WINTER 2006

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE

It Takes Teamwork

We all know what "teamwork" means — working together, hopefully for a common goal. We do it every day in our offices, where we team up with families to better the health of their children. We do it at the hospital, where we work with the staff to provide the best care for our patients. But we especially do it as a unified voice through our Chapter work. I attended a fundraiser function today and heard the statement, "When you surround yourself with good people, good things happen." How true that is.

When you read *The Forum* today and see all the things going on, think about your colleagues working behind the scenes for you and your patients. Our "teams" are involved in so many activities that have an impact on you, your practices, and your communities. We also work with numerous state agencies, advocacy groups, and other subspecialties. As you know, we work very closely with the Departments of Public Health (DPH), Mental Health, Medicaid, and Social Service, to mention a few. We recently partnered with the Massachusetts Medical Society to gain their support on nursery regulations being revised by the DPH. Several of our members are very active in the revision process of these important regulations. Our Chapter is taking a leadership role in the psychiatry access project currently underway across the state. We testify at the State House on many pediatric issues. Most recently, we opposed the bill to ban thimerasol from all vaccines, and we supported the bill to provide fluoridation to public water supplies in communities of 5,000 or more people.

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Childhood Screening of Developmental, Psychosocial, and Emotional Problems

Including Suicidality, Depression, Substance Abuse, and Autism, Using CPT Code 96110

Walter Harrison, M.D., FAAP

Recently Blue Cross Blue Shield, Harvard Pilgrim, Tufts Health Plan, Beacon, and Fallon Community Health Plan started (or are about to start) reimbursing pediatricians for childhood screening of developmental, psychosocial, and emotional problems, including suicidality, depression, substance abuse, and autism, using CPT Code 96110. Other private health plans have indicated that they, too, will be discussing the issue. Discussions with Medicaid are ongoing. At present 96110 is not being reimbursed.

The frequency of reporting 96110 is dependent on the clinical situation. The AAP Recommendations for Preventive Pediatric Health Care schedule recommends developmental/behavioral assessment at each preventive medicine visit, and the AAP Developmental Surveillance and Screening of Infants and Young Children policy statement recommends that physicians use validated developmental screening tools to improve detection of problems at the earliest possible age to allow further developmental assessment and appropriate early intervention services.

Thus, the use of screening tests of a limited nature seems to enhance the task of developmental assessment typically done in the preventive medicine setting. The exact frequency of testing therefore depends on the clinical setting and the provider's judgment as to when it is medically necessary.

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State-Supplied Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine Availability in Massachusetts

Massachusetts Department of Public Health

In the spring of 2005, the U.S. Food and Drug Administration (FDA) licensed two formulations of Tdap vaccine for use in adolescents and adults as a single booster dose. GlaxoSmithKline's BOOSTRIX® is approved for use in persons 10 to 18 years of age. Sanofi pasteur's ADACEL™ is approved for use in persons 11 to 64 years of age. On June 30, 2005, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the routine use of Tdap vaccine in adolescents 11 to 18 years of age in place of tetanus and diphtheria toxoids (Td) vaccine.

Recommendations

The ACIP now recommends a single dose of Tdap in place of the Td booster immunization, as outlined below:

- ★ Routine immunization of adolescents 11 to 12 years of age. In addition, a single dose of Tdap should be given to adolescents 13 to 18 years of age who have not yet received Td.
- ★ The ACIP encourages use in adolescents 11 to 18 years of age who have

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Childhood Screening

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Physicians' questions about development as part of the general informal developmental survey or history cannot be considered a "test" as such, and the time is not separately reportable.

The national Academy of Pediatrics suggests that 96110 be coded as well as the preventive care, sick call, or follow-up visit, along with a modifier-25 indicating a significant, separate, identifiable service rendered during the same visit. However, all of the above health plans have indicated that modifier-25 is not needed and that only the preventive visit code should be listed in addition to 96110.

What is expected of pediatricians is that they have documented in their charts the "testing with interpretation and report," which includes the scored instrument and indicates whether the results are normal or abnormal, and, if the screen is abnormal, what the course of action will be.

Examples of screening tools include Ages and Stages, the PEDS Tool, Denver Developmental Testing, the Pediatric Symptom Checklist, and M-CHAT for autism. Regarding any questions, pediatricians are referred to the Academy's *Developmental Screening/Testing Coding Fact Sheet for Primary Care Pediatricians,* which can be found at **www.mcaap.org/FramesetDownloads.htm**.

