



The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER AMERICAN ACADEMY OF PEDIATRICS

FALL 2006



PRESIDENT'S MESSAGE

New Vaccines Bring New Dilemmas

One of the most successful examples of effective preventive care in the United States is the childhood vaccine immunization program. Due to the effective administration of appropriate vaccines by pediatricians, a number of diseases have been reduced or eliminated in the United States. Today, with rapid advances in immunology, cell biology, and genetics, newer and more effective vaccines are licensed and produced. Immunization guidelines from the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) and the Committee on Infectious Diseases of the AAP now recommend an ever-increasing number of immunizations for our children. With these increasing recommendations for immunizations come increased costs for their administration to patients.

The state does not currently provide all of the recommended immunizations, as was the case in the past. This has required pediatricians to purchase vaccine privately, many times without appropriate and adequate reimbursement from insurers. How can we provide quality care to our patients and deal with the ever-increasing costs of vaccinations without bankrupting general pediatricians' practices? I have heard from many pediatricians about their concerns. The chapter is continuing to work on addressing these immunization recommendation and reimbursement issues. Through the Immunization Initiative, led by Sean Palfrey and Hadassa Kubat, discussions are underway with the DPH and insurers. This item is a

continued on page 2

Policy Corner: The Potential Governors on Health Care

Lloyd D. Fisher, M.D., MCAAP

With the upcoming governor's race fast approaching, there are many health care-related issues the new governor will have to face. The health care reform legislation that passed this year, "An Act Providing Access to Affordable, Quality, Accountable Health Care," has the potential to drastically change how health services are funded and delivered to more than a half a million of the currently uninsured residents of the Commonwealth. The next governor of Massachusetts will be responsible for the implementation of the momentous law, and its success or failure is highly dependant on his or her actions. The law

is designed so that taxpayers, employers, and patients all share the burden of paying for health care. How that will be accomplished and where the additional, much-needed revenue will come from are still not fully established.

In addition to this potentially massive transformation of health care funding and coverage, there are also many other critical issues currently of importance to physicians and patients across the state. The liability crisis in Massachusetts continues to worsen, contributing to a decline in the practice environment, measured annually in a detailed report produced by the Massachusetts Medical

continued on page 4

Oral Health Issues for CSHCN: How Pediatricians Can Help Families

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

Joan Lowbridge, RDH, BS
Oral Health Consultant to CSHCN
Massachusetts Department of
Public Health

We all care for children with special health care needs (CSHCN) in our pediatric offices. Why is oral health care so often cited as an unmet need and forgotten priority among families of CSHCN? Often medical and family-support needs dominate. Families do not seek dental care until there is a dental problem. When they do seek care, they often encounter issues with access. Why? First, there is only one pediatric dentist for every 16 pediatricians. There are many more family dentists, but often family dentists are less comfortable caring for young children and CSHCN. Behavioral issues also limit treatment — meaning that some CSHCN require sedation for dental care, even for routine cleanings.

Despite these barriers to access, it remains imperative that CSHCN receive

oral health care, and that they receive it early. The American Academy of Pediatrics recommends that all children see a dentist at age one. Because many CSHCN are at increased risk of poor health outcomes, some may need to see a dentist with the eruption of their first tooth.

Children with special health care needs are at high risk of dental caries. Numerous factors may contribute, including use of sugar-containing medications, special diets that may contain foods that stick to teeth, decreased saliva production, or prolonged bottle feeding. Medical issues like GE reflux or frequent vomiting can also contribute to the problem. Also, families of CSHCN often have difficulty ensuring that their child's teeth are clean. Poor motor coordination may prevent proper tooth brushing and flossing. Habits such as food pouching, tongue thrusting, picking at gums, or biting of lips can also cause damage.

