



המכון הלאומי לחקר שרותי הבריאות ומדיניות הבריאות (ע"ר)  
The Israel National Institute for Health Policy Research

**International Workshop:**

# **THE FUTURE OF COMMUNITY CHILD HEALTHCARE**

**June 3-4, 2019, Caesarea**

**Chair: Zachi Grossman**



The Israel National Institute for Health Policy Research

**International Workshop**

# **The Future of Community Child Healthcare**

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## International Workshop The Future of Community Child Healthcare

Monday, June 3, 2019

09:00–09:30     *Gathering & Welcome Coffee*

**09:30–10:30     Opening Session and Greetings**

**Chair:** Zamir Halpern, *Scientific Director, NIHP*

**Orly Manor,** *Board of Directors, NIHP*

**Zachi Grossman, Workshop's Chair,** *Israel Pediatric Association, Maccabi*

**Eitan Kerem,** *Hadassah, Goshen*

**Keynote Speaker: Challenges in Children's Health and Wellbeing:  
A Leadership Role for Paediatrics**

**Frank Oberklaid,** *Centre for Community Child Health, Melbourne, Australia*

**10:30–11:30     Session 1: The Future of Training in Community Pediatrics**

**Exposure to Community Pediatrics – The Role of The Medical School**

**Shai Ashkenazi,** *Israel Pediatric Association, Ariel University*

**Graduate and Post Graduate Training in Community Pediatrics –  
Residency and Beyond**

**Jacob Urkin,** *Ben-Gurion University, Clalit*

**Developmental Neuro Behavioral Pediatrics: The Missing Pieces in  
Community Pediatrics Training**

**Michael Davidovitch,** *Maccabi*

**Discussion**

11:30–11:45     *Coffee break*

**11:45–12:30     Session 2: Chair: Dan Miron – Israel Pediatric Association Board**

**Panel: Community Pediatrics Exposure in Residency for All:  
Will The Dream Come True?**

**Moderator:** Shimon Barak, *Israeli Ambulatory Pediatric Association*

**Participants:** Gideon Paret, *The Scientific Council – IMA;*

**Shai Ashkenazi,** *Israel Pediatric Association, Ariel University;* **Doron Netzer,** *Clalit;*

**Neomi Siegal,** *Maccabi;* **Rinat Cohen,** *Meuhedet;* **Refael Cayam,** *Leumit*

**12:30–13:45     Empowering The Future Community Pediatrician – How Do We Create Prestige?**

**How Research by Community Pediatricians Generates New Knowledge,  
Better Patient Care, and More Fulfilling Pediatric Careers**

**Richard 'Mort' Wasserman,** *University of Vermont, USA*

**Current and Future Pediatric Workforce in Israel**

**Lisa Rubin,** *Ministry of Health*

**Rethinking. Redefining. Rebranding**

**Community Pediatrics as a Prestigious Career Pathway**

**Hava Gadassi,** *Goshen*

**Discussion**



13:45-14:45      *Lunch*

**14:45-15:30      Session 3: Chair: Eli Somech - Mayenei Haeshuah, Maccabi**  
**Panel: The New Roles: Management, Research and Academic Recognition in Community Pediatrics**  
**Moderator: Manuel Katz, Ministry of Health, Meuhedet, Goshen**  
**Participants: Avner Cohen, Clalit; Joseph Meyerovitch, Clalit; Jacob Kuint, Maccabi; Efrat Wechsler, Meuhedet; Doron Dushnitzky, Leumit**

**15:30-16:45      The Future Content of Community Pediatric Practice**  
**Partnership in the Provision of Pediatric Primary Care**  
**Deena Zimmerman, Ministry of Health**  
**Developmental Screening and Psychosocial Interventions by The Community Pediatrician: Opportunities and Barriers (results from two upcoming surveys)**  
**Yael Ashkenazi, Brookdale; Boaz Porter, Maccabi, Goshen**  
**Chronic Diseases Management - Can We Do Better Than Subspecialists?**  
**Joseph Meyerovitch, Clalit**

**Discussion**

16:45-17:15      *Coffee Break*

**17:15-18:15      Session 4: Chair: Gabi Bin-Nun - Ben-Gurion University**  
**Panel: Visit Length and Pediatricians' Reimbursement: The HMOs and MOH Critical Role**  
**Participants: Hadar Elad, Ministry of Health; Doron Netzer, Clalit; Nachman Ash, Maccabi; David Dvir, Meuhedet; Shlomo Vinker, Leumit**

19:30      *Dinner & Evening Program*



Tuesday, June 4, 2019

**09:00–10:30**    **Session 5: Chair: Rachel Nissanholtz–Gannot – Brookdale, Ariel University**  
**Keynote Speaker: Integrated (“joined up”) Care Improves Child Health From**  
**Both Professional and Patient Perspectives**  
**Mitch Blair, Imperial College, London, UK, Sydney Institute**

**09:30–10:30**    **Developing the Collaborative Model of Care in Community Pediatrics**  
**The Nurse’s Role in Childcare in The Community Sphere**  
**Shoshy Goldberg, Ministry of Health**  
**The Future Role of The New Pediatrician in Community Collaborations –**  
**The Goshen Initiative**  
**Eitan Kerem, Hadassah, Goshen**  
**Education and Health For The Child’s Development and Functioning**  
**Sima Hadad, Israel Association for The Young Child**  
  
**Discussion**

**10:30–11:30**    **Session 6: Recommendations to HMOs and MOH**  
**Chair: Zachi Grossman, Workshop’s Chair, Israel Pediatric Association, Maccabi**  
**Participants: Ehud Davidson, Clalit; Ran Sa’ar, Maccabi;**  
**Sigal Regev–Rozenberg, Meuhedet; Nissim Alon, Leumit;**  
**Itamar Grotto, Ministry of Health**

11:30–11:45    *Coffee Break*

**11:45–13:30**    **Closing Session**  
**Chair: Francis Mimouni, National Council for Pediatrics and Child Health**  
**Panel: Integrated Child Healthcare: From Vision to Practice**  
**Participants: Itamar Grotto, Ministry of Health; Hadar Yardeni, Ministry of Health;**  
**Stephen Reingold, Meuhedet, Jerusalem Municipality; Arie Bahir, Clalit**  
  
**Take Home Message**  
**Frank Oberklaid, Centre for Community Child Health, Melbourne, Australia**  
**Richard ‘Mort’ Wasserman, University of Vermont, USA**  
**Mitch Blair, Imperial College, London, UK**

13:30            *Lunch*



**Dear Colleagues,**

On behalf of the NIHP, it is my great pleasure to welcome you to this important meeting. Pediatricians' mantra is – "Children are not small adults". Indeed, children's needs are unique and as such should be met by a comprehensive healthcare delivery system.

The purpose of this meeting is to present and discuss the future of child health care in the community in Israel, facing the known critical role of the early years in childhood development. The relevant authorities – the Ministry of Health and the four health funds – have a crucial role in our mutual effort to optimize the care delivered to Israel's children.

We are also privileged to have with us three international experts, from the UK, Australia and the US, all of whom are experts in the relevant fields.

We shall try to learn from their experience, meet them and talk with them throughout the next two days of the meeting.

With the help of the scientific advisory committee, we have created a program of speakers and panel members that represent all the relevant stakeholders. Yet, we have built the two days around maximum audience participation, and we hope that you will choose to get involved in the formal and informal discussions.

**Welcome to you all!**

**Dr. Zachi Grossman**

Workshop chair



## **Scientific Advisory Committee**

**Zachi Grossman**

**Doron Dushnitzky**

**Joseph Meyerovitch**

**Boaz Porter**

**Jacob Kuint**

**Lisa Rubin**

**Efrat Wechsler**





## List of Speakers & Chairpersons

<b>Prof. Nachman Ash</b>	Director of the Health Division, Maccabi Healthcare Services
<b>Prof. Shai Ashkenazi</b>	Chairman, Israel pediatric Association; Professor and Dean, Adelson School of Medicine at Ariel University
<b>Ms. Yael Ashkenazi</b>	Head of the Society and Health Policy research team, Myers-JDC-Brookdale Institute
<b>Dr. Arie Bahir</b>	Medical Manager "Hashikma", Clalit Health Services
<b>Dr. Shimon Barak</b>	President, Israeli Ambulatory Pediatric Association; CIP-Global Initiative for Consensus in Pediatrics; Vice President, European Confederation of Primary Care Pediatricians
<b>Prof. Gabi Bin-Nun</b>	Department of Health Systems Management, Ben-Gurion University
<b>Prof. Mitch Blair</b>	Imperial College, London, UK; Visiting Professor, Sydney Institute for Women, Children and Families
<b>Dr. Refael Cayam</b>	Leumit Health Services
<b>Prof. Avner Cohen</b>	Clalit Health Services
<b>Dr. Rinat Cohen</b>	Head of Supplementary Health Insurance Division, Meuhedet Health Services
<b>Dr. Michael Davidovitch</b>	Head of Child Development & ADHD Services, Maccabi Healthcare Services
<b>Dr. Doron Dushnitzky</b>	Manager of the Medical Development Department, Leumit Health Services
<b>Dr. David Dvir</b>	Head of the primary care division, Meuhedet Health Services
<b>Dr. Hadar Elad</b>	Ministry of Health
<b>Dr. Hava Gadassi</b>	Medical Director, Goshen
<b>Dr. Shoshy Goldberg</b>	National Head Nurse, Ministry of Health
<b>Dr. Zachy Grossman</b>	Secretary General, Israel Pediatric Association; Maccabi Healthcare Services
<b>Prof. Itamar Grotto</b>	Associate Director General, Ministry of Health
<b>Ms. Sima Hadad</b>	Deputy to the chairperson, Israel Association for the Young Child
<b>Prof. Zamir Halpern</b>	Scientific Director, The Israel National Institute for Health Policy and Research (NIHP); Chair, Digestive Tract Research Center, Tel Aviv Sourasky Medical Center
<b>Dr. Manuel Katz</b>	Deputy General Director, Southern Region, Ministry of Health; Meuhedet Health Services; President of Goshen
<b>Prof. Eitan Kerem</b>	Chairman of Pediatrics, Hadassah Medical Center; Chairman of Goshen
<b>Prof. Jacob Kuint</b>	Tel-Aviv University; Maccabi Healthcare Services
<b>Prof. Orly Manor</b>	Chairwoman, Board of Directors, The Israel National Institute for Health Policy and Research (NIHP); The Hebrew University-Hadassah



