



The Forum

NEWSLETTER OF THE MASSACHUSETTS CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

PRESIDENT'S MESSAGE CHALLENGES AHEAD

In the aftermath of the September 11 tragedy, our hearts go out to the people who lost loved ones. But as a community, we gained resolve to wipe out terrorism – the international kind and the personal fanatic kind. The children of Afghanistan suffer malnutrition, disease, and exposure. The challenge to the world is to make their environment livable. Is there some way that the pediatricians of Massachusetts can make a difference?

Closer to home, we toil to make Massachusetts a better place for children in the face of declining resources. We have several major initiatives. Our mental health task force is bringing together the insurers, pediatricians, psychiatrists, and other mental health collaborators to resolve the barriers to this specialty care. The immunization initiative is pushing us to immunize 100% of the state's children. The medical home for children with special needs is an effort that is just getting started. Its principles and learning process will help us provide better medical homes for all children.

The tremendous growth of our chapter leads us to reassess our infrastructure. We need more staff and space to accommodate all the things we do. We need to expand our development activities so that there are adequate funds for our

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What Is the MCAAP Doing for You?

In an ongoing effort to improve care for children, the Pediatric Council has had regular meetings throughout the year with insurers in Massachusetts.

There are a number of recent updates

that should be of great interest to practicing pediatricians. It is important to note that the purpose of the Pediatric Council is to promote access for children to medically appropriate services. Economic issues, such as the rate of reimbursement or any agreement among competitors related to business issues, are not discussed.

CPT Coding for Immunizations

Given the changes introduced by new HIPAA regulations, local codes are being phased out as physicians and payers adopt a more standard set of codes. Since Massachusetts is a universal vaccine purchase state, some insurers recognize the biologics code for reimbursement and some recognize the vaccine administration code. Furthermore, the use of the biologics codes (such as 90700 for DTaP) allows insurance plans to gather immunization-rate data. The consensus of the Pediatric Council is that providers use the biologics code as well as the vaccine administration codes — 90471 for a single injection or 90472 for multiple injections at the same visit.

MassHealth Same-Day Eligibility Problem Resolved

The Division of Medical Assistance (DMA) has developed a workaround for the same-day eligibility problem when the patient's primary care physician is not the same as what is listed in the DMA database. Whereas practices in the past either had to turn patients away or

see the patient and not be reimbursed, as of January 7, 2002, there is a work-around policy: 1) Parents must call the DMA from the doctor's office on the day of the visit to change a primary care

physician assignment; 2) Doctor's offices then submit the bill, which will be rejected because of patient ineligibility; 3) Office billing staff will

have to contact DMA representatives, who can use a manual override to allow payment for the claim. Providers can call (617) 628-4141 or (800) 325-5231 for more information.

Hepatitis B Vaccination for Adolescents

There has been significant confusion surrounding the two-dose versus three-dose hepatitis B vaccine schedule, both in terms of coding and documentation. The consensus of the Pediatric Council is that uniform adoption of the three-dose schedule will reduce confusion for all parties.

PCV7 Shortage

The nationwide shortage of the pneumococcal conjugate vaccine (Prevnar) is more severe than expected. Department of Public Health officials recommend that providers defer the last dose of the four-dose series until adequate supplies are reestablished. Wyeth expects that production of the vaccine will be adequate to meet demand in the second quarter of 2002.

BCBS Nurse Practitioner Reimbursement Rules

According to the associate medical director at Blue Cross/Blue Shield (BCBS),

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“... the purpose of the Pediatric Council is to promote access for children to medically appropriate services.”

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What Is the MCAAP Doing for You?

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BCBS will reimburse a physician the routine fees for work performed by a BCBS-credentialed nurse practitioner who is simultaneously working in the same building as the supervising pediatrician. There should be documentation on the day of service that the "case was reviewed with doctor" and that the physician initiated the note.