Certain dental conditions are also more common among CSHCN. These

continued on page 3

Congratulations Massachusetts

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

Executive Director

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

Forum Editor

Lloyd Fisher, M.D.
E-mail: lfisher@mcaap.org

President

Karen McAlmon, M.D., FAAP
Winchester (781) 756-2067; Fax: (781) 756-2965
E-mail: kmcalmon@mcaap.org

Vice-President

Carole Allen, M.D., FAAP
(617) 629-6391
E-mail: callen@mcaap.org

Treasurer

Elizabeth Brown, M.D., FAAP
(617) 414-5461
E-mail: ebrown@mcaap.org

Secretary

Julie Meyers, M.D., FAAP
(508) 421-6102
E-mail: jmeyers@mcaap.org

Legal Counsel

Edward Brennan, Esq.
Norwell (781) 982-9143

District 1

John O'Reilly, M.D., FAAP
(413) 794-7448
E-mail: joreilly@mcaap.org

District 2

Philippa Sprinz, M.D., FAAP
(413) 794-0000
E-mail: psprinz@mcaap.org

District 3

Lisa Capra, M.D., FAAP
Milford (508) 278-5573; Fax: (508) 278-7142
E-mail: lcapra@mcaap.org

District 4

Joel Bass, M.D., FAAP
Newton (617) 243-6565; Fax: (617) 243-6981
E-mail: jrbass@mcaap.org

District 5

Sheila Morehouse, M.D., FAAP
Chelmsford (978) 256-4963; Fax: (978) 256-1565
E-mail: smorehouse@mcaap.org

District 6

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

District 7

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

District 8

Pearl Riney, M.D., FAAP
Boston (617) 355-6000
E-mail: priney@mcaap.org

District 9

Paula McEvoy, M.D., FAAP
Needham (781) 444-7186; Fax: (781) 449-5361
E-mail: pmcevoy@mcaap.org

District 10

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

The CDC published the results of the 2005 National Immunization Survey (NIS) on immunization coverage. Thanks to the diligent work of our pediatric and family physicians community and the leadership of our State Immunization Program of the MDPH, Massachusetts maintained its highest ranking in immunization coverage (93.5% for the 4:3:1:3:3 and 90.7 for the 4:3:1:3:3:1 series).*

We hope we will continue to lead the nation and that we can overcome the new challenges resulting from changes in the funding of vaccines for all the children in Massachusetts.

President's Message

continued from cover

priority on the MCAAP Pediatric Council's agenda for discussions with insurers. The executive board will discuss ways for the chapter to advocate for full state funding for universal coverage of all recommended vaccines.

I assure you that chapter leadership recognizes these vaccine issues as an important priority and is working on finding a suitable resolution in a timely manner. In this issue of *The Forum*, you'll find resources to obtain the most up-to-date information and ways you can provide

Read more about vaccine funding in *Morbidity and Mortality Weekly Report*:

**MMWR September 15, 2006/
55(36);988-993**

“National, State, and Urban Area Vaccination Coverage Among Children Aged 19–35 Months – United States, 2005”

www.cdc.gov/mmwr/preview/mmwrhtml/mm5536a2.htm?s_cid=mm5536a2_e#tab2

*4:3:1:3:3 series >4 doses of diphtheria and tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids vaccine, or diphtheria and tetanus toxoids vaccine and any acellular pertussis vaccine (DTP/DT/DTaP); >3 doses of poliovirus vaccine; >1 dose of MMR vaccine; >3 doses of *Haemophilus influenzae* type b vaccine; >3 doses of hepatitis B vaccine. 4:3:1:3:3:1 series as above and >1 dose of varicella vaccine.

us with valuable feedback. We need to continue to educate ourselves and our patients about new issues regarding vaccine administration in Massachusetts, and plan to advocate for appropriate coverage from insurers.

Disease prevention is essential for both patient health and controlling medical costs. The provision of recommended vaccines is crucial. Together, we will work to ensure that our children are protected and pediatricians are appropriately and adequately reimbursed.

– Karen McAlmon, M.D., FAAP

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

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CATCH Co-Coordinators

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Hadassa Kubat

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Sean Palfrey

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International Child Health

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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
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School Health

Linda Grant

Substance Abuse

John Knight

Technology

William Adams

Paying for New Vaccines

As an increasing number of vaccines are recommended for children, fewer of these vaccines are supplied by the Massachusetts Department of Public Health. Under these constraints, Massachusetts is transitioning from a “universal vaccine distribution state” to a “universal select state.” The Chapter’s Pediatric Council and Immunization Initiative are exploring ways to assist physicians with this transition.