<b>Dr. Joseph Meyerovitch</b>	Pediatric Coordinator, Community Division, Clalit Health Services; Tel Aviv University
<b>Prof. Francis Mimouni</b>	Chairman, National Council for Pediatrics and Child Health
<b>Dr. Dan Miron</b>	Israel Pediatric Association Board
<b>Dr. Doron Netzer</b>	Head of Community Medical Services Division, Clalit Health Services
<b>Prof. Rachel Nissanholtz-Gannot</b>	Head of the Health System Management Department, Ariel University; Myers-JDC-Brookdale Institute
<b>Prof. Frank Oberklaid</b>	Director, Centre for Community Child Health, Murdoch Children's Research Institute/Royal Children's Hospital, Melbourne, Australia
<b>Prof. Gideon Paret</b>	Chairman, The Scientific Council of the Israeli Medical Association; Director, Dept. Pediatric Intensive Care, Sheba Medical Center
<b>Prof. Boaz Porter</b>	Former Director for the Negev region & National Director for Pediatric Care, Maccabi Healthcare Services
<b>Dr. Stephen Reingold</b>	Meuhedet Health Services; Medical officer, Maternal and Child Health - Tipat Halav, Municipality of Jerusalem
<b>Dr. Lisa Rubin</b>	Ministry of health; University of Haifa
<b>Dr. Neomi Siegal</b>	Head of the medical division, Maccabi Healthcare Services
<b>Prof. Eli Somech</b>	Chairman of Pediatrics, Mayenei Haeshuah Medical Center; Maccabi Health Services
<b>Prof. Jacob Urkin</b>	Ben Gurion University; Clalit Health Services
<b>Prof. Shlomo Vinker</b>	Chief Medical Director, Leumit Health Services
<b>Prof. Mort Wasserman</b>	University of Vermont, USA
<b>Dr. Efrat Wechsler</b>	Head of the Pediatrics Department, Meuhedet Health Services
<b>Dr. Hadar Yardeni</b>	Head of department for child development and rehabilitee, Ministry of Health
<b>Dr. Deena Zimmerman</b>	Supervising Maternal Child Physician, Jerusalem District, Ministry of Health



# **Abstracts**

**In Order of Appearance**



## Challenges in children's health and wellbeing: A leadership role for paediatrics

Prof. Frank Oberklaid

The goal of paediatrics is to ensure the health and wellbeing of children; changing morbidity patterns and emerging research now challenges our traditional mission of treating illness and disease, and calls for a re-orientation of paediatric training and service delivery.

Modern medicine and changes in society are driving changes in children's morbidity. Many children may not have survived a generation ago, but are now presenting with chronic illness or have additional health needs. Haggerty coined the term the *new morbidity* to describe the increasing prevalence of developmental, behavioral and psychosocial conditions, *arguing that '...handling such problems will be important to the future of pediatric practice, and a major shift in the orientation of training programs is required....'*

The robust body of research about brain development and the life course, and our understanding that many conditions in adult life have their origins in pathways that begin in early childhood, have led to increased international attention paid to the importance of the early years. While some children are at risk of poor outcomes because of medical conditions, considerably more do not reach their full potential because they grow up in stressful environments where families are not able to provide the stable and nurturing environment they need. There is strong evidence that early detection of risks and emerging problems, and appropriate intervention, can significantly improve outcomes in young children at risk, positively changing their developmental trajectory and subsequent life course.

It is argued that paediatric training and practice needs to change in order to equip paediatricians with the skills to manage conditions that comprise the new morbidity; that health services need to be configured to allow sufficient time for assessment and management and to facilitate collaboration with other professionals; and that paediatricians should be at the forefront of advocacy and policy development in the domain of prevention and early intervention.

This is now the challenge for paediatrics in Israel.



## Exposure to community pediatrics - the role of the medical school

Prof. Shai Ashkenazi

A significant segment of pediatric healthcare is currently provided in the community with an emphasis of well-baby follow-up, vaccination and preventive pediatrics, developmental, social and psychological problems, and other common but not severe childhood diseases. Therefore, education of medical students in community-based clinics seems mandatory. The American Academy of Pediatrics published detailed guidelines regarding teaching medical students in the community, including the objectives and specific requirements needed to implement this educational activity.

However, current exposure to community pediatrics of medical in the Israeli faculties of medicine is very limited:

Institution	Pediatric Clerkship, w	Community exposure, w	Comments
Hebrew Univ.	8 + 3	None	1d at well-baby clinic
Tel Aviv Univ.	8 + 3	1	
Technion Inst.	8 + 3	3d	
Ben Gurion Univ.	10 + 4	2	
Bar Ilan Univ.	8	1	
Ariel Univ.	8 + 3	3	Will open 10/2019

Exposure of Israeli medical students to community-based teaching differs significantly among the local medical schools and seems inadequate. In contrast, exposure of the medical students to ambulatory pediatrics within the teaching hospitals is significant in all Israeli medical schools. The barriers regarding teaching medical students in community-based pediatric clinics include mainly insufficient infrastructure, such as a time allocated for each patient that is too short for being adequate for teaching and discussing the differential diagnosis and clinical approach; often unavailability of appropriate space for hands-on examination of the child by the student; and shortage in the community of trained certified pediatricians.

Efforts to overcome these and other barriers are needed in order to increase the exposure of medical students to community pediatric clinics.



## Graduate and Post Graduate Training in Community Pediatrics - Residency and Beyond

Prof. Jacov Urkin

Medical education is the academic infrastructure that supports the professional development of all medical and paramedical professionals throughout their career.

In a birds-eye view, graduates of the medical school should achieve the terminology of the medical profession, the fundamentals of the basic sciences that together with clinical knowledge, support medical decision-making, and some general competencies that are a pre-requisite to commence residency.

Medical school has a major role in students' decision about their future career. Medical school can encourage or deter students from choosing a career in pediatrics, in general, and future community service, in particular, by the design and orientation of the pediatric rotation.

Residency, by itself, is a milestone in one's professional development. As such, residency has the power to shape one's wish to become a community pediatrician. Pediatric residency has the ability to build positive attitudes toward community pediatrics by applying the following components:

- ♦ A curriculum that includes competencies that particularly apply to community services for healthy and sick children.
- ♦ Residency structure that includes significant learning experiences in community pediatrics.
- ♦ Appropriate teaching enterprises in community pediatrics.
- ♦ A credible evaluation system, on teaching and learning in community pediatrics.

A residency in pediatrics should not aim to produce community pediatric experts but rather to encourage an adaptive pediatrician who will develop over time into the best possible community pediatrician. One way of strengthening the bond to community pediatrics is to link each patient's encounter in the hospital to the child's past, before hospitalization, and follow-up after discharge. A major objective in pediatric training should emphasize the idea of "know well the patient and her/his natural background" rather than just "manage the problem during hospitalization". By achieving this objective, residents will be aware of the complexity of socio-environmental aspects that affect illness and health and will be in contact with a variety of professionals who are involved in the child's life. These include community medical teams, social services and the education system.

In their community rotation, the residents should experience communication with these agencies and how to co-operate with them for the best interest of the child. The lessons learned should be bi-directional. Communicating from the community with the in-hospital staff of a hospitalized child will fulfill the experience.

An existing curriculum in community pediatrics was developed by Israeli primary community pediatricians and was later adapted by the European Confederation for Primary Care Pediatricians (ECPCP). However, it is so detailed and extensive and is considered to be on the level that is compatible to a fellowship in community pediatrics. An adaptation to the residency curriculum in general pediatrics is warranted.



The current structure of the pediatric residency does include the option to experience community pediatrics. However, the net experience of residents in primary community pediatrics is unsatisfactory. It is too short and fragmented by continuous, parallel commitments to take on night shifts in the hospital. Appropriate training in the community should be sufficiently long and continuous. It should include a variety of experiences in preventive and curative pediatrics.

Mastery of teaching is one of the objectives of medical education. A seasoned primary community pediatrician is not necessarily a good educator. Residency programs should invest in nurturing good mentors, within the hospital and in the community, to excel as mentors of our future pediatricians. For primary care pediatricians, this training should include faculty development workshops on effective teaching in community setups, motivation toward good teaching and professional identity formation of a primary community pediatrician.

Evaluation drives learning but there is more to that expression. Evaluation also carries the relative importance of the teaching objectives in the curriculum. If we believe that primary community pediatrics is an integral part of the competencies of a general pediatrician, then we should reserve a proportional chunk for it in the examination map of the residency step 1 and step 2 tests. Ideally, community primary pediatricians should be the evaluators of the competencies in primary community pediatrics in the tests. Beyond residency, CME programs should include primary community pediatric updates. These should not be limited to pediatricians who choose out-of-hospital careers. As of today, many hospital-based pediatricians are working extra, part-time; in community facilities, and therefore, their need to keep abreast with knowledge in community pediatrics is obvious. Currently there is no mandatory CME in general pediatrics. When such program will exist, primary community pediatricians will be required to be involved.



## Developmental Neuro Behavioral Pediatrics: The Missing pieces in Community Pediatrics training

**Dr. Michael Davidovitch**

Developmental disabilities are a group of conditions caused by impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime (CDC).

These disabilities include, for example, intellectual disabilities, autism spectrum disorder, attention deficit hyperactivity disorder, fine and gross motor deficits, expressive and receptive language delays, as well as visual and hearing impairments.

Additional groups of children who need developmental evaluation are preterm babies, children with syndromes that interfere with typical development and various other conditions.