Providers Should Be Mindful of OSHA Needlestick Regulations

At the simplest level, the new OSHA needlestick guidelines require that non-

managerial personnel evaluate and recommend needlestick safety procedures in the office, including evaluation of devices to help prevent needlesticks. This evaluation and recommendation process needs to be documented. Furthermore, a needlestick log needs to be kept and maintained on the premises. More detailed resources can be found on government websites such as www.osha.gov and on related medical and pharmaceutical websites.

FORUM JOB LISTINGS

LOOKING TO HIRE:

Practice Name:

Wareham Pediatric Associates

Position Description:

Private practice looking for pediatrician, full time or part time, to accommodate our rapid growth. Flexible hours, excellent salary and benefits. Coastal location near Cape Cod, close to Boston and Providence.

Availability:

July 2002 or earlier

Contact Information:

Steve Mendes, MD, MPH
Wareham Pediatric Associates
53 Marion Road, Suite #1
Wareham, MA 02751
(508) 295-8622 voice
(508) 295-1976 voice
(508) 295-4909 fax
mendes87@yahoo.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.

If you are looking to fill a position

MCAAP members: Free

Nonmembers: \$250

Please submit the following information:

- Practice Name
- Position Title and Description (25-word limit)
- Availability (e.g., starting June 2002)
- Contact Name
- Address, Telephone Number, E-mail Address

If you are looking for a job

MCAAP members and residents: Free

Nonmembers: \$50

Please submit the following information:

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

Please send text information via e-mail to david@beansprout.net. Checks may be mailed to the MCAAP office c/o Bonney Erskine, Executive Director, P.O. Box 9132, Waltham, MA 02454-9132. All submissions must be received by March 15, 2002, to be included in the next issue of *The Forum*. All submissions are subject to review for appropriateness. For further information, please contact the editor at david@beansprout.net.

MCAAP COMMITTEES & ADMINISTRATIVE APPOINTMENTS

AAP Breastfeeding Coordinators Susan Browne & Jean Sheeley	Continuing Medical Education Lynda Young	Infectious Disease Sean Palfrey	MMS Interspecialty Committee Rep. Eugenia Marcus Kevin Petit
Accident Prevention & Poison Control Paul Schreiber	Developmental Disabilities Richard Antonelli	International Child Health Lisa Albers	Nutrition Ronald Kleinman
Bylaws Committee Carole Allen	Emergency Pediatric Services Pat O'Malley	Legislative Richard Ringel	Pediatric Council Walter Harrison
CATCH Co-Coordinator David Keller Emily Roth	Environmental Hazards Jordan Leff	Massachusetts Healthy Families Howard King	Pediatric Practice Open
Child Abuse Robert Nelken	Fetus and Newborn Elizabeth Brown	Membership Ernest Wu	PROS Network Coordinator Henry Bernstein
Children's Advocacy Board Barry Zuckerman	Finance Carole Allen	Mental Health Task Force Walter Harrison Eugenia Marcus	Public Relations Michael Rich
Committee on Adolescence Harris Faigel	Forum Editor David Chung	MMS Delegate/House of Delegates Carole Allen	School Health Linda Grant
	Foster Care Robert Abrams		Substance Abuse Alan Woolf
			Technology Open

AAP Vice Presidential Candidate Statements

Paula Duncan, MD, FAAP

Challenge is opportunity! With this in mind, the AAP can target several important goals over the next five years. This will require continued strategic focus and flexible innovative strategies addressing changing factors such as the priorities of our members, scientific breakthroughs, political decisions, new funding streams, and, most importantly, the evolving health needs of children, youth, and families.

Economic constraints at the national and state level must not stall AAP progress toward health insurance for all children (Medikids) and fair reimbursement for high quality care.

Community-led efforts that tap the expertise and vigor of families and neighborhoods will substantially influence the next generation of health improvements for children and youth. Of the top ten 2001 AAP Forum resolutions, five can't be achieved without our community partners in education, mental health, dental health, public health, law, and youth service organizations. Reimbursement for substantial pediatrician involvement in these community and state efforts is key.