Some vaccines will need to be purchased for all children or for specific cohorts of children who are not covered through the Vaccines for Children (VFC) federally funded program. The Chapter’s Immunization Initiative is closely tracking which vaccines will be supplied by the state. For up-to-date information on vaccine supply and coverage, please visit www.mcaap.org/ii/new, or contact the Department of Public Health Vaccine Unit at (617) 983-6828.

In Massachusetts, physicians are currently struggling with new issues regarding the delivery of immunizations to their patients. The most prominent are as follows:

- ◆ Development and adjustment to new methods of vaccine ordering, purchasing, and inventorying
- ◆ Obtaining appropriate and adequate reimbursement from the health plans for vaccine products and handling costs (see box)

The following is an excerpt of guidelines developed by the AAP Private Payer Advocacy Advisory Committee regarding practicing pediatricians’ pricing of new vaccines and the appropriateness of payments from the insurer.

Vaccine-Related Expenses

- ◆ Administration fees
- ◆ Purchase price of the vaccine
- ◆ Personnel costs for ordering and inventory
- ◆ Storage costs since the vaccines must be stored in a refrigerator or freezer, which is depreciated
- ◆ Insurance against loss
- ◆ There is an estimated wastage/non-payment of at least 5% (this should be accurately accounted for in each office).
- ◆ Lost opportunity costs

To read the full article, visit www.aap.org/moc, click on “private payer advocacy” and then “The Business Case for Pricing New Vaccines.”

The MCAAP encourages pediatricians to advocate for adequate universal funding for all Advisory Committee on Immunization Practices (ACIP) recommended vaccines, for all children. Pediatricians should inform parents when a vaccine is unavailable due to supply issues or when a vaccine product is not reimbursed appropriately. Parents need to be educated about these new issues so they have accurate information when they contact health insurance plans and legislators to advocate for vaccine coverage.

In order to better track the practical issues pediatricians face with vaccine availability and reimbursement, the Immunization Initiative will collect anecdotal information from providers through the use of the “AAP Hassle Factor Form.” The Hassle Factor Form is available on the MCAAP website (www.mcaap.org). Please return the form to Hadassa Kubat at hkubat@mms.org or by fax at (781) 895-9855.

The MCAAP Immunization Initiative website posts survey results on vaccine coverage policies by health insurers. The most recent survey provides information about HPV vaccine coverage.

For survey results, please visit www.mcaap.org/ii/new.

For more information, please call Hadassa Kubat, program director, MCAAP Immunization Initiative, at (781) 895-9850.

Oral Health

continued from page 1

include delayed dental eruption, gingival overgrowth, and bruxism. There may be malocclusion or crowding of teeth due to muscular dysfunction. Some CSHCN may have dental anomalies such as missing, extra, or malformed teeth.

To care for their children’s teeth, families may need to be creative. Here are some tips you can share with your patients:

- ◆ Brush with fluoridated water if toothpaste is not tolerated.
- ◆ Use an electric toothbrush.
- ◆ Sometimes the bathroom isn’t the easiest place to brush teeth. Instead, consider sitting at a table with a toothbrush, toothpaste, floss, bowl, and glass of water within easy reach.
- ◆ Have a daily routine for dental care, brushing at the same time and same place every day.
- ◆ Play music, allow the child to hold a favorite toy, or make a game out of brushing.

- ◆ Adapt the toothbrush to make it easier to hold:
 - Use the Velcro® strap used to hold food utensils.
 - Attach the toothbrush to the hand with a wide rubber band (not too tight).
 - Make the toothbrush handle bigger by making a small slit in a tennis ball and then sliding the toothbrush into it, or sliding a bicycle grip onto the end of it.
- ◆ For children in wheelchairs:
 - Stand behind the wheelchair and lean against a wall for extra support. Use one arm to gently support the person’s head against your body as you brush.
 - Sit behind the wheelchair, lock the wheels, and tilt the chair into your lap to brush.

