



The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

SUMMER 2006



PRESIDENT'S MESSAGE

Introduction and a Call to Join Us

Welcome to a New Year

I look forward to serving as your president for the next two years. What has made this chapter the 2006 recipient of the AAP Outstanding Very Large Chapter Award and will continue to make MCAAP a successful chapter is you, though — its members — and your involvement. Through our committees we successfully advocate for the health and well being of all the children of Massachusetts. In each issue of *The Forum* appears a list of all the committees in the chapter. Identify a committee to which you could contribute, and please join in their efforts on behalf of children and pediatricians.

There are several areas I would like to focus on this year. In addition to supporting the important work of the committees, we will continue to join coalitions whose goals are in alignment with the mission of MCAAP. In order to celebrate and learn from our 25-plus years of history, Pat Moffat and Cathleen Haggerty are working to create an archive of our chapter's work. We need your help. If you have any information or memorabilia, please contact them. Our past presidents, Lynda Young and Sean Palfrey, have built the groundwork for the establishment of the MCCAP Foundation to provide funding opportunities to our members for projects in their communities. We intend to establish the board and begin some pilot programs. If you would like to participate, please contact Lynda, Sean, or me.

I hope to engage all pediatricians, both generalists and subspecialists,

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Pediatric Residents Advance Advocacy Agenda on Beacon Hill

Young Pediatricians Push Car Safety, Obesity Prevention, Early Childhood Education

Anna Wheeler, M.D.

Boston, MA (March 28, 2006) — With health care issues dominating legislative discussions at both the state and national levels, a group of more than 30 pediatric residents from across Massachusetts gathered at the State House on Tuesday, March 28, at 9 a.m. to support legislation that improves the health and well being of children.

“As young pediatricians, our commitment to children requires our involvement in the political process,” said second-year resident Katherine Zuckerman, M.D. “The state legislature can have a tremendous impact on the lives of children in Massachusetts and

we’re excited to lend our unique perspective to the discussion.”

Co-sponsored by the Massachusetts Chapter of the American Academy of Pediatrics and the Massachusetts Medical Society, and spearheaded by pediatric residents from the Massachusetts General Hospital, the 2006 Residents Day at the State House featured a dynamic group of legislators and leading child advocates who spoke on behalf of children, including Senate Majority Leader Frederick Berry (D-Peabody) and Margaret Blood of Strategies for Children, who bring years of child advocacy experience to the table. This year’s key issues included car safety,

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Baby Teeth: No Longer a Neglected Part of Our Young Patients’ Bodies

Giusy Romano-Clarke, M.D., FAAP

Early childhood caries (ECC) is a significant yet preventable health problem affecting patients seen in many pediatricians’ offices. ECC is estimated to affect as many as 14% of preschool children. Low-income and ethnic minority children are disproportionately affected, with disease prevalence rates higher than 40%. ECC can start as early as at the eruption of the first tooth, is very aggressive, causes pain, affects a child’s ability to eat and participate in early learning experiences, and is a strong predictor of decay in the permanent dentition. Treatment of ECC is very expensive, because it often requires general anesthesia. In addition, high rates

of disease recurrence point to the importance of focusing on disease prevention strategies.

Factors that affect a child’s chance of developing early childhood caries are well known. Low socioeconomic status, active tooth decay in the main caregiver, a history of premature birth or special health needs, dietary habits such as frequent snacking on starchy or sweet foods, and bottle feeding or breast feeding through the night have been identified as placing a child at high risk for ECC. The American Academy of Pediatric Dentistry and the American Academy of Pediatrics recommend referring high-risk children to a

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Editor's Note

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Lloyd Fisher, M.D. MCAAP

After two wonderful years at the helm of the MCAAP, Lynda Young passed the reins to Karen McAlmon. During Dr. Young's presidency she gave incredibly of her time and personal energy. Her positive attitude reflected her feeling that nothing was insurmountable, and she always operated with a sense of calm dignity, even un-

der pressure. Her accomplishments during her term are too numerous to list, but it has been clear to all of us that she elevated the chapter to a new level. We are all quite grateful to the work that Dr. Young executed for our chapter, and on behalf of all MCAAP members I want to thank her for her tireless effort and wish her the best in her future endeavors.