Vaccine Availability

continued from cover

already received Td to provide protection against pertussis.

- Tdap, instead of Td, should be used for un-vaccinated or under-vaccinated adolescents for wound prophylaxis, in pertussis outbreak settings, and for exposure to pertussis.

Recommendations for use of Tdap among adults ≥19 years of age were considered during the October ACIP meetings and are currently being finalized.

Availability of State-Supplied Vaccine

GlaxoSmithKline's BOOSTRIX® is now available through the Massachusetts Department of Public Health (MDPH). The MDPH will only be supplying Tdap for the routine immunization of *one* cohort of children 11 to 12 years of age (children entering the seventh grade). However, state-supplied vaccine may also be used in the following cases:

- Adolescents 13 to 18 years of age who missed their 11-to-12-year tetanus-diphtheria (Td) dose
- Wound prophylaxis in adolescents

Doses administered data for Td vaccine and practice profile data submitted by provider offices were used to calculate the number of Tdap doses providers will receive. Providers were notified of their Tdap allocation in October.

Health plans and insurance carriers have been informed of the groups for whom the MDPH will be supplying Tdap vaccine and the need for providers to

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MCAAP Committees & Administrative Appointments

AAP Breastfeeding Coordinators
Susan Browne
Jean Sheeley

Bylaws Committee
Carole Allen

CATCH Co-Coordinators
Robert Kossack
Elizabeth Miller

Child Abuse & Family Violence
Robert Nelken

Committee on Adolescence
Rebecca O'Brien

Continuing Medical Education
Mary Beth Miotto

Developmental Disabilities
Beverly Nazarian

Emergency Pediatric Services
Patricia O'Malley

Environmental Hazards
Siobhan McNally
Michael Shannon

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
Jane Cross
David Norton

Legislation
Eric Fleegler
Carole Allen

Massachusetts Healthy Families
Howard King

Membership
Patricia Moffatt

Mental Health Task Force
Joe Gold
Walter Harrison

MMS Delegate/ House of Delegates
Carole Allen

MMS Interspeciality Committee Representative
Lynda Young

Nominating Committee
Open

Obesity Committee
Alan Meyers
Julie Meyers

Pediatric Council
Peter Rappo

Pediatric Practice
Open

PROS Network Coordinators
Hank Bernstein
Ben Scheindlin

School Health
Linda Grant

Substance Abuse
John Knight

Technology
William Adams

Submissions for the next issue of The Forum *should be sent to lfisher@mcaap.org by March 15, 2006.*

Children's Mental Health Task Force

Walter Harrison, M.D., FAAP

The Governor's Children's Mental Health Commission recently made four recommendations:

1. Children should remain in psychiatric inpatient hospitals and residential settings only as long as therapeutically necessary, with the goal being returning to the community and the family.
2. The Mental Health Parity Law must be enforced; mental health being included in all health plans and mental health screening being a standard benefit.
3. All health insurers must recognize and reimburse for formal, voluntary mental health screenings.
4. The Department of Mental Health (DMH) should be the lead agency coordinating all of the Commonwealth's mental health programs including the Massachusetts Behavioral Health Plan (MBHP) for the MassHealth PCC Plan, DSS, and DYS.

Next steps include the following:

★ Implementing and paying for formal, voluntary children's mental health screening by pediatricians across all health plans

★ Focusing on training providers and screening children under 5 years of age in daycare settings

★ Looking at public and private insurance plan data to ensure adequate access and provider panels

The New Department of Mental Health Strategic Plan includes the following:

★ The DMH taking the lead in creating a unified behavioral health system with the Medicaid behavioral health benefit of the managed care organizations, the MBHP of the PCC Plan, and the Fee for Service plan

★ The DMH better transitioning mental health youth into adult programs

★ The DMH having better quality oversight for its mental health programs

★ The DMH decreasing adult inpatient mental health beds and building a new, improved inpatient facility

Of note, in addition:

★ The Massachusetts Child Psychiatry Access Program (MCPAP) is expanding across the state to make child psychiatrists available for timely pediatric consultation and make pediatricians aware of the mental health resources in their communities. Details on how to enroll your practice in the MCPAP program will be available soon.