As pediatricians, we can help families of CSHCN by sharing the tips above, reminding families of oral health issues, and assessing for risk factors. We also can help by referring CSHCN early to a dentist, and by advocating for improved access to oral health care for all of our patients. As partners to families in the medical home, small steps taken by pediatricians can make a big difference for the oral health of CSHCN.

Welcome to the 2006–2007 Interns!

Baystate Medical Center/ Tufts University School of Medicine

PEDIATRICS

Rebecca AbellUniversity of New England College of
Osteo. Medicine
Mihee Bay.....SUNY – Downstate
Linda George.....SUNY – Downstate
Pui-Ying Iroh TamRoyal College of Surgeons, Ireland
Grace KimTufts University
Scott LemmeUniversity of Texas – Houston
Elizabeth Martin.....Rush
Allison ParoskieUniversity of Massachusetts
Brian PrystowskyUMDNJ – New Jersey

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Gretchen Coady.....University of South Carolina
Amanda ContiBoston University
Sarah DewsJefferson University
Theodore Hartenstein...University of Massachusetts
Michael Kelly.....University of Massachusetts
Sonia NovikRoyal College of Surgeons, Ireland
Sharon Wretzel.....Royal College of Surgeons, Ireland

Boston Combined Pediatrics Residency

CATEGORICAL PEDIATRICS

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Vassilios BezzeridesHarvard Medical School
Kira BonaYale University School of Medicine
Michael ChomaDuke University School of Medicine
Colleen CoughlinUniversity of Kansas School of Medicine
Alicia DemirjianAmerican University of Beirut
Matthew EisenbergHarvard Medical School
Tamara FrankenbergUniversidad Maimonides
Amanda Greene.....McGill University Faculty of Medicine
Michael Hobson.....Indiana University School of Medicine
Rebekah HofstraColumbia University College of Physicians
and Surgeons
Alex KentsisMount Sinai School of Medicine of
New York University
Mindy Lo.....Washington University School of Medicine
Kara May.....Boston University School of Medicine
Laura McCullough.....University of Vermont College of Medicine
Brienne Midura.....George Washington University School
of Medicine
Leisha Nolen.....University of Pennsylvania School of Medicine

continued on page 7

Policy Corner

continued from page 1

Society. Stem cell research and access to emergency contraception are always controversial topics in the political realm, and both have recently gained more attention. It is often challenging to tease out the subtleties in the candidates' platforms, as they all use many of the same buzzwords on their websites and in their speeches and interviews. After all, every one of the candidates stands for better access to care for everybody at a lower price.

Kerry Healy (www.healeycommittee.com), the current lieutenant governor, is the Republican candidate. She worked with Gov. Romney on health care reform legislation, and like him, is very much in favor of the majority of the provisions in the bill with one exception: the \$295 fee businesses with greater than 10 employees must pay if they fail to provide health insurance to their workers. Healy feels this fee would force many medium-size companies, already struggling to survive in Massachusetts, to leave the state. She is in favor of both stem cell research and increased access to emergency contraception, two issues Romney has strongly opposed. He has vetoed bills on both topics. Perhaps where Ms. Healy differs most from her challengers is in medical liability reform. A hot topic in politics for many years now, medical liability reform has not seen meaningful legislation since the 1980s despite the fast-rising premiums. In May 2006, Lt. Gov. Healy filed legislation with provisions to reduce lawyers' fees, tighten up the \$500,000 cap on non-economic awards, encourage improved physician-patient communication by protecting doctors' admission of guilt or apology from a malpractice trial, and decrease the number of frivolous lawsuits by tightening the tribunal screening process. In the area of public safety, Healy fought the Democratic Legislature last year to strengthen "Melanie's Bill" which toughens punishment for repeat drunk-driving offenders.