President's Message

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in the activities of the chapter. We welcome those in training, those in practice, and those in academia. We need your creativity, energy, and commitment. I encourage you to continue your work with the chapter or to become newly involved. If you feel there are areas we need to work on, please let us know. Carole Allen, vice president,



and I are open to hearing your thoughts, concerns, and suggestions. We can be reached through our chapter administrator, Cathleen Haggerty, at (781) 895-9852 or chaggerty@mcaap.org, or via e-mail at kmcalmon@mcaap.org or callen@mcaap.org.

Here's looking forward to a great year!

— Karen R. McAlmon, M.D., FAAP

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators

Susan Browne

Bylaws Committee

Carole Allen

CATCH Co-Coordinator

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

Lloyd Fisher

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 Interspecialty 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

Academic Pediatric Emergency Medicine

The Department of Pediatrics at the University of Massachusetts Medical School and UMass Memorial Children's Medical Center is seeking BE/BC candidates for our Division of Pediatric Emergency Medicine. Applicants should have a strong interest in clinical care, and teaching with optional research opportunities available. Responsibilities include emergency room care, urgent care, and teaching medical students, pediatric residents, and other post graduate students. Applicants will be considered for academic faculty appointment at the assistant or associate professor level, dependent upon experience. The Division currently consists of seven faculty members providing 24/7 emergency medicine services and urgent care services eight hours per day. The UMass Memorial Children's Medical Center is the only tertiary care program for children in Central Massachusetts, and is a member of the National Association of Children's Hospitals and Related Institutions (NACHRI). The combination of a major academic medical center with a diverse community one hour from Boston that is rich in cultural offerings provides for high quality of life. Salary is competitive and benefits are excellent.

Send curriculum vitae to: Mariann Manno, M.D., Chief, Division of Pediatric Emergency Medicine, UMass Memorial Health, 55 Lake Avenue North, Room S1-710, Worcester, MA 01655.

Telephone: (508) 856-2599

E-mail: MannoM@umhmc.org • Fax: (508) 856-2510

Seeking Pediatrician

Boston — Harvard Vanguard Medical Associates (HVMA), a well-respected, physician-led, multi-specialty group practice has an opening for a highly motivated, enthusiastic pediatrician interested in practicing high-quality, patient-centered medicine at our Kenmore practice. Recognized recently as delivering the highest quality health care in Massachusetts, we offer a collegial, team-oriented, innovative practice environment and serve a diverse urban patient population. HVMA has a well-organized and clinically supportive infrastructure and a state-of-the-art EMR system.

Our physicians enjoy competitive salaries and a generous benefits package, along with a myriad of teaching and research opportunities through our affiliations with Harvard Medical School and Children's Hospital. Send CV to: Brenda Reed, Department of Physician Recruitment, Harvard Vanguard Medical Associates, 275 Grove Street, Suite 3-300, Newton, MA 02466, or fax to (617) 559-8255, e-mail to brenda_reed@vmed.org, or call (800) 222-4606 or (617) 559-8275 within Massachusetts. EOE/AA. Sorry, not a J-1 or H1-B opportunity.

Payment for Developmental Screening

Walter Harrison, M.D., FAAP

All the major private health plans have agreed to pay for CPT 96110 for formal developmental/mental health screening in conjunction with an annual preventive health care visit. Guidelines can be found on the MCAAP website at www.mcaap.org/downloads/Screening.doc. All of the plans had indicated that a modifier 25 was not needed. However, we now find that for Tufts it will be needed.

Discussions are ongoing with the state for payment by MassHealth. If you have any questions, please do not hesitate to e-mail me at Harrison@massmed.org.