Many children with disabilities manifest also behavioral, sleeping, eating and social problems that need counselling and treatments.

In the US the prevalence of various developmental disabilities is around 15% in children 3-17 years of age and still increasing. Therefore, many programs of pediatric residency in the US include at least 1 month of rotation in child development centers. The pediatrician needs to be familiar with the typical development milestones, and to be able to differentiate typical range of development from atypical and serious deficits.

In Israel, where the length of residency (including clerkship) is almost twice longer than in the US, there is no mandatory learning and exposure to child development disabilities area. In any field of medicine, the knowledge and experience of the physician is important for enabling her/ him to give correct diagnosis but also the ability to identify normally developed children. The pediatrician's lack of exposure and basic knowledge in developmental disabilities lead to virtually automatic over-referral for evaluation. The consequence is a significant extra burden and inability to provide urgent response to the children with more severe deficits.

It is highly recommended that future pediatricians be exposed to training in normal and abnormal development, thus providing them with appropriate expertise to deal with questions of normal development and behavior.





## How research by community pediatricians generates new knowledge, better patient care, and more fulfilling pediatric careers

**Prof. Richard 'Mort' Wasserman**

Before the rise of university-based academic health centers in the early 20<sup>th</sup> century, medical research was often done by community practitioners. However, research by community-based practitioners declined during the 20<sup>th</sup> century due to the ascendancy of basic biomedical research, decreased medical school emphasis on primary care, limited funding streams for research in community practice, and increased requirements for sophistication in clinical research (e.g., biostatistical expertise).

However, the end of the 20<sup>th</sup> century saw a resurgence in research by community practitioners. This resurgence was inspired, in part, by the discrepancy between practitioners' day-to-day experience of how to best care for their patients and recommendations based on research from academic medical centers.

Community practices are excellent places to do research because the great majority of patients and health problems are seen in community practices, rather than in medical centers, because the problems of patients seen in community practices are more representative than those seen in referral centers, and because practices are the best place to study patients and their problems over time.

Research networks like the Israel Pediatric Research in Office Setting (IPROS) Network have grown up to facilitate community practitioner participation in research. Networks create mechanisms to allow for practitioner input into research designs and protocols, provide a communications and data analysis infrastructure, offer access to research expertise, and provide practitioners with an opportunity to contribute to the generation of new knowledge while caring for patients. Results from studies done in community practice settings are more likely to be believed and acted upon than those from other settings. The care provided by practitioners participating in research improves, as they test innovations and learn to question academic dogma. In participating, practitioners satisfy their intellectual curiosity, desire for altruistic work, and need for affiliation with a larger societal purpose.



## Current and future pediatric workforce in Israel

### Dr. Lisa Rubin

Pediatrics is the 2nd most prevalent medical specialty in Israel, ranking below internal medicine but above family practice. Some 14% of licensed physicians are certified as pediatricians. In 2018 there were 3048 pediatricians registered in Israel, of whom 2362 were under the age of 67. Relative to internal medicine and family practice, pediatrics is a relatively old workforce; while some 25% of physicians in these 3 primary practice specialties are less than age 44, 23% of certified pediatricians are above retirement age >67 as opposed to 8% family practice and 17% internal medicine.

Since 1990 we have seen a 135% increase in the number of pediatricians below retirement age, from 1001 to 2362. Ten percent of specialty licenses awarded in Israel in 2018 were for pediatricians. There were 0.34 pediatricians per 1000 population in 2018. The rate of pediatricians for children aged birth-14 years was 0.799 in 2014 and comparable or greater than the rate reported in developed countries where pediatricians are responsible for primary care.

Ministry of Health data however is not sufficient to assess how many pediatricians are practicing, where, and in what settings. Of the 2362 pediatricians below retirement age, pediatrics was listed as their last medical specialty for 59% (as compared to 95% of family practice). A significant and growing proportion of pediatricians seek advanced subspecialty training. Information on present geographic location, scope of practice, practice settings are essential to assess adequacy of service.

Changing needs and patterns of use over time are other parameters affecting need for pediatric care. Assessing the adequacy of the pediatric workforce to provide necessary pediatric care requires timely information from multiple sources.



## **Rethinking. Redefining. Rebranding Community pediatrics as a prestigious career pathway**

**Dr. Hava Gadassi**

As opposed to Family Practitioner, that have been rebranded in the last decades to become a prestigious career pathway for new physicians, community pediatrics might still be perceived as a default at the end of pediatric training residency program, when compared to pediatric subspecialties.

The professional perception of community pediatrics focuses mainly on medical aspects rather than on child health, a wider term that includes also mental, developmental, social, emotional and psychosocial aspects. This is being reflected in the pediatric residency training program that is held mainly in hospital based pediatric care, and does not reflect the full range of health issues and challenges that pediatricians are facing in their community clinics on a daily basis.

In order to attract newly graduate pediatricians, highly motivated to work in the community, not only as primary care physicians, but also as community pediatricians, involved and influential, in academic, research, and in community service, we need to rethink the role description of community pediatrics, and rebrand it.

We propose a new paradigm of community pediatrics, that empowers community pediatrician as a central axis that generates change.



## Partnership in the Provision of Pediatric Primary Care

**Dr. Deena Zimmerman**

Primary care is viewed as a cornerstone of health care. The provision of Israel's primary care for children is currently divided into curative and preventive services. Curative health care is provided by a combination of pediatricians and family practitioner via one of four health funds among which Israeli residents can choose freely.

Preventive care for young children (from birth to 6 years) is provided as a designated service via some 1000 community-based MCHC operated by the Ministry of Health (providing services to 64% of the children nationally), two municipalities (Jerusalem, 10.4% and Tel Aviv, 4.1%), the 4 health funds (21% of children) and other NGOs (0.5%).

The care given is standardized by government directives. Care for older children and adolescents is currently less standardized with immunizations and some screening tests provided by the School Health Service.

In this fragmented system, many key issues are "falling between the cracks".

The goal of this session is to review the development of new Well Child Care Guidelines and to suggest ways to improve the communication between all health care providers for children.



## Issues in community pediatrics from the perspective of child development center directors

**Yael Ashkenazi, Prof. Rachel Nissanholtz-Gannot, Bat Sheva Hass**

Pediatrics has traditionally focused mainly on acute conditions, but in recent years attention has also been paid to the so-called “new morbidity” in children, which includes chronic diseases, behavioral problems, developmental delays and psychosocial problems, and to the difficulties in addressing these problems. A study conducted about a decade ago indicated that pediatricians take responsibility for the “old morbidity”, but prefer to transfer the treatment of “new morbidity” problems to other care providers.

In Israel, children who have been identified with developmental and sometimes emotional problems are referred to child development centers, which are usually overloaded and suffer from long waiting times. In some cases, children are referred for minor problems that could possibly have been solved in the community.

In this study, we sought to examine the perceptions of the directors of child development institutes about the role that pediatricians in the community play in identifying, referring and addressing child development issues; to understand how they see their relationship with community pediatricians, and whether they think they could be further assisted by pediatricians. For this purpose, we conducted some 25 in-depth interviews with directors of Child Development Centers and with the directors of pediatrics and of child development in the four Health Funds.

The interviews indicated that many of the center directors feel that there is very little connection between them and the community pediatricians. The interviewees mentioned a number of ways in which they would like to see the pediatricians more involved and contribute to the treatment – more complete information transfer, greater discretion in referrals, guidance of parents in minor cases, referral of children to preliminary examinations before referral to the centers.

They also discussed barriers, both at the level of the individual physician and at the level of the system, to the expansion of the role of physicians – lack of knowledge and exposure to the field of child development, heavy workload and lack of time, and shortage of pediatricians in the community.



## The primary care pediatrician's role in psychosocial health care delivery in Israel

Prof. Boaz Porter

**Background:** In recent years, child health has been expanded to include psychosocial morbidity – behavior disorders and environmental effects related to divorce, poverty, neglect and violence. The pediatrician is considered by many parents as a source of professional support for these needs. The American Academy of Pediatrics issued policy guidelines defining the pediatrician's role in psychosocial morbidity, although there are barriers for implementations of this policy. In Israel, the role of the pediatrician in the management of psychosocial morbidity has not yet been defined.

As a result, parents lack the pediatrician's professional support in these issues.

**Objectives:** To evaluate parental perceptions of their children's psychosocial disorders and the management of these disorders by the pediatrician, and to examine pediatricians' perceptions of possible barriers to this management.

**Hypotheses:** According to parental perceptions, there is a gap between the needs of children with psychosocial disorders and the solutions offered by pediatricians. Pediatricians will report the following barriers – lack of knowledge, insufficient training, shortage of time and lack of reimbursement.

**Type of research and data collection:** A cross section study will be carried out. Parents of children ages 0–10 years will be surveyed on their children's possible psychosocial morbidities and their management by the pediatrician. Pediatricians will be surveyed for barriers facing adequate management of childhood psychosocial disorders in the community.

**Data analysis:** Descriptive statistics and assessment of possible correlations between independent and dependent variables Preliminary results of the survey will be presented.



## Chronic diseases management - can we do better than subspecialists?

Prof. Joseph Meyerovitch

**Background:** Over the last century primary physicians have faced a challenge to meet the spectrum of diseases, the changing expectation demands from patients and their parents, and the rapid advances in technology and medical therapeutic options. I will suggest the steps that may help to meet these needs.

**Burden of Disease:** Over the last century, the primary burden of disease in children and young people has shifted from infectious diseases towards chronic conditions. The changes are due to improvements in neonatal and pediatric care for chronic conditions. Thus more children with previously lethal conditions are now surviving into adulthood. Depending on the definition used, 13–27% of children are affected by chronic conditions, the most prevalent being asthma, obesity, behavior/learning problems (eg, attention-deficit/hyperactivity disorder) and sequelae of prematurity. In Clalit Health Services (CHS) 27.1% of children age 0–18 are affected by at least one condition. The treatment of these conditions affect many aspects of the lives of children and continue into adulthood.