Christy Mihos (www.christy2006.com), who is running as an independent, got his fame and fortune through the convenience store chain his father started. While he has never held an elected office, he

most recently gained notoriety through his position on the Turnpike Authority Board. Mr. Mihos is not in favor of the recent health care reform legislation, which he feels falls short. He is not optimistic that it will accomplish any meaningful change. He has his own plan, which he has not yet made public. He supports stem cell research. There is not currently any information on his campaign website or in recently published interviews about liability reform. He is strongly in favor of legalizing the sale of needles to reduce the spread of disease through dirty needles.

Deval Patrick (www.devalpatrick.com), a former lawyer for Coca Cola and chief federal civil rights prosecutor, is a relative newcomer to politics. He quickly came from near anonymity to become the poll leader in the Democratic primary and the eventual winner. Mr. Patrick is in support of the new legislation and is in favor of the \$295 charge to employers. His platform includes other reforms to improve access to care, including a state guarantee for catastrophic health care coverage for residents not already covered by Medicare or Medicaid; plans to end racial disparities in health care and decrease overhead costs in health care by reducing paperwork and investing in technology; and legislation to require early public disclosure of health insurance premium increases. In addition, he supports the ability of the state to negotiate with drug companies for bulk purchasing of medications. He is in favor of stem cell research.

Grace Ross (www.graceandmartina.org), a community activist from Worcester, is the Green-Rainbow Party candidate for governor. She has spent her career fighting for equality, working to abolish poverty, and advocating for better environmental policy. Her opinions on health care can be summed up in two words: single payer. She is very much against the recent universal health care legislation, stating that it is not a plan and it is not universal, but simply a "patchwork." Ms. Ross feels that the only just solution is a single payer system. She believes the new law is a major setback for the people of Massachusetts. Her website and published interviews do not mention her stance on other health-related issues.

MCAAP Committee on Disability CME Conference

Early Childhood Screening for Autism and Other Developmental Disorders: A Course for Primary Care Providers

Saturday, December 9, 2006

8 a.m. to 1 p.m.

Massachusetts Medical Society Headquarters,
Waltham, MA

This course offers practical information for primary care providers regarding early identification of autism, general developmental concerns, and special health care needs, including:

- ◆ Available screening tools
- ◆ Screening implementation
- ◆ Resources for providers and families

For additional course information, including CME credits, fees, and registration, visit www.mcaap.org or contact Cathleen Haggerty at (781) 895-9852 or chaggerty@mcaap.org.

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Medical-Legal Partnership for Children: Immigration 101

David Keller, M.D., FAAP, and Carolyn Pointer,
J.D. Family Advocates of Central Massachusetts:
A Medical-Legal Collaborative for Children, Worcester MA

Globalization means that more people are moving to more places throughout the world than ever before. Refugees, workers, professionals, students; the reasons are many, but the result is a confusing mass of laws, regulations, and beliefs that often affect our ability to provide high quality health care to children and families. As part of the work of our medical-legal collaborative, we would like to offer a few tips to help pediatricians navigate the maze and effectively advocate for the children of immigrants in their practices.

- ◆ **Look Around** — Develop a relationship with an organization that you can refer immigrant families to for advice and counsel. Such organizations can be specific to language or ethnic group (for example, in Worcester, there is now an African Cultural Center that works with new immigrants from Ghana and other African countries) or more generic (Legal Assistance Corporation of Central Massachusetts is able to handle some immigration issues.).
- ◆ **Listen** — When prescribing a treatment, ask families if they will be able to follow your advice. Language, tradition, fear of the pharmacy, or lack of money or insurance can interfere with our ability to intervene. Without active listening, we can do little to address problems at hand.
- ◆ **Learn** — The threat of deportation looms over immigrants, even those who are here legally. Your patients may be afraid to access services or benefits because they fear the public charge issue. Read more about this at <http://nilc.org/immlawpolicy/index.htm>.
- ◆ **Lobby** — Use your power as a pediatrician to speak up on issues regarding immigrant access to health care and other important services. Children are seldom the decision-makers in the process, and they deserve our support in assuring that they do not suffer the brunt of the consequences.