★ There is an ongoing effort to have health plans recognize and pay for 96110, which is the code for formal screening for behavioral, developmental, and mental health problems. Clear expectations need to be developed as to how this code is to be used and which documentation will be needed. The coding fact sheet and sample screening tests may be found on the MCAAP website, **www.mcaap.org/FramesetDownloads.htm**.

★ The Massachusetts Bar Association is spearheading a children's mental health initiative, which makes children's mental health legal advocates accessible across the state to ensure adequate resources are available.

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Pediatric Research in Office Settings (PROS)

Ben Scheindlin, M.D., FAAP, and David Norton, M.D., FAAP, chapter coordinators

Would you like to do clinical research on real-world topics that matter to pediatricians? Pediatric Research in Office Settings (PROS) is the AAP's practice-based research network. Massachusetts is one of the largest PROS chapters, with 34 practices and more than 150 practitioner members. Past studies have focused on febrile infants, behavior problems, referrals, immunizations, violence prevention, and child abuse. PROS members choose which studies they want to participate in, and you can be a PROS practitioner even if a colleague in your practice is not.

Currently PROS is conducting a study of secondary sexual characteristics in boys. Each practitioner enrolls 30 boys, ages 6 to 16, at well child checks, and receives CME credit for completing the study training manual (to ensure consistent Tanner staging and orchidometer use). A study aimed at parental smoking cessation is also recruiting, and several other studies are in the works and will be recruiting soon. These include an adolescent smoking cessation study, a study looking at a method to decrease teen driver risks, and one to assess the use of the AAP's new program to enhance child and family resilience called "Connected Kids."

Interested? Visit the PROS website, **www.aap.org/pros**, or contact Ben at bscheindlin@mcaap.org or (781) 272-2210, or David at dnorton@mcaap.org or (413) 967-2040.

Parents and Teens Needed for Depression Wellness Guide Feedback

Families for Depression Awareness

Families for Depression Awareness, a nonprofit organization, has developed depression wellness guides in response to the black box warning on antidepressants. Families for Depression Awareness is inviting parents and teens to participate in a focus group evaluation of these guides. These guides help families work with their clinicians to monitor treatment for suicidal thinking and bipolar disorder.

There is one guide for parents of children and teens with depression, and one for teens with depression. Parents and teens are needed to participate in a focus group evaluation of these guides. The focus groups will take place in the Boston or Metrowest area. After the focus groups meet, the guides will be modified as needed, then released nationwide. If you would like a copy of the guide(s) or if you know families who would like to participate in the groups, please send an e-mail to pilot@familyaware.org or call (781) 890-0220.

All information will be kept confidential and patient names and contact information will not be released without written permission.

Children Can't Be Healthy Without Good Oral Health!

Kate Vaughan

Watch Your Mouth is an exciting new campaign to increase public awareness of kids' oral health.

The mouth is the gateway to the body, so if your mouth isn't healthy, you aren't healthy. It's been five years since the Surgeon General's Report on Oral Health declared that oral health is a critical part of overall health, yet **thousands of children in the Commonwealth still suffer from the most common chronic childhood disease: dental decay**. It doesn't have to be this way; solutions exist and Massachusetts citizens are banding together to see that they are enacted.

We know how to prevent and treat this disease.

To maintain good oral health, children need access to preventive measures such as dental sealants (plastic coatings that seal the pits and grooves of molar teeth), fluoride (through oral treatments and water), and regular visits to an oral health professional for exams and cleanings.

Dental decay is a disease caused by a bacterial infection in the mouth. It is five times more common than asthma and has been associated with an increased risk for future tooth decay, as well as other health problems such as heart disease and diabetes. We can prevent this disease now, or pay later in expensive treatments and missed opportunities for Massachusetts children.

Join other adults who are using their voices to speak up for children's oral health.

We know that not receiving timely preventive and treatment services can have negative effects on overall health. We also know we will have healthier and more productive kids if preventive treatments are available to them in their communities. So, let's watch our mouths, and use them to ask our legislators to ensure

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Call for Nominations

This spring, positions for the MCAAP Executive Committee will become vacant for President-Elect/Vice President, Secretary, Treasurer, District 1 Representative, District 2 Representative, and District 8 Representative. Please send nominations to Cathleen Haggerty via e-mail at chaggerty@mcaap.org, fax to (617) 895-9855, or mail to P.O. Box 9132, Waltham, MA 02454-9132. Nominations must be received by February 24, 2006, and ballots will be mailed the first week of March. Communities in each district are listed below.