**Medical Education:** Pediatricians care for 72% of children age 0–18 in CHS. Even though the number of pediatricians has increased recently, the number of children <14 years of age per 1 pediatrician in Israel has increased due to the growth of the child population. The shortage of pediatricians is more critical in the periphery. The medical education of a pediatrician is characterized by minimal exposure to the chronic condition of children in the community since only 25% of pediatric residents choose to spend 6 months in community pediatric clinics.

### What can we do to overcome these difficulties?

1. improving medical education:

To include mandatory rotations in an ambulatory clinic, and in a child development center.

2. The use of a comprehensive data system in combination with focused organization policy and tools  
A good example is the CHS focus on decreasing anemia during the first year of life. Two medical quality indicators were introduced in 2005: Monitoring the rate of hemoglobin testing and of anemia in infants aged 9 to 18 months insured by the CHS between the years 2005–2014, HD rate increased from 57.55% to 87.5%, and the prevalence of IIDA decreased from 7.8% to 3.4%, most remarkably (68.8% and 62.8%) among enrollees of Arab origin and low socioeconomic status.

3. Using team work combined with protocols and computerized tools:

The use of team work – nurse and administration working together has been used to improve chronic diseases in adults in CHS. It should be adapted to the pediatric population

4. On-line medicine:

Tele – or distant medicine has become a reality all over the globe.

CHS has developed telemedicine, which can be used after clinic working hours and in the case of an unexpected number of visitors with no pediatrician available in the clinic.



## **Integrated (“joined up”) care improves child health from both professional and patient perspectives**

**Prof. Mitch Blair**

Many countries are now pursuing the “quadruple aim”; increased effectiveness, reduced cost, improved population health and patient satisfaction as part of their health system development through better integration of care.

Integrated care requires creating and sustaining relationships and networks – “a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions beyond their own limited version of what is possible” (Gray, 1989)

Children with complex care needs are particularly affected by the lack of integrated care both in the community and in hospital settings as are adolescents transitioning to adult services.

Examples of Integrated care in which both vertical (primary and specialist care) and horizontal (social care, education and voluntary sector) axes are better joined up for children and families are described; in the UK with the Connecting Care for Children – “CC4C”, European MOCHA Project and in the Healthy Homes and Neighbourhoods project in Australia.

The programmes above have a number of common features which are core to success. These are respectful relationships, collaboration for care, trust, time and tenacity.

Governance, Access, Measures and Evaluation are other important aspects to consider when designing a joined up service for children and their families. Many describe the joy of working in this type of environment and the creativity that this releases for professionals involved.





## The Nurse's Role in Childcare in the Community Sphere

Dr. Shoshy Goldberg

Community-based pediatrics is changing from urgent care medicine to community-based medicine, focused on treating a variety of chronic illnesses, promoting healthier lifestyles and preventing diseases, behavioral problems, eating disorders, growth problems, obesity, sleeping disorders, substance abuse, domestic abuse, violence, exposure to digital media, computerizing, educating and so forth. In the State of Israel nurses are members of a multidisciplinary team and constitute a central, significant and leading resource for treating children and their families in all age groups, in all therapeutic correlations both in a hospital setting and in the community and in all levels of prevention: promoting health and preventing illness, curative treatment of acute and chronic conditions, rehabilitation and palliative care towards the end of the life.

The Nursing division at the Ministry of Health is working to promote community-based pediatric nurses in a number of fields:

### 1. Training and Competence

Training and personal development programs for nurses have undergone a shift over the past few years from a hospital-centered therapeutic approach to a proactive approach, centered around understanding the unique needs of children and families of various age groups, and adapting the services to best meet those needs; engaging the children and their families as partners in designing healthcare services tailored to their needs; improving the therapeutic continuum between the various services with multidisciplinary teams; integrative information management for a continuous improvement of the quality of treatment; promoting health literacy; as well as the expansion of knowledge and skills in behavioral and developmental issues with reference to the needs of the children and their parents in the new era; and significant implementation of the principles of preventive medicine and early detection. We are at the heart of the change and it was not yet fully realized, especially with regard to the aspects of clinical experience during the clinical training period. Over the next year the core curriculum for the training of certified academic nurses is expected to change in such a way as to increase the community-based part of the prerequisite practical experience.

The Nursing division implements these principles in all training programs under its management, both in the generic programs and in the recognized continuing education programs (post basic courses) and in the nurse practitioners (N.P) programs. These programs impart up-to-date professional knowledge, skills for assessment, treatment and evaluation, as well as unique nursing authorities suitable to the various therapeutic correlations. Graduates of these programs are expected to meet the requirements of state-mandated final exams in writing, as well as simulative exams in which the clinical studies are demonstrated in practice (ENDS ON).

The post basic training programs are dealing with the entire pediatrics therapeutic continuum, both at hospital-settings and in the community, and are updated annually by way of a built-in updating mechanism. The mechanism is operated by a consulting committee of experts from both clinical work and academia, whose task it is to update the programs so as to meet changing needs, in the following courses:



- A. Prevention and healthcare:** Primary care, preventive medicine and promotion of health (public health), specialization programs in such fields as: breastfeeding consultation, sleeping consultation, physical activity consultation.
- B. Curative and palliative care:** intensive care for premature infants, intensive care for children, oncology, gastroenterology, urgent care, operating room, nephrology, diabetes, psychiatry, wounds and stomata and so forth.
- C. Rehabilitation**  
The N.P programs in the fields of **premature infants, diabetes and palliative care** also involve extensive aspects of treating children.

The professional competence of nurses is anchored in various intra-organizational training programs, suitable for treating children in various stages of development and therapeutic correlations. These training programs are operated in the hospitals, in the HMOs and in public healthcare services and they set the standard for keeping knowledge up-to-date and maintaining competence (e.g.: preventive care to, and treatment of children with anemia, treatment of children with chronic illnesses, domestic abuse, vaccinations, nutrition, growth and development).

## 2. Regulation, Circulars and Procedures

Nurses' actions are further anchored in the binding circulars and procedures of the Ministry of Health (the Nursing division and additional headquarter units). The procedures refer to the professional competence required of nurses in every position and correlation, to the unique authorities accorded to nurses, to professional standards in service and treatment and more. The various healthcare organizations, both in hospital-setting and community-based, are developing career tracks for nurses and anchoring processes for perpetual professional development.

## 3. Strategic Program for Promoting the First Years of Life

The strengthening of the proactive approach in the community, the promotion of prioritizing and focus on preventing illness and the promotion of health are manifest in the Ministry of Health's strategic program, "1000 First Days" and the strengthening of the Family Healthcare Centers ("Tipath Halav"). Following a complicated process of consulting with the public, professionals, government ministries, civil society organizations, members of the Knesset and lobbies, an outline mapping the needs of young families was created and it generates a future-focused approach to the Family Healthcare Centers. At the base of the program is the understanding that the investment in young children is of significant health-related, economic and social importance for the prevention of illness and for narrowing inequality gaps. This program is aimed at promoting the "opportunities" Family Healthcare Centers have to provide universal service by nurses of high professional competence, to strengthen the working relations with parents, and to forge strong bonds with local educational and social services, to promote research and so on.

The program is aimed at building parental competencies and skills and is focused on strengthening Family Healthcare Centers' activities and rendering services universally accessible for the entire population, by way of house calls for postpartum women, consultation services from certified counselor nurses, expanding the availability of the Family Healthcare Centers, creating a telephone hotline, working in multidisciplinary teams, setting standards for professional competence and so on. This program is already being implemented and we are standing at the threshold of a pilot experiment in the Haifa District.



## **The Future Role of the New Pediatrician in Community Collaborations: The Goshen Initiative**

**Prof. Eitan Kerem**

The Goshen organization was founded in 2014 by Israel's leading pediatricians and Australian Professor Frank Oberklaid to create a paradigm shift in community children healthcare. The founder's recognized the need to advance children's optimal health, development and wellbeing by transforming the way that services to children and families are conceived and delivered, especially in services relating to child development and behavior.

This session will focus on Goshen's groundbreaking work with physicians, policy-makers and partners across the community ecosystem to significantly change the landscape of early childhood health and development in Israel. Particular focus is on outreach to underserved communities and marginalized populations. It will highlight Goshen's work to include developmental-behavioral pediatrics as a core part of primary community pediatrics through its CME course for existing community pediatricians, its work toward incorporating a community pediatrics component in residency training and the training of a cadre of senior pediatricians for leadership roles through additional fellowship training in the field. It will delve into Goshen's extensive, evidence-based information portal for professionals and parents and its work in advancing public policy in early childhood development.

Pediatric care is in crisis in many countries. Around the world focus is on how to strengthen early childhood development, which is critical to lifelong outcomes. In the UK at a recent Nuffield Trust workshop, the Royal College of Pediatrics and Child Health highlighted the problems of both capacity and high-quality care in community child health. The focus of most pediatric care today is in the community, and this move must clearly involve issues of pediatric education and service organization wherever child healthcare is practiced.

The Goshen experience in Israel should provide a model for other countries wishing to strengthen community pediatrics, stressing the need for attending to educational, service organization and policy issues in the process.



## Education and health for the child's development and functioning

**Sima Hadad**

The new era in the State of Israel is influenced by various trends: socio-economic, environmental, political, and technological that affect this generation of children, their families, and the community in which they live and the solutions which they receive.

We have a responsibility and commitment to deal with the issues surrounding the child which affect his health and his functioning. As such, we need to identify those involved within the framework of the community.

In particular, pediatricians, who are more involved in the promotion of health and preventive medicine, are natural partners for cooperation with the educational institutions. With this framework we will be able to tackle important issues, including:

- ◆ Free time
- ◆ Nutrition and exercise
- ◆ Dental health
- ◆ Vaccines
- ◆ Locating children with developmental problems at an early age
- ◆ Neglect and domestic violence
- ◆ Parental responsibility for continued treatment
- ◆ Partnership in various community teams

And more.