Immigration is a hot political issue in this election year, but when the hoopla is over, we will still be dealing with the impact of legal and illegal immigration on the health of children. Medical-legal collaborative programs such as ours and the Medical-Legal Partnership for Children at Boston University have developed training materials and presentations that may be helpful in your practice. For more information, contact us at kellerd@ummhc.org or cpointer@laccm.org.

MCAAP Members in the News

Alan Meyers, M.D., co-chair of the MCAAP Obesity Committee, was a guest expert on the Comcast Network of Boston program *Nitebeat* with Barry Nolan on July 12, 2006. The topic was "labeling of obese children."

Chapter members are often asked by the media to offer their expertise on pediatric issues. The Forum will be regularly reporting on these members.

Please contact Dr. Lloyd Fisher at lfisher@mcaap.org to submit information about a chapter member who has been recently featured in any type of local or national media.

Membership Committee Update

Patricia Moffatt, M.D., FAAP

Chair, Committee on Membership

I recently attended the AAP Committee on Membership (COM) meeting this past July as your district one representative. Following are some of the issues that were discussed and acted upon by the AAP Executive Board that will have implications for all of us.

AAP to Investigate Providing Insurance

The AAP has agreed to examine the feasibility of becoming an insurance provider. The initial discussion of this insurance business occurred as the academy began looking at issues of huge importance to the student, resident, and young physician segments of the AAP. The Department of Membership, under the leadership of Mr. Ken Slaw, researched the insurance industry to find the most appropriate, experienced companies with good track records with student loan consolidation and related issues. At the time of the COM meeting in July, two companies were chosen for further investigation. Both companies made presentations, and the COM strongly advised further action on the issue. Money has been allotted by the AAP Board for further research on the nitty-gritty of this complicated business. Questions arose regarding the AAP becoming the insurance instrument for pediatrician malpractice, the thought being that pediatricians as a self-insured group might be able to negotiate a lower premium based on the performance of pediatricians alone.

Membership Numbers Hold Steady

The membership numbers remain solid, at a level projected to please all. The young physician segment, especially that group in the first three years after pediatric training, is the one area of membership lacking growth — growth necessary to maintaining a strong organization that will produce future leaders. This is also true at the Massachusetts Chapter level. I urge all who are working

with or associating with these newly launched pediatricians to ask if they are members of the MCAAP. If the answer is no, then explain to these pediatricians that our MCAAP needs their support and involvement. If you need any reminder folios on the benefits of MCAAP membership, contact Cathleen Haggerty and she'll get a mailing right out to you.

Local News

- ◆ Cathleen Haggerty and I have begun to reach out to the resident segment of the MCAAP by contacting the AAP/MCAAP liaison residents in each program in the state. The response has been positive, and we will work with these young leaders to make the MCAAP a relevant home for future pediatricians. I'll report on successes and problems as the year proceeds.
- ◆ I remind everyone once again that there is very little information on the history of the origins of the MCAAP. I urge all of our valued emeritus members to send along any information or early memories of the Cone, Janeway, or New England Pediatric Society to Cathleen Haggerty at the MCAAP office, or call and we will arrange for a pick-up of material. It is sad that the great stories of the very beginnings of the organization aren't recorded. Let's change that.
- ◆ We are saddened by the recent loss of two of our members. Sam McFadden, M.D., and Marty Feldman, M.D., recently passed away. They will be greatly missed.
- ◆ As a last point, *The Forum* is an appropriate place to communicate awards received, articles written, participation in newspaper education, child-related programs developed, and other goings-on. We need to feel good about our accomplishments.
- ◆ Until next time — stay well.

WIC to Provide Nestle Formulas

Effective October 1, 2006, there will be a change to the standard infant formulas offered by the Massachusetts WIC Nutrition Program. Nestlé Good Start Supreme and Nestlé Good Start Supreme Soy, will be the primary WIC milk- and soy-based formulas (replacing the Mead Johnson's Enfamil/Prosobee formulas). Good Start formula is a partially-hydrolyzed, 100% whey formula.