We must create an environment where every AAP member can say with conviction, "This is my Academy." The AAP, as it stands today, is of enormous value to pediatricians. While adhering to our most effective current activities, we must actively seek ways to welcome the voices of all our members and meet their needs.

Terrorism since September 11 has added new urgency to the issues of violence and its effects on children, youth, and families. Our nation will continue to call on the AAP and its members as child health experts and leaders, asking them to reach out to support parents who are guiding their children through this time of fear and threat. In order to appropriately "sound the alert" and be the "voice of reason," pediatricians need rapid access to the best scientific information formatted for immediate sharing with patients, families, and communities. We have the opportunity to capture the spirit of connection and generosity, using it to work with parents everywhere to provide each child with a home, school, and community free from violence of any kind.

Carden Johnston, MD, FAAP

The president of the AAP should create opportunities, rather than just face challenges.

Opportunity for Financial Access to Quality Care for All Children: For the 8 million uninsured children (about 10% of my patients) enrollment must be automatic even before birth and should be continuous even if the parents move, change jobs, or become unemployed. Choice of coverage must be available. Having pediatricians and our patients support Medikids is an opportunity.

Opportunity for Adequate Reimbursement: Coverage is not enough; reimbursement must be adequate. Delivering the message that children deserve at least the same reimbursement as the elderly for the same diagnostic code creates an opportunity. Inadequate reimbursement correlates with inadequate access to quality health care for children.

Terrorism: Opportunities exist to emphasize the impact of terrorism on children, which society is overlooking. The science of bioterrorism, treatment of PTSD, counseling, and avoidance of entrepreneurs are examples of such opportunities. Terrorism will escalate the already excessively high incidence of violence in our children. My patients are experiencing violent injuries with increasing frequency.

Advocacy and Prevention: Prevention, the cornerstone of pediatrics, must be emphasized continuously. Our success in immunizations is being attacked by misinformation to the public, high prices by manufacturers, and inadequate reimbursement by payers. The epidemic of obesity combined with other unhealthy lifestyles like tobacco, alcohol, and recreational drug use creates opportunities. The confusion and complexities of the rapidly changing car seat technology must be simplified for efficient and effective communication by practicing pediatricians.

Women's and Minorities' Issues: As a consistent facilitator at the AAP's Women's Breakfast, and an advocate for the Women's Subcommittee and the Task Force on Minorities, I have witnessed their increased involvement in the AAP. More opportunities must be created.

Media: Having created health television segments for 10 years, I intimately understand the importance of and opportunities for correct and timely communications to our patients — a common source of medical information.

Some challenges will seem impossible. But the AAP has confronted impossible challenges in the past, only to create opportunities and make the world better for our children. We can make a difference together.

What Are the Most Significant Challenges Facing the AAP in the Next Five Years?

See the candidates' biographies on page 4.

Candidates for AAP Vice President



PAULA DUNCAN, MD, FAAP
Essex Junction, Vt.

Dr. Duncan is a professor of pediatrics at the University of Vermont School of Medicine, youth health director for the Vermont Child Health Improvement Program, and a faculty member with the National Initiative for Children's Healthcare Quality. She graduated

from Mahattanville College and the

Medical College of Pennsylvania. She has three children and two grandchildren. She and her husband, an emergency physician, live and work in northern Vermont.

In earlier years, Dr. Duncan practiced in Lowville, N.Y., and Burlington, Vt. She was Vermont AAP chapter vice president and the first Vermont CATCH Facilitator. At Stanford, she completed her residency and adolescent fellowship, and as faculty, directed the well-baby nursery and community rotations, and provided care to adolescents.

More recently, as Vermont's maternal child health director and then planning director, her focus has been public health, results-oriented planning, and community-state partnerships. During her years on these partnership teams, Vermont has made significant progress on child abuse, adolescent pregnancy, teen smoking, health insurance for children, and practice-based quality improvement efforts.