We will present a number of models for joint work in education and health for the sake of children and their families.



## Pediatric Community Healthcare Centers - the appropriate model for the 21<sup>st</sup> Century

Dr. Arie Bahir

The essence of children diseases in general, and specifically in community pediatrics, has been changed completely. In the past, organic and infectious disease, inclusive the hardest sort, were dominant while today, learning disorders, school problems, behavioral disorders, allergies, speak and vision problems and adolescence medicine are the most frequent problems that the pediatrician face in his daily work. The pediatric community healthcare centers (**PCHC**) are the ideal medical community model for giving the proper answer for these new era problems.

As we all are aware of, more and more children are diagnosed with attention deficit disorders with hyperactivity (ADHD). In Israel, like in other countries, 9 % at least of the school age children suffer from ADHD and other various problems in the field of the psycho-social area. The above children's center has skill to give the right answer to these cases, by professional staff, children psychiatrist and social worker.

One of the reasons that contributed to the establishment of the **PCHC** all over the country was the need, in the past as well in these days, to upgrade working environment standards in order to attract pediatricians to work in the community and to change the attitude of medical students and residents toward community pediatrics. The fact that in the past 10 years most of the newly board-certified pediatricians in Israel prefer to work in a group practices namely in the **PCHC** means that we succeeded in changing the past attitude of working in the community.

There are 38 **PCHC** all over Israel, 27 of them are scientifically recognized for residency and for teaching medical students. The characteristics of every **PCHC** around the country are not the same. The base of those clinics is: minimum of 5000 patients, central location with easy accessibility in urban communities, at least 80% of the pediatricians are board- certified, at least 4 pediatricians, nurses highly experience in caring for infants, babies, children and adolescent, social worker, child dietician, related pediatrics subspecialties. Those **PCHC** are open from 08:00 till 19:00, board laboratory facilities and academic activities.

One of the most important subjects performed by the clinic staff in Bat-yam, for example, is promotion of health in schools and other community sites. Small team, usually board certified pediatrician with an expert nurse, perform lectures in various subjects like prevention of domestic accidents, appropriate nutrition for adolescent, lecture to parent of child with ADHD etc.

The nurses in these clinics have a list of duties in a daily basis: increase the compliance with asthma's drugs, monitoring quality parameters, monitoring growth, promotions of vaccine not included in the healthcare basket and more.



During the last years the awareness of physician's burnout in the community increased. Along the line everybody is looking for "anti-burnout professional activities". PCHC model in the physician work contains several activities anti-burnout:

- ◆ Team work burnout less than work as solo practice.
- ◆ Every pediatrician working in the **PCHC** as a full employee is entitled to spend one day in the hospital in a wishful domain.
- ◆ Once a week the staff meeting in the **PCHC** is dedicated mainly to discussing difficult problem of diagnosis and treatment in addition to journal club presented by one of the pediatricians.
- ◆ Most of the administration part of the work is done by the expert secretary and the nurses.

The challenge to the discipline of pediatrics in the 21<sup>st</sup> century to promote health and development of children in a way that will enable them to maximize their biological and social potential can be achieved by this community model that provide comprehensive health care to children and adolescents as well an academic setting for under and post-graduated pediatric training.

### Thoughts for the future

1. Upgrading the academic in pediatric community healthcare centers – **PCHC**, by granting better benefits to the teaching physicians to guide the students.
2. Encouraging the centers by adding more consultations in required and common physicians' domains.
3. Improving the working relationship between the **PCHC's** and the children departments in hospitals for improving and upgrading the diagnosis and the treatment of sick children thus relationships will help to minimalized use of hospitals facilities.
4. In order to handle, in an efficient way, the problem of adolescents is required to recruit a specialist in this field in every **PCHC** around the country, using all the facilities existing in the clinics.
5. Performing prospective studies in the long spectrum using the thousands of children that are enlisted in the clinics and take the medical information from the clicks doing big data studies. It is feasible only if special hours are allowed for this important subject for physicians and nurses.





# **Biographies**

**In alphabetical order**





**Prof. Nachman Ash**

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Prof. Nachman Ash MD MS MA Born in Israel 1961. Received his MD degree from Sackler School of Medicine, Tel Aviv University on 1986. Completed his residency in Internal Medicine at the Sheba Medical Center on 1997.

In 2001 received MS degree in Medical Informatics from the Harvard-MIT Division of Health, Sciences and Technology, Boston, USA.

Prof. Ash has also a Master degree in political sciences from the University of Haifa.

Prof. Ash has been a military physician for 25 years. He retired in the rank of Brigadier General on 2011, after completing intensive 4 years as the Surgeon General of the IDF.

Between Jan 2012 and July 2013 served as a senior Deputy Director General for Health Informatics in the Ministry of Health.

On August 2013 Prof. Ash joined Maccabi Healthcare Services (MHS) as the chief Director of “Sharon” district. A year later he was promoted to be the Director of the Health Division of MHS, a position that he currently holds.

Nachman Ash is a Professor at Ariel University, the school of Health Sciences, the department of health systems management.



**Prof. Shai Ashkenazi**

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Shai Ashkenazi MD MSc completed his medical education and residency in pediatrics in Israel and a fellowship in pediatric infectious diseases in Houston, Texas, USA (1987–90).

He is currently Professor of Pediatrics and Dean at the Adelson School of Medicine, Ariel University; Chairman of the Israel Pediatric Association, member of the National Council for Child Health and member of the Education Committee of the World Society for Pediatric Infectious Diseases.

Dr. Ashkenazi is a member of the Editorial Boards of several national and international medical journals, a co-author of over 270 medical publications, over 30 chapters in books and the Editor of the Hebrew Textbook of Pediatrics (9 editions).

He has received dozens of research grants, including from the NIH (USA), European Union, Chief Scientist, the USA-Israel Bi-national Science Foundation (BSF) and the Education Award of the European Society for Paediatric Infectious Diseases.



**Ms. Yael Ashkenazi**

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Yael Ashkenazi is a senior researcher at the Myers-JDC-Brookdale Institute and the head of the Society and Health Policy research team. Yael has 18 years of experience in evaluation and health services research.

Methodologically her research combines qualitative and quantitative techniques. Her main research interests include primary care, health disparities, children's health and health services for children.

Yael has a Master's degree in Public Health from the Hebrew University of Jerusalem.



**Dr. Arie Bahir**

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Dr. Arie Bahir was born in the five of January 1951, In Hadera, Israel. Divorced with 2 children. Military Service was performed as a Paramedic between 1969–1972, and years later, as Battalion medical officer in the Field Forces. Dr. Bahir studied his basic medical studies in State University, Milano, Italy and the 3 clinical years of medicine were performed in The Medical School of Technion, Haifa, Israel. The title of Doctoral Dissertation: Lymph après – A new pneumatic sleeve for the reduction of post mastectomy lymphedema, supervised by Prof. Avigdor Zelikovski. The prospective study was published in Lymphology.

Dr. Bahir clinical experience started in rotating internship in Rabin Medical Center in Petach-Tikva, Israel. The residency, 1982–1987, was done in Kaplan Hospital, Affiliated to the medical school of the Hebrew University and Hadassah, Jerusalem. From 1988 till 1990 – senior pediatrician in the Pediatric Community Healthcare Center (PCHC), Plotkin, located in south Tel-Aviv. Dr. Bahir Fellowship was performed between the year 1990 and 1992 in The Allergy and Clinical Immunology Unit in Sapir Medical Center, Meir general hospital, Kfar Saba. Israel.

From 1993 till now, Dr. Bahir is the Medical Manager of The Pediatric Community Center, Hashikma, Bat-Yam, Israel and as a Senior Physician in the Allergy and clinical immunology unit, Sapir medical center, Meir general hospital, Kfar-Saba, Israel.

After 10 years of teaching 6 year medical students, recently, Dr. Bahir got an academic degree of Senior Instructor in Sackler School of Medicine, Tel-Aviv University.



**Dr. Shimon Barak**

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Shimon Barak, born in Argentina, made Aliyah as a child. He is an alumni of both Hadassah Medical School in Jerusalem and the Sackler School of Medicine, Tel Aviv and his residency in Pediatrics was at the Tel Aviv Medical Center.

Since 1987 has been mainly in Solo practice in Primary Pediatric Care while simultaneously engaged as Visiting Scholar in the Membrane Department of the Weizmann Institute of Science, Chief Pediatrician of the “Pediatric Well Baby Clinics” of Tel Aviv, instructor in Primary Care of students & residents and Lecturer in the Faculty of Med. Professions, TA Sackler School of Medicine, member of several clinical guidelines committees, member of Examination Committee for the Israeli Board of Pediatrics, Senior Physician in the Pediatric Department in the Tel Aviv Medical Center and “Profesor Honorario Consulto”, Maimonides University, Argentina.

He is the author of more than twenty publications among them, author of two chapters in The European Mastercourse in Paediatrics, Elsevier 2010, UK.

He took part in more than 200 TV programs, including weekly participation for 5 years in a top rated Israeli Morning show. Has been lecturer and presenter in dozens of Israeli, European and International Congresses. Served in official positions in many Israeli and European Pediatric Societies and associations including as Chair of Primary Care in the European Academy of Pediatrics 2012–2015.

At present is the Chair of the Scientific Committee, CIP-Global Initiative for Consensus in Pediatrics, President, Israeli Ambulatory Pediatric Association 2016–present and Vice President of the European Confederation of Primary Care Pediatricians.



**Prof. Gabi Bin Nun**

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Prof. Gabi Bin Nun worked at the Ministry of Health for 30 years. His last position in the Ministry was the Deputy Director General for Health Economics and Health Insurance.

Gabi was one of the architects and designers of the Israel's National Health Insurance Law (1995) and since then has played a central role in its implementation and evaluation.

Since 2008 Gabi is an Associate Professor in the Department of Health Systems Management at the Faculty of Management at Ben-Gurion University of the Negev in Israel.

His research focus is in the field of health policy, health economics and health care systems and he has published books and articles in these fields.



