



STATEMENT

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Testifying on behalf of the

**AMERICAN ACADEMY OF PEDIATRICS**

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Subcommittee on Health  
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**Insuring Bright Futures:  
Improving Access to Dental Care and Providing A  
Healthy Start for Children**

The American Academy of Pediatrics (the Academy) is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists, who are deeply dedicated to the health and well-being of all children, adolescents and young adults. The profession of pediatrics is as concerned with promoting children's health and development as it is in treating their illnesses. The Academy considers children's dental and mental health an integral part of well child care and insuring bright futures process. We applaud the Committee for holding this hearing to highlight the needs of our youngest citizens.

The prevailing adult, acute-care model of coverage inappropriately limits preventive and other types of services that are of critical importance for children and adolescents because of their unique characteristics and environments. If we, as a society, can commit more than \$2 trillion of our 2007 Gross Domestic Product to health care, there is no excuse or plausible explanation why our youngest citizens cannot have the best we have to offer that utilizes the clinical values of pediatric health care, training and research in its ultimate development. Because many adult diseases appear in childhood, investing in preventive benefits for children is also cost effective. Unfortunately, this return on investment can take many years to become apparent as costs of acute treatment are avoided.

Through regular contact with parents (or guardians), pediatricians and other child health care providers can assess and monitor a child's development and screen for developmental problems and risk behaviors. Although each child develops at his or her own pace, all children progress through an identifiable sequence of physical and emotional growth and change. Age-appropriate health care visits foster positive parenting behaviors, help promote optimal development and initiate early intervention when problems appear imminent.

The major risks to children's health and development, particularly after infancy, are largely preventable. In fact, the leading cause of death for children over age 1 is injury, including motor vehicle crashes, firearms, and drowning. Well-child care (or health supervision) provides a vehicle for health professionals to promote healthy lifestyle choices, monitor physical and behavioral pathology and provide age appropriate counseling (or anticipatory guidance).

Well-child visits are the hallmark of preventive care for children and provide the primary opportunity for prevention or early intervention for the vast array of developmental and behavioral problems. Because of the prevalence of obesity, attention-deficit disorder/hyperactivity, behavior disorders, depression, adolescent risk behaviors, and the stresses faced by parents, experts have noted that the term "well-child care" is applicable to fewer and fewer children. Pediatricians reported in a national survey that they face an array of obstacles to providing quality well-child care: time constraints, low levels of reimbursement for preventive pediatric care, and lack of reimbursement for specific developmental services.

In the United States, the quality of preventive care—commonly referred to as well-child care—is highly variable. Despite the commitment of considerable time and resources by physicians and other child health professionals, too many children and their families do not get the care they need.

Optimal relationships between pediatricians, their patients and the patient’s family occur in a medical home. A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them. These characteristics define the medical home. In contrast to care provided in a medical home, care provided through emergency departments, walk-in clinics, and other urgent-care facilities, though sometimes necessary, is more costly and often less effective.

Children from low-income families are more likely than other children to have serious health problems. There is also an inverse correlation between poverty and the education needed to manage these problems and/or other risk taking behaviors. While most pediatricians provide care for such families in their practices, financially they are being forced to limit the number that they can continue to see. One such practice is in Ohio that also takes care of 500 Medicaid children from Indiana. They have just notified Indiana that they are dropping their patient caseload to 90. While they are retaining the patients that have the most complex problems, the others will need to be reassigned. Having a Medicaid/SCHIP card does not necessarily provide access to quality pediatric care in a timely fashion. Needed modifications in payment could quickly rectify this situation.

The knowledge and science of healthy child development is a rapidly evolving field and the practice of pediatrics changes accordingly. Launched by the Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) in 1990, “Bright Futures” is a national child health promotion and disease prevention initiative that provides principles, strategies, and tools that can be used to improve the health and well being of all children. A comprehensive revision of “Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents” is near completion by the American Academy of Pediatrics. The experts drafting the recommendations have established priorities for each well child care visit to use as a guide in discussing health promotion and disease prevention with families. The first priority for every visit is addressing the concerns of the family around the health and development of their child.

Dollar for dollar, providing better health care for children represents one of the best returns on investment available. This wise investment means ensuring that health care systems – including safety net providers and health insurers – are responsive to the unique health needs of children. As a nation, we must invest in improving children’s access to quality care. Just as coming events cast their shadows before them, so does the health of a nation’s children foreshadow the health of its future.