DISTRICT NO. 1

Berkshire County
Adams
Alford
Becket
Cheshire
Clarksburg
Dalton
Egremont
Florida
Great Barrington
Hancock
Hinsdale
Lanesborough
Lee
Lenox
Monterey
Mount Washington
New Ashford
New Marlborough
North Adams
Otis
Peru
Pittsfield
Richmond
Sandisfield
Savoy
Sheffield
Stockbridge
Tyringham
Washington
West Stockbridge
Williamstown
Windsor

Franklin County
Ashfield
Bernardston
Buckland
Charlemont
Colrain
Conway
Deerfield
Erving
Gill
Greenfield
Hawley
Heath
Leverett
Leyden
Monroe
Montague
New Salem
Northfield
Orange
Rowe
Shelburne
Shutesbury
Sunderland
Warwick
Wendell
Whately

Hampden County
Blandford
Chester
Granville
Holyoke
Montgomery
Russell
Southwick
Tolland
Westfield
West Springfield

Hampshire County
Amherst
Belchertown
Chesterfield
Cummington
Easthampton
Goshen
Granby
Hatfield
Huntington
Middlefield
Pelham
Plainfield
Southampton
Ware
Westhampton
Williamsburg
Worthington

Middlesex County
Ashby
Pepperell
Townsend

Worcester County
Ashburnham
Athol
Barre
Fitchburg
Gardner
Hardwick
Hubbardston
Leominster
Lunenburg
New Braintree
Oakham
Petersham
Phillipston
Royalston
Sterling
Templeton
West Brookfield
Westminster
Winchendon

DISTRICT NO. 2

Hampden County
Agawam
Brimfield
Chicopee
East Longmeadow
Hampden
Holland
Longmeadow
Ludlow
Monson
Palmer
Springfield
Wales
Wilbraham

Hampshire County
Hadley
Northampton
South Hadley

Norfolk County
Bellingham

Worcester County
Blackstone
Brookfield
Charlton
Douglas
Dudley
East Brookfield
Grafton
Hopedale
Leicester
Mendon
Milford
Millbury
Millville
North Brookfield
Northbridge
Oxford
Southbridge
Spencer
Sturbridge
Sutton
Upton
Uxbridge
Warren
Webster

DISTRICT NO. 8

Middlesex County
Cambridge
Somerville

Suffolk County
Boston
Wds. 1, 2;
Wd. 3, Pcts. 1–4, 7, 8;
Wd. 4;
Wd. 5, Pcts. 1, 2, 6–10;
Wd. 7, Pct. 10;
Wds. 8–12;
Wd. 13, Pcts. 1, 2, 4, 5, 6;
Wd. 14;
Wd. 15, Pcts. 1–5, 7, 8, 9;
Wd. 16, Pcts. 1, 3;
Wd. 17, Pcts. 1, 2, 3, 5–12;
Wd. 18, Pcts 1–8, 13–15, 21;
Wd, 19, Pcts. 1, 3–6, 8, 9;
Wds. 21, 22
Chelsea

Submissions for the next issue of The Forum *should be sent to lfisher@mcaap.org by March 15, 2006.*

New Database System Paves Way for Dues Invoice Improvements

American Academy of Pediatrics

The American Academy of Pediatrics (AAP) will be implementing a new database system, netForum, in January 2006. This Web-based system will bring greatly enhanced data, reporting, and Web connectivity capabilities. In addition, the new system will allow for the implementation of anniversary-year membership cycles. **What does this mean to our members?**

★ **No more confusion** for new members as to when their membership starts and when it ends. Beginning with the implementation of netFORUM, all new members or previously lapsed members who rejoin the AAP will pay one-year dues and begin their 12-month membership on the date of payment. No more payments covering months gone by.

★ **Chapter and section memberships** will be set to the same expiration date as the existing national membership to enable **single-invoice renewals.** National members joining chapter and/or section will pay pro-rated chapter/section dues for the months remaining on their existing national memberships.

★ **Benefits begin immediately.** No more month-long delays in benefits or active status.

★ **The elimination of initiation fees** for new fellows, **and reactivation fees** for returning members.

