in good time, so some of my tears fell for no good reason. *Please feel free to share this with any parents who are dealing with these issues.*

Carole Allen
callen@mcaap.org

President's Message

Continued from cover

It is clearly the prerogative, and even the duty, of individuals to write such letters on their own behalf and even to quote a published position of the AAP. The obvious correlative question is whether the Chapter should do so, especially when what appears to be untrue, or at best misleading, statements relating to children's well-being are being voiced?

Let us know, and if you would like, your opinions can be shared in the Letters to the Editor of *The Forum*. However, the issue remains a larger one — when, and how, should the MCAAP most effectively speak out on behalf of children? So few people actually advocate for children, yet the idea of "children" is frequently used and abused for individuals' own self-interest. How can the MCAAP become more widely recognized for what it is, the premier, most articulate, and most respected advocate for children in the state?

– John G. (Sean) Palfrey, M.D., FAAP

Early Intervention Partnerships Program (EIPP)/FIRSTLink System

Beth Buxton, M.S.W.

The Early Intervention Partnerships Program (EIPP)/FIRSTLink System is a high-risk maternal and newborn screening, assessment, and service system funded by the MDPH Bureau of Family and Community Health. Coordinated by an existing Early Intervention program, EIPP is a key component for reducing infant and maternal mortality and morbidity.

In fiscal year 2001, 5,188 of the 80,884 births in the Commonwealth were identified by their birth certificate as having one or more defined characteristics that placed them at risk for a health or developmental delay. However, they were not eligible for statewide initiatives such as the Healthy Families program for first-time teen parents, nor did they readily qualify for Early Intervention.

Evidence dictates that it is vital to identify women early in their pregnancy and to ensure that they receive high-quality services to ensure optimum birth outcomes and long-term emotional and physical health of children. Women with social and environmental risk factors (such as homelessness, substance abuse, or violence in the family) and adolescents who experience a second (or third) birth are eligible for EIPP. Led by a maternal child health nurse, EIPPs provide maternal and infant health assessment and monitoring; health education and guidance; screening and appropriate referrals for preterm labor, maternal depression, substance and tobacco use, and domestic violence; assistance with breastfeeding; parenting skills; and linkage with WIC and other resources. The EIPP services pregnant and postpartum women in communities with some of the state's highest rates of infant mortality and morbidity, including Springfield/Westfield, Fitchburg, Southbridge, New Bedford, Fall River, Somerville, Lynn, and Lowell.

The FIRSTLink system identifies high-risk infants and families at the time of birth and links them with health care and social services and resources in their own community, such as Early Intervention, EIPP, Healthy Families, WIC, a primary health care provider, and Family Planning.

The EIPP/FIRSTLink program works to ensure integration, non-duplication, and coordination with other state agencies for pregnant women, newborns, infants, and their families. The MDPH continues to expand an integrated system of quality care for perinatal and early childhood health that strengthens linkages among hospital, prenatal and primary health care, newborn screening, Early Intervention, and other key maternal, child, and family resources at the local level. The integration of the EIPP/FIRSTLink system is an important additional step towards ensuring that infants and families in the Commonwealth have the health services they need and deserve.

Beth Buxton, the EIPP Coordinator, is available for questions and assistance. Please do not hesitate to contact her directly by phone at (617) 624-5964 or by e-mail at **beth.buxton@state.ma.us**

Chronic Care Coordinators

Continued from cover

Because not every child with special health care needs receives pediatric care from one of our Medical Home partnership practices, our goal is to ensure the same standard of Care Coordination services is available to all children who need them. To accomplish this, we will do the following:

1. Strengthen and expand our toll-free technical assistance line. In addition to technical assistance and referrals, the staff will also identify and refer families in need of Care Coordination services.
2. Distribute information about our toll-free technical assistance line to families, providers, school systems, community-based organizations, and other likely sources of referral.
3. Serve families who need services regardless of where these families receive their pediatric care.
4. Continue to work with our many local, state, and national partners to promote Medical Home partnerships. We are working hard to make Medical Home the standard of care for every child in the Commonwealth.

Please note — effective March 29, 2004: Families and providers from anywhere in the Commonwealth who need information and/or referral assistance concerning CSHCN should call the Division's toll-free technical assistance line at (800) 882-1435 instead of contacting individual MDPH regional health offices. Experienced resource specialists will answer questions and provide information about a broad range of programs:

★ Public Benefits Information (SSI, CommonHealth, MassHealth, etc.)

★ Special Medical Funds, including Flexible Family Support funds

★ The Catastrophic Illness in Children Relief Fund

★ Family-to-Family Supports (Family TIES, etc.)

