



**TESTIMONY OF JOSEPH F. HAGAN, Jr., MD, FAAP
ON BEHALF OF THE AMERICAN ACADEMY OF
PEDIATRICS**

**U.S. SENATE COMMITTEE ON HEALTH, EDUCATION,
LABOR AND PENSIONS**

**“Access to Prevention and Public Health for High-Risk
Populations”**

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Department of Federal Affairs
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Good morning. I appreciate this opportunity to testify today before the Committee on Health, Education, Labor and Pensions on access to preventive health care for children. My name is Joseph F. Hagan, Jr., MD, FAAP, and I am proud to represent the American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. I am a pediatrician in private practice in Burlington, Vermont and Clinical Professor in Pediatrics at the University of Vermont College of Medicine and the Vermont Children's Hospital. I served as co-chair of the Bright Futures Steering Committee, and I co-edited the *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents 3rd edition*—the national standard of well child care for children. I have also authored chapters on preventive care in two of the three major pediatric textbooks.

Preventive health care is a fundamental investment in the health of all children and adults. In pediatrics, preventive health is vital because it can have lifelong impacts. Inadequate attention to preventive care in the design of any health care system mortgages the future health and welfare not only of children, but of society itself. Research across a broad range of interventions has shown that preventive health and wellness for children consistently produces a high return on investment.¹ Three key principles govern pediatric preventive care: 1) Prevention works, 2) Families matter, and 3) Health promotion is everybody's business.

Pediatrics is a Preventive Model of Care

Pediatrics is preventive care. The entire model of pediatric health care focuses around promoting optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. Pediatric preventive care can be seen as a set of concentric circles, with the child at its heart:

Prevention works: Primary prevention involves the prevention of disease or illness before it occurs. In pediatrics, the well-known schedule of immunizations is proven to protect children against a wide range of previously deadly illnesses like polio and rubella. Other examples of primary prevention include health promotion and anticipatory guidance for the development of healthy lifestyles, such as good nutrition and regular physical activity.

Another core principle of pediatrics is secondary prevention, which is early screening for a wide range of conditions that can lead to poor health. Newborn screening programs can identify metabolic conditions whose ill effects can be averted or mitigated with changes in diet or other interventions. Toddlers are screened for healthy development so that developmental delays can be detected and treatments provided early, when they can be most effective. Children are screened routinely for problems with vision or hearing that can profoundly impact healthy development. Lead screening can identify children who are being exposed to dangerous lead levels in their environment.

In order for preventive care to be comprehensive and consistent, it must be delivered in a medical home. The medical home is defined as medical care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective.² The

medical home allows for the delivery of quality pediatric preventive care in a manner that avoids duplication of efforts and provides appropriate follow-up or interventions.

Families matter: A successful system of care for infants, children and adolescents is family-centered. In most cases, pediatric care involves treating not only the child, but also providing guidance to the family as a whole. Parents and caregivers may require guidance on issues related to appropriate expectations for different stages of child development, proper nutrition, or violence in the home. Focusing on the family's growth, development and concerns in parallel with the growth and development of the child is a central activity in pediatric care.

Health promotion is everybody's business: Communities can have a significant impact on the health and wellbeing of residents. Families benefit from a broad range of community-based services, including mental health services, education services and services for children and youth with special health care needs. Child care and schools play a vital role in promoting the health of children, including health education programs, food services, and promotion of physical activity. Access to green spaces and recreational areas provides opportunities for play and exercise. These programs and services, coupled with primary care provided in a medical home, constitute a community-based system of care and are central to promoting family wellbeing. The AAP is expanding its federal advocacy efforts to highlight the preventive health aspects of issues including transportation policy, education policy, energy policy and climate change, and federal nutrition programs.

By placing health promotion, anticipatory guidance, and family engagement at the heart of all care, pediatric health care in the medical home can serve as a model for transforming our health care system.

Children Have Different Preventive Health Care Needs

Pediatric preventive health care is fundamentally different from adult preventive health. It is recommended that all children receive regular well-child care visits based on the AAP/ Bright Futures Recommendations for Preventive Pediatric Health Care, also known as the Periodicity Schedule, which sets out a series of examinations at specific developmental stages.³ In addition to receiving immunizations and important screenings, children are tracked for appropriate growth and developmental milestones. There is no comparable analog in adult health for this schedule of regular preventive visits to the physician, or for tracking growth parameters such as head circumference and Body Mass Index.