★ Membership **renewal invoices will be mailed four months prior to the expiration** of the current membership. This will allow plenty of time for members to process their invoices and return payments prior to the membership expiration date.

★ On the date of netFORUM implementation, all AAP members in good standing will **retain their July 1, 2005, through June 30, 2006 membership year.** The membership period is printed on all membership cards.

★ All members in good standing on the date of netFORUM implementation **will be mailed renewal invoices the first week of March 2006.** The membership renewal will be for the upcoming membership year — July 1, 2006, through June 30, 2007.

★ Resident fellows will continue to be billed separately to accommodate the consolidated invoices sent to dues sponsors. **Resident fellow renewal notices will be sent in May 2006 for the upcoming academic/membership year — July 1, 2006, through June 30, 2007.**

★ The AAP will continue to offer a **two-month grace period** for late payments. This grace period will be the first 60 days of the new membership year — July 1, 2006, through August 31, 2006. Unpaid memberships will expire effective September 1, 2006. Benefits will lapse as well.

★ **Members who rejoin** the AAP after the grace period will **start a new membership year** effective with the date the one-year dues payment is processed. Members do not have to fill out new applications to rejoin the Academy.

Example: Dr. Smith's membership record transfers to the new netForum database on January 3, 2006, with a membership that expires on June 30, 2006. She received her renewal dues invoice in March 2006 for membership year July 1, 2006, through June 30, 2007. She doesn't send a payment. In May, Dr. Smith receives a dues reminder invoice. On June 30, 2006, her existing membership expires and the new membership begins July 1, 2006. She is now in the 60-day grace period of the new membership. She still doesn't send a payment. On September 1, her July 1, 2006, through June 30, 2007 membership expires. The expiration date of June 30, 2007, changes to August 31, 2006. On October 10, Dr. Smith realizes she is no longer receiving benefits, so she calls to rejoin. The customer service representative takes Dr. Smith's credit card number over the phone and "sells" her a new membership that begins on October 10, 2006, and expires on October 9, 2007. In June 2007, Dr. Smith will receive her renewal notice for her next year of membership beginning October 10, 2007.

Members who receive renewal notices in March 2006 for membership period July 1, 2006, through June 30, 2007, and who pay prior to the end of the grace period of August 31, 2006, will see no interruption in benefits, nor will their membership period change from the July to June period they have always had.

Resident Fellow & Medical Student Dues Invoices

FY 2005–2006: Resident fellow and medical student dues invoices were generated and mailed the **first week of November 2005.** These invoices are for the membership period July 1, 2005, through June 30, 2006. Resident fellows and medical students have always been invoiced mid-academic year/mid-AAP fiscal year. Resident fellows sponsored by their programs or local AAP chapters will be included on the sponsors' consolidated invoices. Non-sponsored resident fellows and all medical students will be invoiced individually. Dues payments are due February 28, 2006.

FY 2006–2007: The academic year 2006–2007 will usher in a **new process for resident fellows.** Consolidated renewal invoices will be sent to all pediatric residency training program and AAP chapter sponsors for their resident fellows the **first week of May 2006.** These payments will be due June 30, 2006. The two-month grace period applies; benefits will lapse on August 31 for all unpaid resident fellows. The AAP Division of Member Services will be working closely with the residency programs to ensure a smooth transition to utilizing the new timetable.

INTERNATIONAL COMMITTEE LISTSERV

David Norton, M.D., FAAP

Are you interested in discussing or learning about the following international pediatric topics?

★ Program sites/electives

★ Volunteer opportunities

★ Conferences/speakers

★ Scholarships

If so, please consider joining the MCAAP international listserv at no cost. For more information, please contact International Committee Co-Chair Dr. David Norton at dnorton@mcaap.org and/or Co-Chair Dr. Jane Cross at jcross@mcaap.org.

Fond Farewell

David Chung, M.D., MCAAP

After serving the Massachusetts Chapter as editor of this newsletter for six years, I have decided to resign. I have the great fortune of resigning under wonderful circumstances, as my family and I are celebrating our first Christmas with our new daughter Caroline. As you can see, at two months she is extremely alert and developmentally advanced.