★ Care Coordination Services

If you have any questions about this reorganization, please contact Cheryl Bushnell, Director, Division for Special Health Needs at (617) 624-5070 or e-mail her at **cheryl.bushnell@state.ma.us.**

Recommendations for Pneumococcal Conjugate Vaccine Use Among Healthy Children Without Risk Factors, During the *Severe* Shortage

Age of 1st PCV7 vaccination	Schedule
< 6 months	2 doses given at least 2 months apart in 1st 6 months of life (*defer* 3rd and 4th dose)[1]
7 – 11 months	2 doses given 2 months apart[1]
12 – 23 months	1 dose[1] (*defer* 2nd dose)
≥24 months	*No* PCV7 vaccination[1]

[1] Defer PCV7 for any healthy child with an incomplete series presenting at ≥24 months.

PCV7 Vaccine Shortage

Continued from cover

diabetes, CSF leak, HIV infection, immunocompromising conditions, immunosuppressive chemotherapy or long-term systemic corticosteroid use, and those who have received a solid organ transplant.

2. Defer the 3rd and 4th dose of PCV7 in all healthy infants and children who are < 24 months of age. Providers should institute a two-dose schedule for these children. For children < 6 months of age, the Massachusetts Department of Public Health recommends (MDPH) PCV7 be given at 2 and 4 months of age, with the 3rd and 4th doses deferred in all healthy children (including those in child care), as outlined in the table above. Children receiving their 1st dose at ≥6 months of age should also receive a decreased number of doses, depending on current age and age at first dose, as outlined in the table above.

3. Defer PCV7 for healthy children who are 24 to 59 months of age.

4. Maintain lists for recall. Providers should maintain a list of children who need to be recalled to receive additional doses of PCV7 once supplies are restored. The highest priority for vaccination among children who have been deferred is those vaccinated with ≤ 2 doses who are < 1 year of age (see chart).

In one unpublished CDC study, vaccine effectiveness of a two-dose PCV7 schedule was found to be 94% (CI = 84% to 98%). In another clinical trial, one to two doses of PCV7 were found to be protective during the two-month interval before the next dose, with 86% effectiveness (CI included zero). Although limited data are available concerning the vaccine effectiveness of a two-dose schedule of PCV7, this regimen is preferable to vaccinating certain children with three doses and not vaccinating others.

Disease Reporting

The MDPH has an ongoing reporting system for cases of invasive pneumococcal disease following PCV7. It is particularly important at this time of severe shortage that all such cases continue to be reported to your local board of health and the MDPH at (617) 983-6800 or (888) 658-2850.

Vaccine Ordering

The MDPH is asking all providers to implement these new recommendations and reduce their PCV7 orders by 50% from preshortage levels. Another guide is to order half as much PCV7 as Hib vaccine, as they have similar schedules. In addition, please remember to order ***only*** a one-month supply.

The MPDH will keep you informed about any changes in the availability of PCV7 vaccine, as well as any corresponding recommendations for use. Updated information about the national PCV7 supply is available at **www.cdc.gov/nip/news/shortages/default.htm.**

The MDPH would like to thank Massachusetts providers for their cooperation during this difficult period. If you have any questions, please call the MDPH at (617) 983-6800 or (888) 658-2850.

References:

CDC. Updated Recommendations on the use of pneumococcal conjugate vaccine: Suspension of recommendation for the third and fourth dose. *MMWR Dispatch* 2004; 53/March 2:1-2. URL: **www.cdc.gov/mmwr/pdf/wk/mm53d302.pdf**

American Academy of Pediatrics. Pneumococcal Infections, in Pickering LK, ed. *2003 Red Book: Report of the Committee on Infectious Diseases*, 26th ed. Elk Grove Village, Illinois: American Academy of Pediatrics, 2003:490-500.

Submissions for the next issue of The Forum should be sent to dchung@mcaap.org by June 15, 2004.

NIH Internet Encopresis Study

Encopresis is estimated to affect more than 2 million children. Researchers at the University of Virginia have developed an intervention incorporating behavioral treatment and education with medical management. It has been found to be effective in clinical settings and was recently transformed into an Internet intervention. The program has undergone successful pilot testing, and a national trial of this program is planned. Physicians who treat pediatric encopresis are needed to be a part of this NIH treatment outcome study. Physicians will continue to treat their patients, but half will be randomized to also receive access to our Web program. Both patients and physician offices will be financially compensated. To qualify, physicians must see at least four primary encopretic children between the ages of 6 to 12 each year. If you are interested in learning more, please call (800) 552-3723 and ask for extension 48020 or e-mail: study@ucanpooptoo.com. HIC #9478.