Nationally, she is the past chair of the AAP's School Health Committee, current chair of the Community Pediatrics Action Group, and a member of the Council on Committees Management Team. She has worked on national initiatives in early childhood, adolescence, and school health with MCHB, CDC, foundations, and school health organizations. Dr. Duncan received the AAP Senn School Health award, the AAP Special Achievement award for public-private partnership work on WIC and immunizations, and the Vermont Chapter's "Green Mountain Pediatrician" award.

CARDEN JOHNSTON, MD, FAAP
Birmingham, Ala.



Dr. Carden Johnston, a practicing pediatrician, has breadth of experience. His practice experiences include general pediatrics in rural Alabama, Kaiser Permanente in Hawaii, and being a Flight Medical Officer in the USAF in Texas and Alaska. Carden's residency

was at Tulane, with additional education in Seattle, CHOP, and London. His clinical responsibilities have included being director of ambulatory care, fellowship director, clerkship director, ward attending, and division chief. Currently he practices emergency medicine at the Children's Hospital in Alabama. Carden is a member of District X, which includes Georgia, Florida, and Puerto Rico.

Carden has depth of experience, having been president of his chapter, chair of the Annual Chapter Forum Committee, chair of the Section on Pediatric Emergency Medicine, a member of COPEM, and chair of District VII, as well as serving on the Board of Directors of the AAP. Currently, he is co-chair of his chapter's Women's and Minority Issues Committee.

For 10 years, Carden has helped other practicing pediatricians by creating television news health segments that are now syndicated and called *KidsMD*. These 500 stories about children reinforce pediatricians' educational efforts in their offices and their communities. Selected segments have been distributed nationally on a CD-ROM to teachers of medical students to augment their educational experiences.

A member of the AOA, Carden has received the Section on Emergency Medicine Outstanding Achievement Award, and Outstanding Service Awards from the AAP as well as the Council on Sections.

Carden and his wife Susie have three children and have been foster parents to 18 others.

Legislative Report

Edward J. Brennan, Jr.

The formal session of the 2001 Massachusetts Legislature came to an end the day before Thanksgiving when the Legislature finally passed a state budget some five months late.

When the state's fiscal year began on July 1, 2001, budget negotiations between the House and Senate were bogged down over several issues, including whether to fund the voter-passed "clean elections" law and determining how much money should be used to fund healthcare services from the tobacco settlement fund created a few years ago as part of the state's settlement of the national suit against tobacco companies. Budget negotiations continued through the summer, and the feared economic downturn became a crushing reality in the fall as the Legislature was faced with a projected reduction in revenues that would lead to a \$1.35 billion budget deficit.

The need to close this budget gap placed tremendous stress on the political establishment. The Legislature and the governor were faced with extraordinarily difficult decisions that included cuts in popular social and public health programs and needed state services. For the Chapter and other advocates of health services for children, the ability to maintain needed state services and programs was a priority of our advocacy efforts during the budget negotiations.

The debate over budget cuts ended with the Legislature crafting a budget that cut approximately \$650 million and used \$700 million from the state "rainy day reserve." Threatened reductions in children's public health services did not widely materialize, although mental health services were severely cut. The governor attempted to make further cuts through a line item veto of approximately \$17 million from the smoking prevention and cessation program as well as \$300,000 from the WIC program. The Chapter joined with other antismoking advocates and lobbied the Legislature, which voted to override the governor's veto and restore full funding to the smoking prevention program in a special session. The governor's veto of \$300,000 from the \$14 million WIC program was not taken up by the Legislature and

stands. In her veto message, the governor claimed that an alternative funding source exists for the \$300,000, although it is not identified.

The severe cuts by the Legislature to mental health services led to strong protests from mental health advocates including the Chapter. In mid-December, the Legislature passed a supplemental budget that restored the mental health cuts. Had the cuts not been restored, a 10% cut in services for children with mental health needs would have occurred.