**Prof. Mitch Blair**

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Prof. Mitch Blair, Professor of Paediatrics and Child Public Health, Imperial College, London, UK Consultant Paediatrician/General and developmental paediatrician specialist in child public health.

Formerly Senior Lecturer in Community Paediatrics 1990-98 in Nottingham.

In 1998, he established the River Island Academic Centre for Paediatrics and Child Health at Northwick Park Hospital, Harrow, UK.

Research interests include international child health indicators, child public health monitoring, and health service evaluation. Co-author Manual of Community Paediatrics and also the first textbook on Child Public Health now in its 2nd Edition. US Edition Child Health – A population Perspective 2016.

He worked at the policy division of the English Department of Health (Dec08– Mar10) to advise on the Healthy Child Programme (HCP) and lead on the Two Year Review, he led the production of HCP e learning launched by The Hon Ann Milton, then Minister for Public Health in March 2011, He was Officer for Health Promotion for the Royal College of Paediatrics and Child Health from 2010-15 and led a major research project (MOCHA) [www.childhealthservicemodels.eu](http://www.childhealthservicemodels.eu) on comparative primary child health care across Europe and complex interventions in integrated care in North West London. <http://clahrc-northwestlondon.nihr.ac.uk/what-we-do/delivery-themes/early-years>.

Mitch has just completed a sabbatical in Sydney, Australia where he has been helping develop a lifecourse App /platform for vulnerable communities.



**Dr. Refael Cayam**

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Dr. Refael Cayam graduated from Brandeis University, magna cum laude, Phi Beta Kappa, with honor degrees in Biology and Near East and Judaic Studies.

He received his MD from the Albert Einstein College of Medicine in New York and was a Clinical Professor of Pediatrics at that institution for many years.

He also had a private practice in Pediatrics in Scarsdale, NY for almost two decades.

Dr. Cayam served as an expert in Pediatrics for the US Dept of Health and Human Services, a Consultant for the NYS Office of Professional Medical Conduct and Member of the Committee on Careers and Opportunities of the American Academy of Pediatrics until 1997 when he made aliya to Israel.

In 1998, he was appointed Director of Medicine for the District of Jerusalem for Leumit Health Services, with responsibility for almost 500 physicians and 200,000 members spread over 75 clinics from Modiin, Beit Shemesh, East and West Jerusalem and most of the settlements of Judea and Samaria.

He is married to a clinical Social Worker and is an involved father and grandfather.





**Dr. Rinat Cohen**

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Medical Manager, clinically active Pediatrician (1997–2002 Pediatrics Residency, The Edmond and Lily Safra Children’s Hospital, Sheba Medical Center).

M.D Technion – Israel Institute of Technology (1990–1996)

MHA (Master of Health Administration) Ben Gurion University (2009–2012)

ADHD Diagnosis and Treatment Certification, Israel Ministry of Health (2014)

Currently: Head of Supplementary Health Insurance Division in Meuhedet – countrywide spread HMO, serving 70% of 1.2 million customers.

In 2014, as the Head of Primary Care Division in Meuhedet designed and operated the pioneer concept of–“Bikur Bari” (Well Child Care Visit) program – initiating healthy children visits to their Pediatrician, for routine checkups.

Member of the managing board of Goshen – a nonprofit organization that promotes the health and wellbeing of children in Israel.

Former Director of Pediatrics in Maccabi Health Care Services (2009–2012), led Maccabi’s pediatric first strategic plan designed to adjust the Pediatric services to the “New Morbidity” changes and the growing shortage of Pediatricians.

Member of the leading founding team of M.S.R – Medical Simulation Center in Tel Hashomer (2001–2002).

Outstanding Employee Award, Ministry of Health (the first physician resident ever to receive this award in Israel) (2002).

An examiner at the certified board examination of Pediatric residency in Israel.

Member of the Association of Pediatricians in Israel.



**Dr. Michael Davidovitch**

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Pediatrics, Child Neurology and Development

Head of Child Development & ADHD Services – Maccabi Healthcare Services

Maccabitech Institute for Research and Innovation – Maccabi Healthcare Services

Chairman of the Israely Society of Developmental Pediatrics – Israeli Medical Association



**Dr. Doron Z Dushnitzky**

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MD, MHA 52 years old, married with two children, living in Holon, Israel

A specialist in Pediatrics since 2000.

A clinical lecturer in the CME program of the Department of Family Medicine, Sackler School of Medicine, Tel Aviv University, Tel Aviv.

Manager of the Medical Development Department, Medical Division, Leumit Health Services, since 2010, focusing on Medical Informatics and EHR issues. Also serving as the coordinator of policies pertaining to pediatric and child development issues.

Pediatric instructor and staff member of the Department of Family Medicine, Leumit H.S.

An active pediatrician, specializing in the diagnosis and treatment of ADHD, at a Leumit H.S. clinic in Rishon Letzion, Israel.

A member of Israeli Pediatric Association, the Israeli Ambulatory Pediatric Association and the Israeli Society for ADHD.

Board member of Goshen Foundation for Community Child Health and Wellbeing.

Active volunteer in Midaat for informed health (RA)



**Dr. David Dvir**

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David Dvir MD. MPH is an expert in family medicine and health care management, head of the primary care division at Meuhedet Health Services.

In addition to clinical work as a family physician, Dr. Dvir has previously held management positions in the health maintenance organization and in hospitals.

He is a faculty member at Tel Aviv University and a member of the Clinical Nutrition Committee of the Israel Medical Association.



**Dr. Hava Gadassi**

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Dr. Hava Gadassi is a community pediatrician. Following her residency in Pediatrics at the Hadassah Medical Center, Dr. Gadassi had completed a two-years fellowship program in Community Child Health at the Royal Children's Hospital in Melbourne, Australia, under the supervision of Prof Frank Oberklaid, founder and director of the Centre.

Dr Gadassi is part of Goshen's management team.



**Dr. Shoshy Goldberg**

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Dr. Shoshy Goldberg, Director of the Nursing Division and National Head Nurse of the Ministry of Health in the past two years. Her previous roles: Director of the Nursing Division and the health professions at the Sheba Medical Center, and Director of the Wolfson Academic School of Nursing, an extension of the Tel Aviv University.

Doctor Goldberg, a registered nurse holding a master's degree in Health System Administration M.H.A and a Ph.D. in leadership and management with honor from the Ben Gurion University of the Negev.

Over the course of her professional work she has led many reforms in the health system and has been working to strengthen and promote the profession of nursing in Israel.

Her activity has been centered on the academization of the profession and in strengthening and empowering professionalism, the service orientation, the empathy, the compassion, quality and safety of the care and also developing the backbone of leadership leading change.

In the past two years as a national head nurse Dr. Goldberg has been included in determining the Ministry of Health working programs and has been working to promote the nursing profession in the country of Israel in three central core issues.

The nurse's professional development which includes training and the required level of competence. Developing an advancement course for the nurses which includes new roles and the utilization of the nurse's operational potential through all the outlines. Determining the nurses' central work, the nurse's domains of authority and responsibility, management of the entirety of the licensing array, development of professional guidelines and the work's required standards, regulation and legislation.

The central vocation motivating Dr. Goldberg in her work, is the vision and her faith in the nurse's unique and important contribution in advancing optimal health for the entirety of the residents of Israel.



**Dr. Zachi Grossman**

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Dr Zachi Grossman is a primary care pediatrician. He has graduated Hadassah medical school in Jerusalem in 1982, and his pediatric residency in Hadassah Hospital in Tel Aviv in 1991.

Dr. Grossman established IPROS, the Israel Pediatric Research in Office Setting Network in 1995, and is currently the director of the Network.

Dr. Grossman was president of the Israel Ambulatory Pediatric Association, and today he is the Secretary General of the Israel Pediatric Association.

Dr. Grossman has published more than 50 papers in international journals and chaired various Israeli guideline committees on the following issues: acute otitis media, community acquired pneumonia, urinary tract infection, obesity. He is a member of the national council for pediatrics and child health.

Dr. Grossman is currently the scientific director of the European Pediatric Research in Ambulatory Setting Network affiliated with the European Academy of Pediatrics.



**Prof. Itamar Grotto**

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Prof. Itamar Grotto is a Public Health Physician and an Epidemiologist.

He serves as the Associate Director General of the Israeli Ministry of Health (MOH) since 2017. In this capacity, he leads the regulatory activities of the hospitals and community services, as well as of preventive services and Public Health. He also serves as the Director of the Health Division of the Ministry of Health.

Fields of Responsibility include Preventive services policy; Management and operation; Health Promotion; Emergency Preparedness; Environmental Health; Food safety; Supervision of Public and Private Hospitals: General, Psychiatric and Geriatric; Regulation and supervision of Community Services; Quality Measurement; Information Technology, Digital Health and Cyber Security.

In his previous position starting in 2007, Prof. Grotto served as the Director of Public health Services of the MOH. In that capacity, he led a major change in the preventive services, and updated the immunization basket. He also led a National Health Promotion program aimed to prevent obesity and related diseases. During his time in service, the fields of Environmental Health and Food Safety underwent through major regulatory reforms. In 2013, Prof. Grotto led the response of the Israeli MOH to the silent transmission of wild poliovirus, which resulted in polio re-eradication from Israel with no clinical cases. Prof. Grotto served also as the Head of the Army Health branch in the Military Corps of the Israel Defense Force and retired as a Lieutenant Colonel. Prof. Grotto is also an active member of the Public Health School of Ben-Gurion University in Israel. His main research activities are in the fields of infectious diseases epidemiology and health behaviors among adolescents and young adults, as well as public health policy development. Prof. Grotto authored in more than 200 scientific publications.

On May 2018, Prof. Itamar Grotto was elected as a member of the Executive Board of the World Health Organization as a representative of Israel and the European Region.