Caroline Chung

I wanted to take this opportunity to thank all of the wonderful people I have worked with over the years to make this newsletter a success. Dr. Eugenia Marcus called me into service during my last year of residency in order to get the newsletter online, and made arrangements with the Massachusetts Medical Society (MMS) to improve the layout. Lisa Salvo, a senior graphic designer at the MMS, developed a professional and eye-catching design that began with the Winter 1999/2000 issue.

Bonnie Erskine was the indefatigable MCAAP executive director who made sure all the details were kept in line and the process ran smoothly. I enjoyed working with the other presidents of the Massachusetts Chapter, Sean Palfrey and, of course, now Lynda Young. Other support staff at the MMS in the production and copy editing process were exceedingly helpful, and *The Forum* would not be nearly as successful without their assistance. I cannot thank Cathleen Haggerty, our current chapter administrator, enough for her hard work and careful attention to detail. She has kept me out of more than one mess, and I can only imagine that she is becoming immune to her constant praise.

Rest assured that I am leaving you in good hands. Dr. Young has called up a new resident, Lloyd Fisher, to take my place. Lloyd is eager to take the reigns and has a good technical background to help ensure the website is up and running. Dr. Fisher is looking forward to working in Massachusetts in primary care.

The best thing you as a Chapter can do to make this transition as smooth as possible is to help out by continuing to let us know what you are doing! Article submission deadlines are the 15th of March, June, September, and December of each year. The newsletter is only as good as its content, and I know from six years' experience that the pediatricians in this state are doing an amazing job caring and advocating for children. I want to thank the entire membership for giving me this opportunity to serve the Chapter, and I look forward to being involved in Chapter activities in the future.

Good Oral Health

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the widespread problem of childhood dental disease is a thing of the past.

Help us reach your community!

Watch Your Mouth needs your help to spread the word about the importance of kids' oral health. In the coming months, as a member of the MCAAP, you will receive a variety of colorful posters, brochures, stickers, and other fun products to place in your practice and/or community.

For more information on the Watch Your Mouth campaign, please contact WYM MA Coordinator Kate Vaughan at vaughan@hcfama.org. Requests for materials can also be made through our new website at **www.watchyourmouth.org/involved.php**.

Remember: Watch Your Mouth and use it to ask others to speak up for the kids of Massachusetts!

President's Message

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Advocacy groups look to us for professional opinion and support. They keep us informed of issues affecting the state and nation and are powerful voices on their own. But as a group, we make more of an impact. Take a look at all the MCAAP committees asking for your help and expertise. Getting involved is going to be one of your better ideas as we begin a new year. I have surrounded myself with not just good people – but the best people. I'm looking forward to working with you all.

– Lynda Young, M.D., FAAP

SAVE THE DATE • SAVE THE DATE

MCAAP Annual Meeting
Wednesday, May 10, 2006
10 a.m. to 4 p.m.
"Threats for Kids in the 21st Century"

Massachusetts Medical Society
Headquarters
at Waltham Woods
Waltham, Massachusetts

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Medical Home Revisited: Identification of Children with Special Health Care Needs in Primary Care Offices — Does it really matter?

Beverly L. Nazarian, M.D., FAAP
Chair, MCAAP COD

You are seeing sick visits on a busy winter day and are for once efficiently making it through your schedule. You enter the room of a new patient to your practice and find it in shambles. The chief complaint is sore throat, but you quickly learn that the child has autism and the mother is actually concerned regarding behavioral issues.

Has this happened to you? All of us have had a busy clinical day slowed down by the unexpected and recognize that this is often a reality of practice. But, in this particular case, identification of this child's special health care needs ahead of time could have made your experience, and the family's, a lot smoother.