Mental Health Needs of Children Study

Included in the state budget is the creation of a Commission on the Mental Health Needs of Children, which would collect data from the various state agencies responsible for the provision of mental health services to children. The Commission enables the state and advocates to monitor access and coordination of mental health services provided to children in Massachusetts. The establishment of the Commission was strongly supported by the Chapter, and a representative of the Chapter will serve as a member of the Commission.

Medical Errors

The budget also includes a provision that creates the Betsy Lehman Center for Patient Safety and Medical Error Reduction, which would be a clearinghouse for the development, evaluation, and dissemination of best practices for patient safety and medical error reduction. The Center will coordinate with state agencies such

as the Department of Public Health and the Board of Registration in Medicine the collection of clinical data and the development of recommendations and standards to reduce medical errors according to evidence-based best practices. All information collected by the Center will be confidential and statutorily protected from disclosure.

Bioterrorism

In the aftermath of the September 11 tragedy and the heightened commitment to security in the country, the Legislature is preparing a bill to address the threat from biological, chemical, and nuclear terrorism. Included in the bill is the creation of the Public Health Emergency Planning Council which would have jurisdiction over the development of preparedness plans for Massachusetts in the event of a terrorist attack. An advisory committee to the council is also created, which will serve as a resource to the council in the development of plans and policies. At the urging of the Chapter that the Advisory Committee include members who can address the unique needs of children in the event of a biological, chemical or nuclear attack, Senator Richard Moore, Senate Chair of the Healthcare Committee and the chief architect of the bill, added to the membership of the Advisory Committee a pediatrician from the MCAAP. The bill is expected to dovetail with efforts at the national level and likely will be taken up by the Legislature when it returns to formal session in January.

REACH 1200 PEDIATRICIANS
VIA THE FORUM

Contact the editor at david@beansprout.net
for ad rate information

CALL FOR NOMINATIONS

The MCAAP is seeking nominations for the upcoming election to fill the following positions on the Executive Board:

★ President ★ Vice President ★ Secretary ★ Treasurer ★
Representatives from Congressional Districts 1, 2, 8, and 10

All nominees must be members in good standing of the Massachusetts Chapter of the American Academy of Pediatrics. Nominees must either live or practice in the congressional district in which his or her name is submitted.

Please submit nominations in writing by February 15, 2002, to Bonney Erskine, P.O. Box 9132, Waltham, MA 02454. You may also submit your nomination by e-mail to berskine@mms.org.

Communities in each district are listed below.