**Ms. Sima Hadad**

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Sima Hadad- deputy to the chairperson of Israel Association for the Young Child As a dedicated educator, Hadad started her professional way 40 years ago as kindergarten teacher in Ra'anana. Throughout the years she has fulfilled various jobs at the Israeli Ministry of Education amongst which an instructor, a supervisor and in the past 11 years she has managed the department of pre-primary education supervising 20,000 Jewish/Arab kindergartens for 3-6 year-old children throughout Israel.

During this period Hadad leaded three major reforms in the field pre-school education - Ofek Chadash (New Horizon), Free and compulsory education for 3-year-old and the reform for second caretaker at the kindergartens. Moreover, she took on herself to lead additional programs aimed at the advancement of pre-school children.

In the recent months Hadad was appointed as deputy to the chairperson of Israel Association for the Young Child, once the Education Law providing free and compulsory education for children aged 3-4 was legislated.

Amongst its duties the council advocates for government policy regarding important issues related to children (birth-6 year-old): their education, care, and safety; in collaboration with government ministries and other organizations and municipalities.



**Prof. Zamir Halpern**

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Chair of Digestive Tract Research Center, Tel Aviv Sourasky Medical Center, Israel.

Prof of Medicine – Tel-Aviv University.

Chair of the National Council of Nutrition, Gastroenterology and Liver Diseases, Ministry of Health.

Chief scientist, The Israel National Institute for Health Policy and Research.

Prof. Zamir Halpern born and trained in Israel. He received his medical degree from the Hebrew University and completed his residency of Internal medicine and fellowship of Gastroenterology at Tel-Aviv Medical Center.

In a short time he became the chief of Gastroenterology at the Edith Wolfson Medical Center and at Holon and 4 years later at the Tel-Aviv Medical Center.

He is one of the leading gastroenterologists in Israel and well recognized over the world. Hewas the chair of the Israeli Association for study of the Liver and the Israeli Society for gastroenterology. He is the author of more than 200 scientific publications and he is the head of research laboratory affiliated to Tel-Aviv University and his main interest is in personal nutrition and intestinal microbiome. He serves as a consultant to many medical devices companies.

Today, as a scientific director at the NIHP, he focuses on the organization, management and health policy in Israel and also the promotion of research in areas of economics, quality and decision-making in healthcare.



**Dr. Manuel Katz**

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MD, MPH Deputy General Director (Acting) and Head Physician, Maternal and Child Health Department, Southern Region, Ministry of Health, Israel.

Ben Gurion University (Israel) and Maimonides University (Argentina).

Past Chairman, Israel Pediatric Association (1996–2000) and Ambulatory Pediatric Society (1991–1995) – (2012–2016).

President, “GOSHEN” foundation (2016–).

President, Global Initiative for Consensus in Pediatrics.

Past International Pediatric Association Standing Committee member, and Secretary General, European Pediatric Association.

ECPCP and ISSOP member and PAHO Technical advisor



**Prof. Eitan Kerem**

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Prof. Kerem, born and educated in Jerusalem, graduated from the Hebrew University-Hadassah Medical School, and completed his pediatric residency at the "Bikur Holim" Hospital in Jerusalem. Following a fellowship in pediatric respiratory diseases at the Hospital for Sick Children in Toronto, Canada, he worked as the Director of Pediatric Pulmonary Medicine at the Shaare Zedek Medical Center in Jerusalem. In 2002 Prof. Kerem was elected Head of the Department of Pediatrics at the Mt Scopus Hadassah Medical Center and founded there the Center for Children with Chronic Diseases, and in 2011 he took his current position as Chairman of Pediatrics. In 2005, with a mission of improving the care of children with chronic diseases and promoting their medical and ethical right's aspects, Prof. Kerem funded the center for children with chronic diseases. The center has grown to be a well-known role-model for training colleague health providers and staff members.

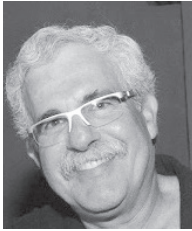
Expanding his vision to a national-wide level, Prof. Kerem currently serves as chairman of "Goshen", a new organization for promoting childhood community health, which was established in collaboration with Hadassah Australia.

In addition, Prof. Kerem has a record of building bridges between Israelis and Palestinians. This includes training programs for Palestinian residents and fellows, and organizing collaborative seminars and workshops. Recently, Prof. Kerem accomplished a project to build a CF-centre in Gaza. He is now involved in the "Rozana" initiative for treating injured Palestinian children, in collaboration with the Sent John Eye hospital in East Jerusalem.

Prof. Kerem's interest in pediatric Pulmonology led him already early in his career into the field of cystic fibrosis (CF). He served as a principal investigator in many national and international multi-center clinical trials and is an author of key publications in the field.

Being well-known in his field, Prof. Kerem was Chairman of the Medical Advisory Board for the Israeli CF Foundation and served as a Board member of The European CF Society, initiating the development of the European CF Society Patient Registry. He was a member of numerous organizing committees for national and international conferences and was a president of CIPP, the International Congress on Pediatric Pulmonology.

Prof. Kerem is the recipient of the prestigious Ordine Della Stella Della Solidarieta Italiana Award. In 2010 he received the "Shalem" award bestowed by the Israeli National Foundation for the development of services for individuals with intellectual disabilities. In 2014, the ECFS Award was presented to Prof. Kerem, acknowledging his substantial and remarkable contribution to cystic fibrosis research. In 2016 he received Honorary Fellowship of the Royal College of Paediatrics and Child Health, UK.



**Prof. Jacob Kuint**

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Sackler Faculty of Medicine, Tel Aviv University

Pediatrician & Neonatologist

Director of Pediatrics

Maccabi Healthcare Services



**Prof. Orly Manor**

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Prof. Manor is the Chairman of the Board of the Israel National Institute for Health Policy Research, since 2014, and a Professor of Biostatistics at the Braun School of Public Health and Community Medicine of the Hebrew University–Hadassah Medical Organization in Jerusalem. Prof. Manor is a former Director of the School.

Prof. Manor received her first and second degrees in Statistics from the Hebrew University and her PhD in Statistics from Stockholm University.

Currently Prof. Manor leads the Israel National Program for Quality Indicators in Communit Healthcare.

Prof. Manor is the founder of the Israel Longitudinal Mortality Studies. Prof. Manor's research interests include health inequalities, the developmental origin of adult disease and quality of care.

In 2012, Prof. Manor was the recipient of The Hebrew University Rector's award for outstanding faculty member.



**Dr. Joseph Meyerovitch**

Faculty/Dept: Professor, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel  
Occupation: Chief Pediatrician, Community Division  
Clalit Health Services

ZAHAL (Israeli) 1978 2000  
Military Service: (Enlisted) (Discharged)  
1991-1993 Lt. Colonel, Nuclear, Biological & Chemical (NBC) Medicine, IDF Medical Corp.  
1996-1998 Colonel, Chief Medical Officer, Central Command,  
IDF Medical Corp.

Marital Status: Married + 3

**A. EDUCATION**  
**PERIODS OF STUDIES**  
1971-1977 Tel Aviv University, Sackler Faculty of Medicine, Tel Aviv, Israel  
1979 MD degree (Cum Laude)  
1979 MD License: No.: 13753

**B. FURTHER STUDIES**  
1986-1987 Department of Hormone Research, Weizmann Institute of Science, Rehovot.  
University, Tel Aviv, Israel

**C. Professional Experience:**  
1981-1987 Pediatric Resident, Sheba Medical Center, Tel Hashomer, Israel  
1987-1990 Fellow in Endocrinology, Joslin Diabetes Center, Boston, MA, USA  
1995-1996 Deputy Chairman, Pediatric Division, Sheba Medical Center, Tel Hashomer,  
Israel  
2004-present Senior Physician, Institute for Endocrinology and Diabetes,  
Schneider Children's Medical center of Israel, Petach Tikva, Israel  
2004-2007 Head department of research, Planing Wing CHS



**Prof. Dan Miron**

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Prof. Dan Miron is an expert in Pediatrics and Pediatric Infectious diseases. He had graduated at the Technion School of Medicine, Haifa, Israel in 1984, and finished his pediatric residency in Emek Medical Center, Afula, Israel, in 1989.

Until December 2018 he had been the chairman of the Pediatric Department and of the Pediatric Infectious Diseases Consultation Service at Emek Medical Center, Afula, Israel. He had also worked as a primary pediatrician in the community until July 2015.

Prof. Miron had served as a member of several Pediatric committees as well as of Pediatric Infectious Diseases guideline committees. Until 2018, he was also the head of the Israeli pediatric examination board for the written Phase A final exam.

Currently, Prof Miron is a member of Israeli Pediatrics Association board.

Prof. Miron has published more than 50 papers in international journals mostly regarding Clinical Epidemiology issues in Pediatrics. As mentioned above he chaired various Israeli guideline committees on the following issues: acute otitis media, community acquired pneumonia, urinary tract infection, obesity.

Prof. Miron is currently a consultant in Pediatric Infectious Disease in several hospitals in northern Israel.





**Dr. Doron Netzer**

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Dr. Netzer Doron married, father of two, resident of Zichron Yaacov.

Graduate of the Technion Medical School.

Major in reserved duty.

Expert in family practice and Master in Health Administration from Ben-Gurion University.

Founders of GOLDENHOUR.CO.IL which was the first site in Israel for EVIDENCE BASED MEDICINE.

Performed a series of management roles at Clalit Health Services:

Medical manager, Head of the utility control unit at Sharon Shomron district, Deputy C.E.O in Meir Medical Center, and in his current position as the Head of Community Medical Services Division.



**Prof. Rachel Nissanholtz-Gannot**

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Rachel Nissanholtz-Gannot is the head of the Health System Management Department at Ariel University and serves as a research scholar at the Smokler Center of Myers-JDC-Brookdale Institute in Jerusalem.

She is a lawyer and her research focus on Medical Ethics issues as well as Health Policy, Quality Measurement and Community Health Services.



**Prof. Frank Oberklaid**

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Professor Frank Oberklaid is Foundation Director of the Centre for Community Child Health at the Royal Children's Hospital Melbourne, and a professor of paediatrics at the University of Melbourne. He is a distinguished researcher and author, having written two books and over 200 scientific publications.