Membership Committee Update

Patricia Moffatt, M.D., FAAP
Chair, Committee on Membership

Valuing Longevity

At the May Annual Meeting of the MCAAP, members of long standing were recognized for their loyalty and support with certificates of thanks and recognition. The membership team also communicated to the pediatricians in the group that it would be appreciated if longtime members who were not present would contact us so no one is overlooked in this expression of long-overdue, well-deserved recognition.

Moving MCAAP to the Web

The creation of a relevant and responsive MCAAP website is in the early stages of discussion. It would be extremely helpful if you could drop a line and let us know what you would like to access on such a website. The Chapter wants to do it right, and in the near future we will be contacting members in various parts of the state for input.

History in the Making

The Chapter is attempting to document the history of the New England Pediatric Society and the MCAAP. If you have memories and/or any written documentation of the activities within these important organizations (newspapers, letters, reminiscences, good stories, activities supported by the membership, etc.), please send them to me at 65 Greenlawn Ave., Newton Ctr., MA 02459, or contact Cathleen Haggerty at (781) 895-9852.

Dr. Eric Ruby has sent along Dr. Tom Cone's book, Dr. Wilson Utter is looking at his untouched "old stuff," and Dr. Stan Parker is doing the same. It is important for those of you who were around in the "good ol' days" to share your memories and stories since this is the meat that fills out the bones and makes history relevant. I look forward to talking with and hearing from you.

Policy Corner

Lloyd Fisher, M.D.

New with this issue of *The Forum* is the “Policy Corner,” which will address current news and developments in health care policy relevant to the care of children. I invite anybody with an interest in health policy to submit articles about recent legislative activity, developments from national meetings, or other topics of interest.

Today’s article summarizes a few resolutions that were discussed at the recent meetings of the House of Delegates (HOD) of the Massachusetts Medical Society (MMS) and the American Medical Association (AMA). The MMS HOD met in Boston on May 11 and 12.

One resolution of particular interest to pediatricians that was passed deals with the use of seat belts and child safety seats. The resolution asks the MMS to support the use of these critically important safety features for both children and adults, and to support the recent guidelines created by the AAP about this issue. In addition, the resolution advocates for education of physicians to ensure they include safety belt and child safety seat education as part of routine health maintenance visits.

The AMA met in Chicago from June 10 to 14 for the annual meeting of the HOD. The HOD discussed over 100 resolutions and reports dealing with a wide variety of issues important to the practice of medicine. One resolution that was passed, titled “Childhood

Anaphylactic Reactions,” asks the AMA to summarize recent literature pertaining to anaphylactic reactions in children, develop strategies to reduce the incidence of anaphylactic reactions among children, and support legislation that ensures children have much-needed access at school to interventions for both asthma and anaphylactic reactions. Another resolution asks the AMA to work on the elimination of alcohol advertising during college sporting events in an attempt to reduce underage drinking. The Resident and Fellows Section (RFS) of the AMA passed a resolution on the topic of home sedation that will go before the AMA HOD at its next meeting in the fall. This resolution, brought forth by the AAP representative to the AMA-RFS, asks the AMA to develop guidelines for the use of sedation outside of a monitored health care setting. The AAP recently discussed a similar resolution.

For more information on these and other resolutions discussed at the recent MMS and AMA meetings, please visit www.massmed.org and www.ama-assn.org, respectively. We have many members within the MCAAP who are delegates to the MMS and a few who are delegates to the AMA. If you have ideas you would like these organizations to discuss at future meetings and would like assistance in writing resolutions and finding an MMS or AMA delegate to bring your resolution forth, feel free to contact me at any time.

Baby Teeth

continued from cover

dentist at one year of age or six months after the eruption of the first tooth. However, finding a dental home for these children represents a formidable challenge. This is the result of a shortage in the pediatric dental workforce, general dentists’ lack of comfort in treating young children, and insurance coverage issues.