Successful pediatric preventive care is dependent entirely upon partnership with the family to provide the elements necessary for health promotion. Most children have no responsibility for and indeed no control over most aspects of their own health, including access to care, appropriate nutrition, shelter, cleanliness, or nurturing. Pediatric preventive health efforts must focus, therefore, on education and engagement of parents and caregivers, with emphasis gradually shifting to the child's own responsibility for good health as he or she grows up. Health professionals who have pediatric patients with special health care needs must seek to understand the family's composition and social circumstances and the impact the special needs have on family functioning.

All Children Need Pediatric-Specific Models of Preventive Care

In recent decades, the American Academy of Pediatrics has focused on developing and studying effective systems of pediatric health care. We are proud to describe successful models for promoting child health.

The Medical Home: In a medical home, care is delivered or directed by competent, well-trained physicians who provide primary care, managing and facilitating all aspects of pediatric care: preventive, acute and chronic. The Academy has led the development of a body of literature surrounding the medical home, including dozens of studies that examine the impact of care coordination on patient outcomes. The U.S. Department of Health and Human Services' *Healthy People 2010* goals and objectives state that "all children with special health care needs will receive regular ongoing comprehensive care within a medical home," and multiple federal programs require that all children have access to an ongoing source of health care. A high performance health care system requires medical homes that promote system-wide quality with optimal health outcomes, family satisfaction, and value.

Bright Futures: *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents* is the national standard for quality well child care, serving as a comprehensive guide to pediatric health promotion and guidance on preventive care for use by all health professionals.⁴ The Guidelines address the care needs of all children and adolescents, including children and youth with special health care needs and children from families with diverse cultural and ethnic backgrounds. Bright Futures recognizes that effective health promotion and disease prevention

require coordinated efforts among medical and nonmedical professionals and agencies, including public health, social services, mental health, home health, parents, caregivers, families and many other members of the broader community. This national initiative is funded by the Health Resources and Services Administration's Maternal and Child Health Bureau and developed, implemented and supported by multidisciplinary experts, national organizations, and agencies addressing child and adolescent health issues.

Pediatricians and other child health care providers should follow Bright Futures Guidelines for pediatric well child care at all preventive care visits as prescribed by the AAP/Bright Futures Periodicity Schedule. One of the great strengths of Bright Futures is its adaptability to any setting or provider model; it can be used in whole or in part, by physicians, nurses, or other health care professionals, and in delivery settings ranging from clinics to school-based health centers. Many states have used Bright Futures to inform their Medicaid and State Child Health Insurance Program well child care standards; for example, the state of Iowa uses Bright Futures to update and benchmark its EPSDT health program.⁵ Oklahoma uses Bright Futures family tip sheets as a resource for anticipatory guidance and follows the well-child screening guidelines. Massachusetts has included Bright Futures as a reference for the delivery of comprehensive care in Medicaid, public health programs, and school-based health centers. The National Business Group on Health used Bright Futures as its model in crafting its Model Benefits Package for Maternal and Child Health.⁶

Early and Periodic Screening, Detection, and Treatment (EPSDT): Since 1967, the Medicaid program has required states to provide all medically necessary care to children under the EPSDT

standard. EPSDT directs states to cover not only appropriate screening of children, but the treatment necessary to address any conditions or needs identified. EPSDT should serve as the fundamental principle for any benefits package for children under health care reform. Bright Futures Guidelines should be the standard of well child care within EPSDT.

In addition to promoting these positive models of care for children, the Academy has also studied other models that are less successful. We urge you not to place significant reliance on these models when developing a comprehensive health care reform package:

Retail-based Clinics (RBCs): RBCs fail to provide a medical home that can offer consistent, comprehensive care to children. With their focus on providing care for adults and episodes of illness, RBCs are unequipped to provide well child care, anticipatory guidance, or virtually any form of pediatric preventive health care. They are in direct opposition to the fundamentals of preventive care because they fragment the care delivery process. In fact, they can be a disruptive influence on the continuous engagement and follow-up of families and their children.⁷

Health Savings Accounts (HSAs): HSAs fail to promote child health by not requiring first-dollar coverage for most pediatric well-child or preventive care. By requiring families to pay out-of-pocket for virtually all care except catastrophic needs, HSAs can present a serious barrier for families to pursue pediatric preventive care according to the Periodicity Schedule as well as timely illness care. HSAs are particularly unsuitable for families with children with special health care needs. The ongoing health care needs of these children quickly drain these accounts and

parents find themselves unable to access the critically needed services for this vulnerable population of children.⁸