He has been the recipient of numerous awards, invited lectureships and visiting professorships in many countries around the world.

He chairs the Victorian Children's Council which provides policy advice to the Premier and relevant ministers, and has served on a number of high level national and international advisory groups and expert committees.

His clinical expertise is in developmental/behavioural paediatrics, and he is interested in early childhood development, and especially in developing policy and services to facilitate prevention and early intervention.



**Prof. Gideon Paret**

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Professor Gidi Paret is the director of the Dept. of Pediatric Intensive Care and of the Pediatric Critical Care Laboratory of Molecular Biology Research at the Sheba Medical Center.

Holds the Alcalay Chair for Pediatric Immunology.

Prof. Paret authorized more than 150 peer review scientific publications, review articles, and book chapters.

He is a member of the editorial board of PCCM as well of the Harefuah

Previously chairman of the Israeli Society of Pediatric Critical Care

Currently serves as the chairman of the Scientific Council of the Israeli Medical Association.



**Prof. Basil (Boaz) Porter**

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MD, MPH Born in South Africa and emigrated to Israel in on completion of his medical training. Basil completed his pediatrics residency at the University of Chicago. From there he returned with his family to Beersheva where he was one of the founding faculty of the Faculty of Health Sciences of Ben Gurion University. He pioneered the medical school's involvement in the community through establishing community based teaching clinics in pediatrics, and directed a program for graduates of the medical school to have a post-internship experience in community settings in the Negev region. He described many of the problems facing medical education in community settings in a book, "The Politics of Reform in Medical Education and Health Services".

After directing the Zusman Child Development Center for some years, he moved to Maccabi Health services where he served in various management positions, including medical director for the Negev region and National Director for Pediatric Care.

He has consulted in South Africa regarding training of primary care workers, and was part of a World Bank committee to recommend reform of the health system in the republic of Georgia.

He is an Associate Professor Emeritus in the departments of Epidemiology and Health Systems Management, and has helped develop and teach Maternal Child Care in the MPH course for many years, and taught courses in International Child Health in the Beersheva – Columbia School for International Health.

He maintains an active role in a Child Development Center, working within a multi professional team dealing with the full range of developmental issues in children.

He is also active in a national initiative to improve pediatric training in the area of child development and behavior.

He is an avid amateur chamber music player, and an active grandfather to eight grandchildren.



**Dr. Stephen Reingold**

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Dr Stephen Reingold is the medical officer for Maternal and Child Health - Tipat Halav for the Municipality of Jerusalem and is a board member of the Israel Ambulatory Pediatric Association.

He is a community Pediatrician in Modiin where he is also a physician supervisor for Kupat Holim Meuhedet and has a specialty clinic for children with ADHD.



**Dr. Lisa Rubin**

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Lisa Rubin, MD, MPH, is a Pediatrician and Public Health Physician who has served as the Director of Maternal and Child Health for the State of Israel since 2007.

She teaches Maternal and Child Health at the School of Public Health in the University of Haifa where she holds an appointment as Senior Lecturer.

She has been influential in implementing and monitoring public health policy for infants and children in Israel, particularly regarding preventive care, growth monitoring, breastfeeding support and universal vision and hearing screening.

She is active in promoting interorganizational cooperation to promote child health and is a member of the new Early Years National Council. She has lectured locally and internationally on these topics.



**Dr. Neomi Siegal**

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MD MPA MHA A certified Pediatrician, Dr Siegal serves as the Head of the medical division at Maccabi HMO.

Her former positions include leading Maccabi's strategy, and serving as VP of quality and Strategy at Hadassah Medical Center.

Dr. Siegal leads the MBA health management specialty at Ono Academic College and serves as the health management society's secretary.

Dr. Siegal holds MD degree from Tel Aviv University as well as MPA from Harvard.





**Prof. Eli Somech**

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**Current Positions:**

Chairman of Pediatrics, Mayenei Haeshuah Medical Center, Bnei Brak, Israel

Pediatrician and Consultant in Pediatric Infectious Disease – Maccabi Health Services, Israel

Member of Council and of Scientific Advisory Board, European Pediatric Association (EPA/UNEPSA)

Professor of Pediatrics, Sackler School of Medicine, Tel Aviv University

Member, Advisory Committee for Immunizations and Infectious Diseases, Ministry of Health, Israel

**Former Positions:**

Chairman, Israeli Association of Pediatrics (2012–2016)

Chairman, Israeli Society for Pediatric Infectious Diseases (2006–2010)

Chairman, Advisory Polio Committee, Ministry of Health, Israel (2012–2015)

Chairman of Pediatric, Wolfson Medical Center, Holon, Israel

**Medical Education:**

Graduate of Sackler School of Medicine, Tel Aviv University

Residency in Pediatrics: Wolfson Medical Center, Holon, Israel

**Fellowships:**

Pediatric infectious Diseases – Childrens Hospital, University of Colorado, Denver, Colorado

Pediatric Allergy and Immunology – National Jewish Hospital, Denver, Colorado



**Prof. Jacob Urkin**

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Jacob Urkin MD MPH is a Prof. of Pediatrics, Division of Pediatrics, Soroka University Medical Center, Beer-Sheva; Chair, The Moshe Prywes Center for Medical Education, Faculty of Health Sciences, Ben Gurion University; Director, Pediatric Health Center - "Ofakim", Clalit Health Services; Chair, Primary Pediatric Unit, Division of Health in the Community, Faculty of Health Sciences, Ben Gurion University; Secretary General of the Israel Ambulatory Pediatric Association.

Prof. Urkin is the co-author of the book "Babies' and Toddlers' Health-Useful Information for the Maternal and Child Health Team".

He has special interest in Well Child Care and has served in several professional committees of the Israeli Ministry of Health on School Health and Well Child Care policies.

Prof. Urkin designed the Maternal and Child track and teaches in the MPH Program in the School of Public Health at the Faculty of Health Sciences, Ben Gurion University.



**Prof. Shlomo Vinker**

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MD, MHA 55 years old, married with four children, living in Ashdod, Israel.

Full Professor in Family Medicine, Vice Dean for community teaching, and Chair of the Department of Family Medicine (2006–2011, 2016–) Sackler School of Medicine, Tel Aviv University, Tel Aviv.

Chief Medical Director of Leumit Health Services, nationwide healthcare organization serving 730,000 patients since 2015. Established a research institute in Leumit and chairing it in 2018 aiming to increase research in primary care.

An active family physician, working in an urban clinic in the city of Ashdod, Israel.

The Israeli Association of Family Physicians Chairman 2009–2018, Treasurer 2018–.

Executive board member of EGPRN (European General Practice Research Network) and Executive board member of WONCA (world organization of family physicians) EUROPE.

Published about 200 research articles in peer review medical journals.

His main research interest is in chronic diseases management in primary care.

Currently supervising: two PhD thesis students, two MA students and two MD students in Leumit Research Institute.



**Prof. Richard Wasserman**

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Richard “Mort” Wasserman MD MPH is Professor of Pediatrics at the Larner College of Medicine of the University of Vermont (UVM) and an Attending Pediatrician at the UVM Children’s Hospital. He received his bachelor’s degree from Williams College and his MD from Jefferson Medical College. Subsequently, he trained in pediatrics at UVM and the Children’s Hospital of Boston and earned an MPH while a Robert Wood Johnson Clinical Scholar at the University of Washington.

Since 1983, he has been involved with pediatric primary care, research, teaching, quality improvement, and more recently, with clinical informatics and population health initiatives.

Dr. Wasserman’s research has focused on understanding and improving primary care, with a special emphasis on preventive services, the management of common acute and chronic child health problems, and clinician–patient communication. Much of this research has been done with practice-based research networks (PBRNs) such as Pediatric Research in Office Settings (PROS) – the PBRN of the American Academy of Pediatrics.

Dr. Wasserman was the founding Director of PROS and has consulted on setting up other primary care research networks both in the United States and other countries.



**Dr. Efrat Wechsler**

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Dr Efrat Wechsler is a primary care pediatrician, working in kupat holim Meuhedet's clinic in Petah- Tikva. She has graduated Sackler medical school in Tel Aviv in 2000, and her pediatric residency in Wolfson Hospital, Holon, in 2006. She has MA in Health System Management from Ramat Gan Academic College.

Dr. Wechsler was the medical manager of Hasharon district in kupat holim Meuhedet and for the last two years she is the head of the Pediatrics Department at Meuhaedt.

Dr. Wechsler is a member of the Israel Ambulatory Pediatric Association and of the National Council for Pediatrics and Child Health



**Dr. Hadar Yardeni (Hodgins)**

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Degrees:

Medical Doctor, Faculty of Medicine, Technion Institute of Technology, Haifa. Israel

Expert in Pediatrics by the Israeli Ministry of Health Jerusalem Israel.

MHA School of Public Health Haifa University, Haifa.

MA, LL.M. in Health and Bio-Ethics law Haifa University, Haifa, Israel.

Work experience:

1998 - 2013      clinical and administrative positions in the Health Insurance Companies in Israel

11-12/2006      International mission, Ron Hospital in Nauru. Sent by the Office of international Affairs and HARI.

2013 - present      Head of department for child development and rehabilitee, Ministry of health office Jerusalem, Israel



**Dr. Deena Zimmerman**

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Deena R Zimmerman MD MPH IBCLC is a community based pediatrician who in her over two decades in Israel has worked for all four health funds and as both a salaried employee and independent contractor.

She holds a BA from Yale University, an MD from the Albert Einstein Medical School in New York City and an MPH from Rutgers University. Her pediatric residency and chief residency were performed at the University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School where she served on faculty for four years before moving to Israel in 1996.

She also works at TEREM Emergency Medical Centers as Director of Research and Medical Director of the Modiin branch. She is the Supervising Maternal Child Physician for the Jerusalem District Health Office since 2013.



## Notes





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