An emergent strategy to providing preventive oral treatment to young children integrates these services in pediatric medical care. This new model calls for oral health anticipatory guidance and the application of fluoride varnish to children’s teeth at well-child visits during the first three years of life. In states such as Washington, Wisconsin, Oregon, New Hampshire, and North Carolina, Medicaid and some private dental insurers reimburse medical providers for these services.

At Dorchester House, the community health center where I practice, pediatric and family medicine providers take an active role in oral health promotion. Oral health pearls are threaded into nutrition and behavior management anticipatory guidance.

To further support this effort, A Healthy Tomorrows Partnership for Children provided a grant to fund a pilot initiative called “Healthy Teeth for Tots.” The pilot includes concise and user-friendly oral health training for medical providers and office support staff. Parents are informed that tooth decay is an infectious disease, and are given suggestions on how to prevent it. Oral hygiene tools



Healthy Teeth For Tots

including baby mouth wipes, soft silicone bushes that infants can chew on to relieve teething pain, and toothbrushes and toothpaste are distributed at specific oral development milestones. Fluoride varnish is a concentrated fluoride paste that adheres to tooth surface on contact, and that can be applied as soon as the first tooth erupts. The varnish can reduce early childhood caries by 50%, as

demonstrated by a recent two-year randomized controlled trial (*J Dent Res* 85(2):172-176, 2005). Fluoride varnish treatment is given three times per year for high-risk children, and two times per year for their at-risk peers. Transition to a local permanent dental home is facilitated once children reach their third birthday with a “Cavity Free at Three” diploma.

Healthy Teeth for Tots is planning to expand soon to two other community health centers in Dorchester and has been a catalyst for possible changes in reimbursement policies in our state. At the national level,

the American Academy of Pediatrics has identified oral health as one of the top-10 priorities of the 2006–2007 strategic plan. The AAP Partnership to Reduce Oral Health Disparities in Early Childhood project will focus on supporting initiatives and interdisciplinary collaborations that are a key to addressing early childhood caries. We seem closer now than ever before to bridging the artificial gap between general health and oral health and to giving a long-neglected part of the body the care it deserves.

International and Developing Nations Health Studies Grant Program

The MCAAP offers grants to resident and student members of the MCAAP in the amount of \$500 for study in developing nations. The primary purpose of the program is to encourage supervised experiences focusing on the conditions and needs of underserved populations of children in developing nations.

Any pediatric resident or student member of the MCAAP who has arranged a bona fide project in developing nations is eligible to apply for this grant. Grants are not extended for projects or electives that have already been completed or to past recipients.

For full details and rules of the program as well as an application please go to www.mcaap.org/downloads/InternationalGrantApp.doc.

Travels to Nepal

Rishi Desai, M.D.

Dr. Desai was a pediatrics resident at The Boston Combined Pediatrics Residency Program at the time of his trip.

This past winter, I was given the opportunity to spend four weeks in Nepal. After months of planning, the trip was poised to become an experience I would remember for a lifetime. I spent the first two weeks of the trip at the Kathmandu University Medical School (KUMS), where I worked closely with Navin Thapa, M.D., and Moti Vishwakarma, M.D., on a genetics curriculum for their medical students. With the help of a fellow resident, Abigail Nixon, M.D., I put together talks on Mendelian genetics, genetic shift and drift, prenatal diagnosis, and genetic counseling. The lectures were presented to a group of 45 medical students who came after matriculation from high school from all over Nepal to attend this premier medical school. KUMS is situated in the bustling town of New Baneshwar, only a short bus ride away from the capital city.

Lectures were given in two-hour blocks, but our discussions often spilled over because the students were eager to ask and answer questions that came up in class. I recall slipping away to the library after most of the lectures to look up things that had come up during the previous period. Each day was a treat, as the enthusiasm of the students was nearly palpable. We discussed everything from the basic concept of the Centimorgan to the ethics of in-vitro fertilization. When the two-week course came to an end, it was difficult to leave. Three students volunteered to stand up and speak to Dr. Nixon and I about the experience of having international teachers. One student said, "...it is great to know that we have friends on the other side of the world who are willing to share their knowledge with us... it's a wonderful thing."