DISTRICT 1			DISTRICT 2		
ADAMS	HATFIELD	PLAINFIELD	AGAWAM	HAMPDEN	PALMER
ALFORD	HAWLEY	RICHMOND	AUBURN (Precincts 1,2,3,4,5)	HOLLAND	SOUTH HADLEY
AMHERST	HEATH	ROWE	BELLINGHAM	HOPEDALE	SOUTHBRIDGE
ASHBURNHAM	HINSDALE	ROYALSTON	BLACKSTONE	LEICESTER	SPENCER
ASHBY	HOLYOKE	RUSSELL	BRIMFIELD	LONGMEADOW	SPRINGFIELD
ASHFIELD	HUBBARDSTON	SANDISFIELD	BROOKFIELD	LUDLOW	STURBRIDGE
ATHOL	HUNTINGTON	SAVOY	CHARLTON	MENDON	SUTTON
BARRE	LANESBOROUGH	SHEFFIELD	CHICOPEE	MILFORD	UXBRIDGE
BECKET	LEE	SHELBURNE	DOUGLAS	MILLBURY	WALES
BELCHERTOWN	LENOX	SHUTESBURY	DUDLEY	MILLVILLE	WARE
BERNARDSTON	LEOMINSTER	SOUTHAMPTON	EAST BROOKFIELD	MONSON	WARREN
BLANDFORD	LUNENBURG	SOUTHWICK	EAST LONGMEADOW	NORTHAMPTON	WEBSTER
BUCKLAND	(Precincts 1,2,3)	STOCKBRIDGE	HADLEY	OXFORD	WILBRAHAM
CHARLEMONT	LEVERETT	SUNDERLAND	DISTRICT 8		
CHESHIRE	LEYDEN	TEMPLETON	BELMONT	BOSTON	1,2,3,4,5,6,15,21
CHESTERFIELD	MIDDLEFIELD	TOLLAND	BOSTON	(Wards 12,14; Ward 15, Precincts 1,2,3,4,5,7,8,9)	BOSTON (Wards 21, 22)
CLARKSBURG	MONROE	TOWNSEND	(Wards 1,2,4 Ward 5, Precincts 1,2,3,4,5,6,7,8,9,10)	BOSTON	CAMBRIDGE
COLRAIN	MONTAGUE	TYRINGHAM	BOSTON	(Ward 17, Precincts 1,2,3,5,6,7,8,9,10,11)	CHELSEA
CONWAY	MONTEREY	WARWICK	(Wards 9,10; Ward 11, Precincts 1,2,3,4,5)	BOSTON	SOMERVILLE
CUMMINGTON	MONTGOMERY	WASHINGTON		(Ward 18, Precincts	WATERTOWN
DALTON	MOUNT WASHINGTON	WENDELL	DISTRICT 10		
DEERFIELD	NEW ASHFORD	WEST SPRINGFIELD	ABINGTON	EDGARTOWN	ORLEANS
EASTHAMPTON	NEW BRAINTREE	WEST STOCKBRIDGE	AVON	FALMOUTH	PLYMOUTH
EGREMONT	NEW MARLBOROUGH	WEST BROOKFIELD	BARNSTABLE	GAY HEAD	PROVINCETOWN
ERVING	NEW SALEM	WESTFIELD	BOURNE	GOSNOLD	QUINCY
FITCHBURG	NORTH ADAMS	WESTHAMPTON	BREWSTER	HANOVER	ROCKLAND (Precincts 1,2,5,6)
FLORIDA	NORTH BROOKFIELD	WESTMINSTER	BROCKTON	HARWICH	SANDWICH
GARDNER	NORTHFIELD	WHATLEY	(Ward 2, Precinct A; Ward 5, Precincts A, B, D; Wards 6,7)	HINGHAM	SCITUATE
GILL	OAKHAM	WILLIAMSBURG	CHATHAM	HOLBROOK	TISBURY
GOSHEN	ORANGE	WILLIAMSTOWN	CHILMARK	HULL	TRURO
GRANBY	OTIS	WINCHENDON	COHASSET	KINGSTON	WELLFLEET
GRANVILLE	PELHAM	WINDSOR	DENNIS	MARSHFIELD	WEST TISBURY
GREAT BARRINGTON	PERU	WORTHINGTON	DUXBURY	MASHPEE	WEYMOUTH
GREENFIELD	PETERSHAM		EASTHAM	NANTUCKET	WHITMAN
HANCOCK	PHILLIPSTON			NORWELL	YARMOUTH
HARDWICK	PITTSFIELD			OAK BLUFFS	

President's Message

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activities. The MCAAP board is grappling with expanding our infrastructure. The biggest challenge we have is to enlarge our tent. There are pediatricians in Massachusetts who are not members of the MCAAP, including our academic colleagues. We must engage all pediatricians to fulfill the mission of the MCAAP. Their energy and commitment are essential.

Half of the pediatricians in Massachusetts don't belong to the AAP or MCAAP. I challenge all of you reading this. You are loyal members. Reach out to your colleagues and help bring them into the MCAAP. Our strength in numbers will be reflected in increased effectiveness. Expanding our membership is our next big challenge.

– Eugenia Marcus, MD

Correction

In the last issue of *The Forum*, several errors were printed on the Immunization Guidelines insert. Our apologies go out to the Department of Public Health. A corrected version of the insert is included in the latest issue of *Shot Clock*, which has been mailed in this issue of *The Forum*. You can also find a copy of this insert online at the DPH website, <http://www.state.ma.us/dph/cdc/epii/imm/genguide.pdf>.