Federal Employees Health Benefits Program (FEHBP) Basic Option: Some have recommended using the FEBHP Basic Option under Blue Cross Blue Shield as the basic benefits package under health care reform. The Academy considers this benefits package to be inadequate, particularly for children with special health care needs and complex conditions.⁹ A more appropriate pediatric private sector model can be found in the National Business Group on Health's Model Benefits Package for Maternal and Child Health, which recognizes the importance of Bright Futures and associated preventive care. In addition, the AAP makes recommendations for the full scope of health care benefits for children birth through age 21.¹⁰

Recommendations of the U.S. Preventive Services Task Force (USPSTF): While the USPSTF provides an excellent basis for the determination of appropriate screening for adult preventive health services, USPSTF has made few recommendations that apply to children and adolescents. Most of these findings related to children and adolescents result in a classification of "I" for insufficient evidence. In some cases, the USPSTF finds that there **is** enough evidence to recommend a preventive service or counseling for **adults**, but not enough evidence to recommend the same service for children and youth.¹¹

Bright Futures would be a more appropriate set of guidelines to use for pediatric preventive care than the recommendations of the USPSTF. *The Bright Futures Guidelines* made extensive use of the USPSTF guidelines that existed and is transparent in its use of other available evidence.

However, performing only the handful of current USPSTF-recommended pediatric preventive care screenings would lead to missed opportunities in disease prevention, disease detection and necessary early intervention.

More Research Is Needed to Build the Evidence Base for Pediatric Preventive Care

Health supervision of an individual child is a complex package of services that is provided over the child's lifetime. It includes not only preventive and screening interventions that are recommended for all children, but also addresses the particular needs of that child in the context of family and community. Studying the outcomes over a child's lifetime of health supervision at this level of integration can be a daunting task.

For many interventions that are commonly performed in child or adolescent care, no, or few, properly constructed studies have been done that link that intervention with intended health outcomes. Absent evidence does not demonstrate a lack of usefulness, however. The lack of evidence most often simply reflects a lack of study. Filling in the gaps in evidence is highly desirable, and additional research is strongly encouraged.¹²

The American Academy of Pediatrics commends you, Mr. Chairman, for holding this hearing today to call attention to the preventive health care needs of children. As you study the entire health care system and address the need to assure every person achieves the best possible outcome, please remember that quality, comprehensive preventive child health services are essential to any effort to prevent morbidity and cost in the adult population. Any successful

effort to reform our health care system must recognize the interdependence of initiatives on preventive care, health information technology, and quality improvement to achieve the desired goals. We look forward to working with Congress to craft a health care reform package that moves our health care system further toward promotion of health and wellness, particularly for children and youth. I appreciate this opportunity to testify, I would be honored to work with you in the future and I will be pleased to answer any questions you may have.

¹ Bibliography of studies assembled by the Partnership for America's Economic Success available at <http://www.partnershipforsuccess.org/index.php?id=15&MenuSect=3#benefits>.

² American Academy of Pediatrics Medical Home Initiatives for Children With Special Needs Project Advisory Committee. The Medical Home. *Pediatrics*, Vol. 110 No. 1 July 2002.

³ For more information on Bright Futures, see <http://brightfutures.aap.org/>.

⁴ Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd Ed. American Academy of Pediatrics, 2008.

⁵ For more information on Iowa's use of Bright Futures in its EPSDT program, see <http://www.iowaepsdt.org/EPSDTNews/2007/Winter07/IdentifyDevelConcerns.htm>.

⁶ National Business Group on Health. Investing in Maternal and Child Health. Available at http://www.businessgrouphealth.org/healthtopics/maternalchild/investing/docs/mch_toolkit.pdf.

⁷ Retail-Based Clinic Policy Work Group. AAP Principles Concerning Retail-Based Clinics. *Pediatrics*, Vol. 118 No. 6, December 2006.

⁸ American Academy of Pediatrics Committee on Child Health Financing. High-Deductible Health Plans and the New Risks of Consumer-Driven Health Insurance Products. *Pediatrics*, Vol. 119 No. 3, March 2007.

⁹ National Health Policy Forum. EPSDT: Medicaid's Critical But Controversial Benefits Program for Children. Issues Brief No. 819, November 20, 2006. Available at http://www.nhpf.org/library/issue-briefs/IB819_EPSDT_11-20-06.pdf.

¹⁰ American Academy of Pediatrics Committee on Child Health Financing. Scope of Health Care Benefits for Children from Birth to Age 21. *Pediatrics*, Vol. 117 No. 3, March 2006.

¹¹ For more information on the U.S. Preventive Services Task Force and its recommendations, see <http://www.ahrq.gov/clinic/uspstfix.htm>.

¹² Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd Ed. "Rationale and Evidence." American Academy of Pediatrics, 2008.