Only days later, the setting had changed. Dr. Nixon and I made arrangements to work on a research project in the town of Lukla, and we left the warmth of the Kathmandu valley for the scenic beauty of the Nepali Himalaya. A town of approximately 1,000 people, Lukla is a village along one of the busiest trekking regions in all of Nepal — the Everest Base Camp region. We chose to do a study of *H. pylori* seroprevalence since I learned of the high incidence of gastritis in the area on a previous trip to Nepal. I wanted to better understand the relationship between anemia and *H. pylori* seroprevalence among children and young adults living in the village.

Applicants must submit a letter (300-word maximum) describing their proposed project or elective, the intended use of grant funds, and their career plans. Contact information including an e-mail address is required. Supervising pediatric faculty at the applicant's pediatric residency training program or medical school must submit an additional letter attesting that 1) the applicant is in good standing and 2) the project or elective is already approved and supervision is ensured.

The data was collected with the help of two American friends and local physicians and interpreters. Paramount in this project was a Nepali anesthesiologist, Bhusan Neupane, M.D., who worked tirelessly on the logistics of carrying out the study. Over the course of six months prior to commencing the study, we were able to obtain the necessary IRB approval and the Nepal Health Research Council (NHRC) approval required for all research studies done in Nepal. With Dr. Neupane's assistance the project came to fruition as we enrolled 313 patients, 80 of which were children. For each patient we obtained consent to draw blood for detection of *H. pylori* antibody and Hemoglobin. In addition to the lab data, we recorded patient demographics, and parameters of nutrition, such as height, weight, and upper arm circumference. The data is currently being formally analyzed, but some initial findings show an 80% *H. pylori* seroprevalence with a relationship to increased age. This is consistent with prior studies and with what we expected based on our research.

My month in Nepal was a resounding success, as I got to sharpen my skills as a teacher, a researcher, and as an international representative of child health. I valued the opportunity to learn from colleagues abroad and forge new friendships with like-minded individuals. It is wonderful that the AAP supports endeavors of this kind, especially given the increasing awareness that child health is an issue that should transcend national and political boundaries.

Coding of Visits for Overweight Children

Michael Yogman, M.D., FAAP

The obesity committee of the MCAAP recently met and reviewed CPT and ICD9 coding for office visits for children who are overweight or at risk for overweight. Most health plans are encouraging pediatricians to spend extra time counseling children and families on interventions to treat and prevent this problem and the associated complications and are providing reimbursement for these services. The committee recommends consideration of the diagnostic code for abnormal weight gain, 783.1, if more specific codes are not appropriate. If separate services for these problems are provided at a well visit, it is appropriate to use an E&M CPT code with modifier 25 in addition to the health maintenance code with the well child diagnosis.

Local Schools Need Your Help to Create Local Wellness Policies

Julie Meyers, M.D., FAAP
Co-Chair, Obesity Committee

Did you know that by the start of the 2006–2007 school year, each school district that participates in the National School Lunch or Breakfast Program must have a Local Wellness Policy in place? This is part of the WIC Reauthorization Act, signed into law by President Bush in June 2004. With only six months to go, schools should be busily creating their policies.

Local Wellness Policies are meant to help address the rising number of obese children. With input from school district representatives, parents, students, community members, and health care professionals, schools must set goals for nutrition education, physical activity, campus food provision, and other activities to promote student wellness.

There are many ways for you to get involved. Many of you are school physicians, parents with children in the public school system, or have many patients who attend school in a particular public school district. Call the school nurse or the superintendent's office and ask if they are working on a Local Wellness Policy. If they are, share your input. If they aren't, direct them to one of the following websites, and if you are able, offer to help them get started.

Websites about Local Wellness Policies:

www.schoolhealth.org

www.fns.usda.gov/tn/Healthy/wellness_policyrequirements.html
(has practical details with examples of Local Wellness Policies)



News from the MCAAP Annual Meeting

At the MCAAP Annual Business Meeting on May 10, 2006, the following chapter members were honored with awards from the AAP and the Chapter.