Reconsidering Vaccines in the Post-September 11th Era

Sean Palfrey MD, FAAP
Director, MCAAP Immunization Initiative

Let us pray that we never have to administer the smallpox vaccine. Reintroduction of smallpox would be an act against humanity unequalled in all history. If it does happen, let us hope that, by that time, we have developed a new, acellular vaccine. The old, live smallpox vaccine we once used is much more dangerous than any vaccine we currently use, is difficult to administer, and requires the creation of a festering wound, something most people today would not accept comfortably. But since it might be the only way to save millions of lives, this new reality will change the way people think.

We should also pray that bioterrorists never inflict anthrax on the people of Massachusetts. This disease is not contagious, and its spread is largely preventable, but its vaccine is not one any of us would choose to take. There have been lawsuits to block its universal administration to armed forces personnel, because even armed service men and women are uncomfortable about receiving it. Think of the position parents would be placed in, and the mixed

feelings they would have, if they had to consider the use of such a vaccine on their children.

The emergence of the terrible threat of bioterrorism on a large scale places all physicians in a new position, too. We are not just facing diseases in their natural states, but in the hands of malevolent people who want to inflict as much harm as widely as possible. We ourselves must always first do no harm, but our perspectives on serious illnesses and vaccines have been changed, as they have with regard to other global issues. We must try, with patience and good will, to help our families consider and thrive as well as they can with these new realities.

If you have any questions about these illnesses, other illnesses considered to be potential bioterrorism agents, or their vaccines, please contact us, and we can send you materials and links that include directions for ordering free videos.

SAVE THE DATE

MCAAP 2002 Annual Meeting and Edward Penn Lecture

Wednesday, May 1, 2002
8:30 a.m. to 4:00 p.m.

Keynote Speaker:

Alan Guttmacher, MD

Senior Clinical Advisor to the Director,
National Human Genome Research
Institute at the National Institute

Topic:

Practical Aspects of Genetics

Massachusetts Medical Society
Headquarters
860 Winter Street,
Waltham, MA

SAVE THE DATES—Satellite Broadcast Presentations 2002

NATIONAL IMMUNIZATION PROGRAM, CENTERS FOR DISEASE CONTROL AND PREVENTION

- **International Travel Vaccines**
Either March 14, or March 21, 2002
TIME: Noon - 3:30 PM EST
- **Immunization Update 2002**
August 15, 2002
TIMES: 9:00 - 11:30 AM & Noon - 2:30 PM
- **Surveillance of Vaccine-Preventable Diseases**
December 5, 2002; TIME: Noon to 3:30 PM

The Massachusetts Immunization Program is planning to provide sites throughout the state to view the presentations

All registration, course testing, CME and CEU certificates will be done online at:

www.phppo.cdc.gov/phtnonline/ or
www.cdc.gov/nip/ed/#Calendar

Important Notice

There is a PCV7 shortage in Massachusetts. Please read article on page 11 in the accompanying issue of *Shot Clock* for details.

The Seventh Annual Massachusetts Immunization Action Partnership Skills-Building Conference

May 16, 2002 • 8:30 a.m. – 4:30 p.m. • Holiday Inn, Worcester

Guest Speakers:

PAUL OFFIT, MD
*Chief, Section of Infectious Diseases
The Children's Hospital of Philadelphia*

ROBERT T. CHEN, MD, MA
*Centers for Disease Control and Prevention
Chief, Vaccine Safety and Development Activity
National Immunization Program*

A partial list of workshop topics:

- *Vaccine Safety*
- *Practical Issues in School Immunization*
- *Improving Practice-Based Immunization Rates*
- *Communication and Advocacy*

Registration forms will be sent in late March.

For more information about the program and continuing education, or to be added to the MIAP mailing list, contact MIAP:

Tel: (978) 524-0561, ext. 235 Fax: (978) 524-0913

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The Forum

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