Agenda for Children
2016-2017
Mission

The mission of the New Jersey Chapter, American Academy of Pediatrics is the attainment of optimal health, safety and well-being of New Jersey’s infants, children, adolescents, young adults and promotion of pediatricians, primary care pediatricians, pediatric medical sub specialists and pediatric surgical specialists as the best qualified of all health professionals to provide child healthcare.

The New Jersey Chapter, American Academy of Pediatrics (NJAAP), welcomes every opportunity to partner with forward thinking individuals and organizations focused on addressing children’s healthcare issues.

Contact NJAAP to tap our expertise and assistance in supporting your efforts to protect all children in New Jersey

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The New Jersey Chapter, American Academy of Pediatrics, believes every newborn, infant, child, adolescent and young adult should have access to the highest quality of medical care available, care that is most capably provided by a pediatrician-led healthcare team, which is highly trained, credentialed and experienced in all aspects of the development and medical diagnosis and care of children at every age.

Often referred to as the Pediatric Medical Home, this highest level of care defines the gold standard in children’s healthcare, especially for children with special healthcare needs. This comprehensive and coordinated care process emphasizes continuity and linked collaboration with many health and community based resources.

In order to best meet the comprehensive - and complex - needs of today’s children and their families, we encourage state leadership to champion efforts that strengthen and expand the delivery and coordination of care within the context of a Pediatric Medical Home.

This requires inclusion in all insurance plans of a comprehensive, age-appropriate benefits package based on Bright Futures and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) as recommended by the American Academy of Pediatrics.

Introduction

The Difference is in the focus and expertise.
Bright Futures and EPSDT, the benchmarks that emphasize well-child and preventive care, are widely acknowledged as the gold standard in pediatric care accentuating:

- Coordination between state programs and pediatric primary care providers through Electronic Medical Records (EMR) and the NJ Immunization Registry (NJIIS)
- Appropriate payment for care coordination
- Support for the education, social services, and analytics provided by high-quality comprehensive Pediatric Medical Homes

In addition, the state must continue taking a leadership role to:

- Support the creation and growth of Medicaid Health Homes and Accountable Care Organizations (ACO)
- Work with pediatricians on the implementation of the Affordable Care Act and the State Health Insurance Exchanges
- Create child-only options for the state-run high-risk insurance pool.

We encourage the state to mandate that all health insurance plans be required to include a comprehensive, age-appropriate benefits package.
Pediatric Medical Home

**Why a Pediatric Medical Home?**

The Pediatric Medical Home serves as a central hub to each child’s healthcare neighborhood, while providing the comprehensive care necessary to ensure children grow to their fullest potential in physical, oral and mental health.

The Pediatric Medical Home model integrates well child care with: • screening and early identification of children at risk • developmental delays • immunizations • care of acute illnesses and • comprehensive care for children at risk and with special health care needs. Such wide-ranging care, often involving multiple practitioners working independently, requires the centralized care coordination offered in a family/patient-centered Pediatric Medical Home. This level of care provides oversight and safeguards against duplication and gaps in services, which can occur when there is a lack of communication and care coordination between health, family support, and education service providers.

The Pediatric Medical Home is directed by a specially-trained, pediatrician-led healthcare team that:

- Manages or facilitates all aspects of pediatric care, and
- Fosters a shared partnership with the child and family based on mutual respect and trust.
The New Jersey Chapter, American Academy of Pediatrics, believes that all children, regardless of age, race, ethnicity, socioeconomic status, parentage, or special healthcare needs, should have ready access to comprehensive pediatric care provided by a Pediatric Medical Home.

This comprehensive care must include the pediatric sub specialists, who help to provide children in need with the ability to grow to their fullest potential in physical, oral and mental/behavioral health.