Massachusetts WIC will be changing all formula-fed infants receiving milk- and soy-based formulas to the appropriate Nestlé product beginning October 1. WIC is asking all Massachusetts practitioners to use Nestlé Good Start Supreme formulas for their formula-fed WIC infants upon delivery so that infants will not have to switch formulas when they are certified for WIC services.

The Massachusetts WIC Program remains committed to the promotion of breastfeeding as the preferred infant feeding method and to the coordination of services with all agencies and providers to ensure optimal health and nutritional status of mothers and children in Massachusetts. If you have any questions, please feel free to contact your local WIC program or call the state WIC office at (800) 942-1007.

2006 AAP National Award Winners for the Massachusetts Chapter

S. Jean Emans, M.D., FAAP

Adele Dellenbaugh Hofmann Award
given by the Section on Adolescent Health
Recognizes exemplary achievement
in the field of adolescent health.

Nancy D. Wiseman

Dale Richmond/Justin Coleman Award
given by the Section on Developmental
and Behavioral Pediatrics
Recognizes outstanding contributions by
a non-physician in the field of child development.

Interns

continued from page 4

Heather Olson.....Mayo Medical School
Andrew Place.....Dartmouth Medical School
Andrew Shulman.....University of Texas Southwestern Medical School at Dallas
Dennis Simon.....State University of New York Stony Brook School of Medicine
Tregony Simoneau.....Stanford University School of Medicine
Katherine Sparger.....University of Chicago Pritzker School of Medicine
Kenan Stern.....SUNY Downstate College of Medicine
Neeraj Surana.....Washington University School of Medicine
Venee Tubman.....University of Pennsylvania School of Medicine
George Verghese.....Albany Medical College
Cordula Wolf.....Ludwig-Maximilians-Universitat Munchen

PRIMARY CARE TRACK

Lara Antkowiak.....University of Massachusetts Medical School
Chen Kenyon.....Boston University School of Medicine
Elisha Morgan.....Boston University School of Medicine
Srinivas Murthy.....McGill University Faculty of Medicine
Michelle Niescierenko.....State University of New York at Buffalo School of Medicine
Agatha Norwood.....University of New Mexico School of Medicine
Genevieve Preer.....University of California San Francisco School of Medicine
Travis Riddell.....Oregon Health Sciences University School of Medicine
Brian Skotko.....Harvard Medical School
Emily Snyder.....Boston University School of Medicine
Meghan Weir.....State University of New York Stony Brook School of Medicine

MEDICINE PEDIATRICS

Natasha Archer.....Yale University
Paul Hyman.....Harvard Medical School
Phuoc Le.....Stanford University
Alyssa Letourneau.....Yale University
Peter Moschovis.....University of Chicago Pritzker
Cynthia Oberto.....Johns Hopkins University
Ryan Ratts.....Boston University
Alexandra Vinograd.....State University of New York Stony Brook

MassGeneral Hospital for Children

PEDIATRICS

Brian Anderson.....Harvard Medical School
Allon Beck.....Harvard Medical School
Michele Buragas.....Yale University School of Medicine
Lisa Charo.....University of California San Francisco School of Medicine
Emily Gregory.....McGill University Faculty of Medicine
Sara Hougen.....University of Rochester School of Medicine and Dentistry
Rebecca Konieczny.....Tufts University School of Medicine
Patrick McGann.....Tufts University School of Medicine
Naureen Memon.....University of Medicine & Dentistry of New Jersey/R.W. Johnson
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Julia Rissmiller.....University of Massachusetts Medical School
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Tufts–New England Medical Center

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Inside

President's Message	1
Policy Corner: The Potential Governors on Health Care	1
Oral Health Issues for CSHCN: How Pediatricians Can Help Families	1
Congratulations Massachusetts	2
Paying for New Vaccines	3
Welcome to the 2006–2007 Interns! ..	4
Medical-Legal Partnership for Children: Immigration 101	5
MCAAP Members in the News	5
Membership Committee Update	6
WIC to Provide Nestle Formulas	6
2006 AAP National Award Winners for the Massachusetts Chapter	6

The Forum

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Massachusetts Chapter
American Academy of Pediatrics
P.O. Box 9132
Waltham, MA 02454-9132

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