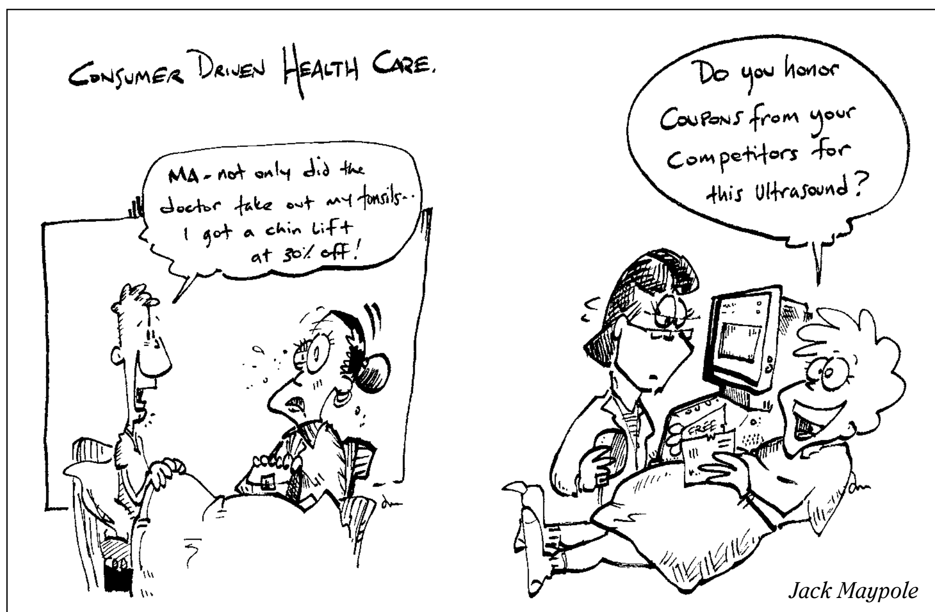
Probably most pediatricians have heard the term "medical home," but few really understand it or know how to make it work in their practices. Identification of children with special health care needs (CSHCN) in your practice is a first step. All of us see CSHCN, and it is important to remember that these kids aren't just the complex technology-dependent kids, but also those with asthma, developmental delay, emotional disorders, autism spectrum, and diabetes, among many others. Most of these families will need more time, office visits, phone calls, community resources, and care coordination than our typical well child. Using tools or strategies for identifying CSHCN will help create systems of care that address families' needs while facilitating their care within a busy practice.

Why identify CSHCN? Ultimately, knowing which patients require more time and coordination results in better flow and efficiency for MDs, and in better care for all patients. Knowing the numbers and needs of CSHCN can also help demonstrate the needs for additional supports such as care coordination, nursing, or secretarial support to administrators or funding sources Eventually, it may help justify enhanced reimbursement by payers. Most importantly, it helps your practice make changes to improve care.

How can physicians identify CSHCN? Many of us will rely on recall: sitting down and making a list from memory. Others may choose to do chart review, or to abstract by diagnoses from billing or problem lists. One useful strategy is to use a phone script: consider having your nurse or schedulers ask each caller, "Does your child have any special needs we should know about?" This strategy allows families to self-identify. Finally, some validated screening tools, such as the CSHCN screener, can be completed by families in the waiting room (**www.markle.org/resources/facct/doclibFiles/documentFile_446.pdf**).

Once identified, the chart can be flagged or have an identifying sticker, allowing the patient to be offered enhanced scheduling (longer appointments, more frequent appointments, or appointments at less busy times), referred for care coordination, or other supports. Identification of CSHCN increases awareness of all office staff. Consider making identification a first step for your practice in beginning to provide a medical home.

E-mail bnazaria@mcaap.org for information regarding the Committee on Disabilities.



Jack Maypole

Vaccine Availability

continued from page 2

purchase Tdap vaccine to augment their state-supplied vaccine. The Current Procedural Terminology (CPT®) code for both BOOSTRIX® and ADACEL™ is 90715. Please note — the MDPH will continue to provide Td vaccine.

The American Academy of Pediatrics (AAP) published a policy statement regarding the use of Tdap vaccine, which can be found at **www.aap.org/advocacy/releases/Tdap121205.pdf**.

A detailed advisory with recommendations for use of Tdap and availability information can be found at **www.mass.gov/dph/cdc/epii/imm/alerts/tdap.pdf**.

Children's Mental Health Task Force

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- ★ There is interest in replacing the Child in Need of Services (CHINS) program with a better functioning Family in Need of Services (FINS) program.
- ★ The above information must be publicized and communication about what is asked of the Legislature must be clear.

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Pediatric residency at Maria Fareri's Children Hospital, NY

Residency Completion: June 2006

Available: June 2006

Description: Board-certified in child, adolescent, and general psychiatry. Administrative chief resident, Maria Fareri's Children's Hospital, July 2005 to June 2006. Seeking full-time pediatric primary care position in Massachusetts starting in 2006.

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Please send text information via e-mail to lfisher@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 March 15, 2006, 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 lfisher@mcaap.org.