Factors inhibiting access to this care include:

- Network scarcity in subspecialty coverage
- Compensation for all services as defined in Bright Futures and EPSDT benefits
- Support and compensation for care coordination delivered by the pediatric medical home
- Payment for telemedicine services provided in the pediatric medical home
Access to Pediatric Care

The New Jersey Chapter, American Academy of Pediatrics believes that all children, regardless of age, race, ethnicity, socioeconomic status, parentage, or special healthcare needs, should have equal access to quality healthcare in a family/patient-centered Pediatric Medical Home.

Such comprehensive care also includes pediatric sub specialists, who help to provide care for children with more complex medical or mental health needs. This level of care facilitates the lowering of both near and long-term healthcare cost through reduced visits to emergency rooms and hospitals.

However, several factors impede the availability of access to healthcare providers, both primary and specialty including:

- Financing and payment for care that is minimally, at parity with Medicare payment for the same service
- Infrastructure for care coordination

Currently in New Jersey, there is a critical need for pediatric specialists in rheumatology, cardiology, orthopedics, child psychology and other areas. This is causing many New Jersey families to go out of state for certain specialty services that could be provided here - if an adequate number of providers existed.
New Jersey continues to make progress in the financing of healthcare for children with the Children’s Health insurance Program (CHIP) and NJ Family Care, but substantial gaps remain.

Payment barriers and network scarcity continue to bar families from obtaining necessary and timely specialty care. These barriers can be effectively bridged by offering incentives to those specialists most needed by our families AND by supporting appropriate insurance reform that does not penalize children covered by state-supported insurance.

Pediatric health services provided by private and public insurance plans should cover all services as defined by Bright Futures and the Early and Periodic Screening, Diagnostic and Treatment benefit (EPSDT).

To ensure pediatric access to needed services, Medicaid and Medicaid HMOs must implement payment parity with Medicare as a floor for payments to pediatric providers.
A study conducted by the University of Pennsylvania and published in the New England Journal of Medicine, reported that New Jersey achieved one of the country’s largest increases in patient access to Medicaid services when payments were increased to parity with Medicare. Conversely, an NJAAP survey revealed that the failure to renew these Medicaid parity payments caused a reduction and in some cases the elimination of these increased services throughout New Jersey.

With over 400,000 new enrollees joining since Medicaid expansion, access-related issues are poised to intensify.

A Medicaid Card Alone Does Not Ensure Access
Disaster Preparedness to Ensure Access to the Medical Home

The Pediatric Medical Home is uniquely positioned to provide optimal care to pediatric populations experiencing hardship as a result of natural or medical disasters. By minimizing interruptions to access and healthcare-related services, pediatricians can assist families through an appropriate recovery process.

The Pediatric Medical Homes’ capacity to function as a central hub to disseminate information and medical care, is especially crucial when normal channels of communication and medical care are challenged or have been destroyed.

In the event of a medical disaster, such as a rare or resurgent infectious disease or pandemic, the Pediatric Medical Home can serve as an effective conduit to providing the community with trustworthy information on a wide array of healthcare topics and also work collaboratively with community resources, local and state health departments, and hospitals to link families in need to essential services.
The American Academy of Pediatrics, New Jersey Chapter believes that all children deserve to feel safe and secure in their home, at school and while at play.

As staunch advocates for issues related to children’s safety, pediatricians regularly provide preventive education, screen for risk, and when appropriate, link families to community-based counseling and treatment resources.

**Victimization and Exploitation**

One in 4 girls and 1 in 8 boys experience inappropriate or unwelcome sexual contact by age 18. Identified as an Adverse Childhood Experience (ACE), this and other such episodes of childhood victimization and maltreatment are known to create toxic stress in children that not only leads to increased risky behaviors, but later in life, can result in chronic disease, disability, and premature death.

The Pediatric Medical Home is the ideal setting in which to provide the medical expertise and guidance for teaching children, beginning at an early age, the importance of Personal Space and Privacy (PS&P). In partnership with The CARES Institute at Rowan University, a nationally recognized facility for providing services to children who have suffered abuse, NJAAP is striving to elevate the PS&P dialogue to the AAP national stage.
**Gun Violence**

Intrinsic to ensuring a culture of safety, is limiting children’s exposure and access to firearms. Firearms have been and remain the most commonly used method of suicide among adolescents. Impulsivity and broad accessibility to firearms in the home contributes to a highly lethal (90%) fatality rate among adolescents attempting suicide.