AAP Special Achievement Awards

- ▶ **David Chung, M.D., FAAP** — For his excellence in consistently serving as the editor of the Chapter's newsletter, *The Forum*
- ▶ **Robert Nelken, M.D., FAAP** — For his Suspected Child Abuse and Neglect Committee and Child Death Review Board initiatives
- ▶ **Sean Palfrey, M.D., FAAP** — For his continued and unfailing advocacy for childhood immunizations
- ▶ **Paul Schreiber, M.D., FAAP** — For his tireless efforts in injury and prevention advocacy for children

MCAAP Officer Awards

The MCAAP honors:

- ▶ **Karen McAlmon, M.D., FAAP**, for her dedication and commitment to the well-being of Massachusetts children in her position as vice president for The Massachusetts Chapter of the American Academy of Pediatrics from July 2004 to June 2006
- ▶ **David Norton, M.D., FAAP**, for his dedication and commitment to the well-being of Massachusetts children in his position as secretary for The Massachusetts Chapter of the American Academy of Pediatrics from July 2004 to June 2006
- ▶ **Paul Schreiber, M.D., FAAP**, for his dedication and commitment to the well-being of Massachusetts children in his position as treasurer for The Massachusetts Chapter of the American Academy of Pediatrics from July 2002 to June 2006
- ▶ **Anne Nugent, M.D., FAAP**, for her dedication and commitment to the well-being of Massachusetts children in her position as District 8 representative for The Massachusetts Chapter of the American Academy of Pediatrics from July 2004 to June 2006
- ▶ **Nancy Miller, M.D., FAAP**, for her dedication and commitment to the well-being of Massachusetts children in her position as District 2 representative for The Massachusetts Chapter of the American Academy of Pediatrics from July 2004 to June 2006
- ▶ **Michael Yogman, M.D., FAAP**, for his dedication and commitment to the well-being of Massachusetts children in his position as District 8 representative for The Massachusetts Chapter of the American Academy of Pediatrics from July 2002 to June 2006
- ▶ **Edward Bailey, M.D.**, presented chapter membership as a whole with the AAP Very Large Chapter Award for 2005.

2006 MCAAP Election Results

- | | |
|--|--|
| ▶ Vice President
Carole Allen, M.D., FAAP | ▶ District 1 Representative
John O'Reilly, M.D., FAAP |
| ▶ Treasurer
Elizabeth Brown, M.D., FAAP | ▶ District 2 Representative
Philippa Sprinz, M.D., FAAP |
| ▶ Secretary
Julie Meyers, M.D., FAAP | ▶ District 8 Representative
Pearl Riney, M.D., FAAP |



Above: Pediatric residents from across the state meet with legislators at the state house to discuss improving the health and well-being of children in Massachusetts.

Below: Anna Wheeler, M.D., and Katherine Zuckerman, M.D., pediatric residents at the Massachusetts General Hospital for Children, discuss current issues in the health care of children with officials at the state house.



Pediatric Residents

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obesity prevention, and early childhood education.

Pediatricians participating in Residents Day at the State House were from residency programs at Bay State Children’s Hospital, Children’s Hospital Boston, Mass General Hospital for Children, Tufts-NEMC Floating Hospital, and UMass Memorial Children’s Medical Center.

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The Forum

– SUMMER 2006 –

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Pediatric Practice Opportunity

Practice Name: Pediatric Health Care

Description: Practice opportunity available in Newton, Massachusetts, in a pediatric practice. Early partnership and ownership available due to reduced schedule of principle pediatrician. Start as soon as possible.

Contact Name: Jeannie Marcus, M.D.

Telephone: (617) 965-2840

E-mail: emarcus@pediatrichealthcare.com

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.

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 2005)
- Contact Name
- Address, Telephone Number, E-mail Address

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 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 more information, please contact the editor at lfisher@mcaap.org.