Chapter Dues Increase

In 2002, the MCAAP Executive Board and members present at the Annual Business Meeting approved a $15 increase in the Chapter's annual dues for Fellow and Affiliate members. This increase will be effective in fiscal year 2004–2005. The increase will not affect post-residency training fellows or candidate fellows. **Chapter dues will now be $135.**

The Chapter is becoming more active. For example, we regularly interface with insurers regarding pediatric health issues. The committees are also being increasingly more active in advocating strongly about issues important to the well-being of children. Such issues include the improvement of pediatric mental health care and reduced risk exposures. *The Forum* is greatly enhanced as is the Chapter website. Funding for all of these activities is largely dependent on member dues.

Please call Cathleen Haggerty at (781) 895-9852 if you have any questions.

International Health Studies Grant Available for Pediatric Residents and Medical Students

Planning an Elective Abroad?

The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) is pleased to accept applications for its International and Developing Nations Health Studies Grant Program. Pediatric resident and medical student members of the MCAAP are eligible to apply for grants in the amount of $500 for study in developing nations. The primary purpose of this program is to encourage supervised experiences focusing on the conditions and needs of underserved children populations in developing nations.

Who Can Apply?

All pediatric resident and medical student members of the MCAAP who have arranged a bona fide project in a developing nation are eligible to apply. Grants are not extended for projects or electives that have already been completed *or to past recipients*.

How Do I Apply?

For more information and an application form, please contact Cathleen Haggerty at chaggerty@mcaap.org or by calling (781) 895-9852. Applications must be submitted at least one month before the project begins.

CMSP and Healthy Start Claims Deadline Reminder

All charges for services from July 1, 2003, through June 30, 2004, to enrollees of the Children's Medical Security Plan (CMSP) and members of the Healthy Start Program (HSP) must be received no later than July 16, 2004. The state closes its 2004 fiscal year in August, and as a result, *no payments can be issued for claims or claim inquiries received after July 16, 2004.*

If you have any questions, outstanding claims, or claims for CMSP MEDICAL services you would like reconsidered, please call the CMSP Service Center toll-free number at (800) 909-2677 or write to CMSP, P. O. Box 519, Andover, MA 01810-0009.

If you have any questions, outstanding claims, or claims for HSP MEDICAL services you would like reconsidered, please call the HSP Service Center toll-free number at (888) 488-9161 or write to HSP, P.O. Box 1977, Andover, MA 01810-0033.

If you have any questions, outstanding claims or claims for DENTAL services (CMSP only) you would like reconsidered, please call Wellpoint Dental Services toll-free at (800) 234-9778 or write to UNICARE, P.O. Box 9178, Oxnard, CA 93031-9178.

'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

The 2004 MCAAP Technology in Pediatric Primary Care Survey

The Technology Committee of the MCAAP is requesting your help to better understand the current technology capabilities and needs of our members. All answers will remain anonymous and confidential. Please complete only one survey per practice and fax your completed survey to (781) 895-9855. Thank you!

Practice name (optional): ______________________ City/town: ______________________

1. Does your practice provide primary care or immunizations for children in Massachusetts? ☐ Yes ☐ No

*****If NO, please do not complete this survey.*****

2. How many clinicians (MD or NP) are present during a typical practice session? ________ clinicians

3. Where is your practice located?
   - ☐ In a hospital ☐ In a stand-alone site ☐ In a multi-specialty clinic or HMO
   - ☐ In a community health center ☐ Other (specify) ______________________

4. Approximately how many children under 2 years of age are in your practice? ________ children

5. Do you currently have Internet access in your practice? ☐ Yes ☐ No

   IF NO, are you considering getting Internet access within one year? ☐ Yes ☐ No

   IF YES, do you have high-speed access (cable, DSL, T-1, or other)? ☐ Yes ☐ No

6. How do you use e-mail in your practice (check all that apply)?
   - ☐ Do not use e-mail
   - ☐ To arrange a time to speak with patients by phone
   - ☐ Communication with other providers
   - ☐ Patient requests for refills, PE forms, etc.
   - ☐ Appointment scheduling
   - ☐ Other ______________________
   - ☐ For direct communication with patients
   - ☐ Communication with patients by nursing staff (medical advice)
   - ☐ Communication between staff within the practice
   - ☐ Patient satisfaction feedback

7. Do you currently use a handheld device (PDA) for patient care? ☐ Yes ☐ No

   IF YES, what types of programs do you use (check all that apply)?
   - ☐ Prescription/formulary data
   - ☐ Growth data (stat coder and others)
   - ☐ Medical texts
   - ☐ Other ______________________
   - ☐ Immunization data (shots 2004 and others)
   - ☐ Billing assistance/coding programs
   - ☐ Assistance with diagnoses

8. Does your practice currently have a website? ☐ Yes ☐ No

   IF YES, does your website have (check all that apply)?
   - ☐ General practice contact information
   - ☐ Office hours of operation
   - ☐ Online request forms (refills, PE forms, etc.)
   - ☐ Directions to your practice
   - ☐ Patient/disease information (downloadable handouts)
   - ☐ Other ______________________

9. Does your practice currently use a computerized scheduling system? ☐ Yes ☐ No

   IF YES, please specify name and vendor ______________________

10. Does your practice currently use a computerized billing system? ☐ Yes ☐ No

    IF YES, please specify name and vendor ______________________

Submissions for the next issue of The Forum should be sent to dchung@mcaap.org by June 15, 2004.

The 2004 MCAAP Technology in Pediatric Primary Care Survey

11. Does your practice currently use an electronic medical record (EMR) system? ☐ Yes ☐ No

    IF YES, please specify name and vendor ____________________

12. Does your practice currently use a computerized immunization tracking system? ☐ Yes ☐ No

    IF YES, have you ever used your immunization system to recall patients for shots? ☐ Yes ☐ No

    IF YES, is your immunization system part of your billing or scheduling system (i.e., NOT your EMR)? ☐ Yes ☐ No

13. Which of the following does your practice most often use to determine patient immunization status/needs?

    ☐ Paper record ☐ Computerized billing system ☐ EMR ☐ Other ____________________

14. Is your practice considering buying a **NEW** …

(please check one response for each item)	**No**	**Yes, by 2005**	**Yes, by 2007**	**Yes, by 2010**	**Not Sure**
Computerized billing system?					
Electronic medical record (EMR) system?					

15. Would you be likely to attend a CME course (within driving distance of your home) on …

(please check one response for each item)	Very Likely	Likely	Neutral	Unlikely	Very Unlikely
Internet websites for patients?	1	2	3	4	5
Internet websites for clinicians?	1	2	3	4	5
Handheld devices (PDAs) in the office?	1	2	3	4	5
Electronic medical record (EMR) systems?	1	2	3	4	5
Computerized immunization tracking?	1	2	3	4	5
Computerized scheduling systems?	1	2	3	4	5
Computerized billing systems?	1	2	3	4	5

Practice name (optional): ____________________ City/town: ____________________

Person completing survey (optional): ____________________ Date: ____________________

May we contact you for additional information/details? ☐ Yes ☐ No

If yes, best phone number to use: ____________________

Thank you for participating in this survey. Your answers will help guide the efforts of the MCAAP Technology Committee to better serve our members. If you would like to join the Committee or would like more information, please e-mail badams@mcaap.org or dnorton@mcaap.org.

Please complete only one survey per practice and fax your completed survey to (781) 895-9855.

Thank you!

Save the Date

The MCAAP Annual CME Program and Edward Penn Lecture will be held on Wednesday, May 12, 2004, from 8 a.m. – 4 p.m. at the Massachusetts Medical Society (MMS) in Waltham. The MCAAP Annual Business meeting will also be held during lunch.

Obesity in Children: What Can We Do About It?

Pediatric Overweight: Where Are We and What Can We Do?
Carine Lenders, M.D., M.S.

Assault on Pediatric Morbid Obesity
Brian Gilchrist, M.D.

Endocrine Complications of Obesity
Andrew Norris, M.D.

Practical-Based Approaches for the Pediatrician
Daniel Epstein, M.D.

Edward Penn Memorial Lecture: Obesity and Orthopedics — It Hurts to Move When You Are Fat
Michael Goldberg, M.D.

Panel Discussion: Nutritional Experts, Discussion About the Management of Overweight Children and Teens
Inger Hustrulid, R.D., L.D.N., & Rishi Shukla, R.D.

The program is designated for 6 category 1 CME credits (of which 4 credits are in RISK MANAGEMENT). For more information, please contact Cathleen Haggerty at 781-895-9852.

INSIDE

President's Message 1
PCV7 Shortage More Severe 1
Chronic Care Coordinators 1
CATCH Conference 2
Letters to the Editor 3
EIPP/FIRSTLink System....................3
MCAAP Health Studies Grant 5
NIH Internet Encopresis Study.......5
CMSP/HSP Deadline Reminder.......5
Chapter Dues Increase 5
MCAAP Tech Survey 6

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