NJAAP advocates for policies and programs that promote safe storage of guns and ammunition. Studies have shown that keeping unloaded guns locked and stored separately from ammunition, have a 70% protective effects to mitigate or eliminate the risk of unintentional injury and suicide rates in children and adolescents.

The Chapter also advocates for smart-gun lock and storage technology, firearm storage laws, as well as the elimination of gun show loopholes, tightening background checks, banning assault weapons and high-capacity magazines.

**Abuse, Neglect and Violence**

The number of substantiated or established cases of abuse/neglect of children rose 6% between 2009 and 2013 and incidents of bullying, cyber bullying, sexting, sextortion and teen dating violence continue plaguing children at every age.
Pediatricians have long served on the front lines of reducing, preventing and appropriately responding to instances of abuse, neglect and violence inflicted upon children. However, mounting time constraints, inadequate payment structures and the scarcity of sub-specialists increasingly impede efforts to thoroughly screen, educate and refer and otherwise provide maltreated children with the optimum level of care.

**Human Trafficking**

National statistics report the average age of entry into the life of trafficking falls between 13 and 19. At every age, these victims often experience high levels of trauma, which can have a profound negative impact on their behavior, self-identity and the overall ability to function.

NJAAP, in partnership with the NJ Department of Health and the Department of Children and Families, has trained hundreds of health care providers on trafficking prevention, identification and appropriate reaction.

**Human Trafficking**

*What to Look for During a Medical Exam/Consultation*
While these education and awareness efforts continue, additional support from the state is required to grow engagement and sustain the gains achieved.

Additionally, the Chapter encourages the state to engage pediatricians across New Jersey in efforts to establish a rapid-response network of pediatric medical homes to assist in delivering emergency healthcare to children and adolescents endeavoring to escape the bonds of human trafficking.
The New Jersey Chapter, American Academy of Pediatrics believes that every child deserves a quality breakfast, lunch and dinner each and every day and that all children should have daily access to varied physical activity programs - in child care centers, schools, after-school programs, and other community settings.

NJAAP also believes that the Pediatric Medical Home stands in a unique position to educate children and families early about the life-long benefits of proper nutrition and healthy activity. The Chapter also encourages the implementation of evidence-based standards and policies by schools and communities for improving the nutrition and wellness of all children.

To accomplish these objectives, the state must redouble its commitment to leadership, sustained resources, and funding for reducing childhood obesity rates and food insecurity. Efforts for achieving these goals should be concentrated within four core areas:

**Access to Food:** Increased support should be enacted to ensure families and others responsible for providing nutrition to children, have greater access - both in schools and in under-served communities - to foods that are nutrient-rich and low in added sugars and fat.
• **Physical Activity**: A renewed emphasis on providing appropriate daily physical activity programs to all children that encourage, educate and promote the life-long benefits of personal fitness.

• **Research and Partnerships**: Prevention strategies must be developed, tested, and subsequently implemented within the context of the Medical Home. This will require collaborating and building coalitions with professionals in the fields of:
  - Nutrition
  - Behavioral Health
  - Physical Therapy
  - Exercise Physiology

Additionally, partnerships must be established between communities, schools, and hospitals for counseling services, opportunities for physical activity, and strategic planning and reinforcement of best practices in obesity prevention and treatment.

• **Payment**: Adequate healthcare coverage and payment for obesity prevention strategies, must focus on and include:
  - Nutrition consultations;
  - Nutrition and fitness counseling provided by the Medical Home.

Children with obesity are more likely to have high blood pressure, high cholesterol and type 2 diabetes, which are risk factors for cardiovascular disease.

[www.cdc.gov/healthyyouth/obesity/facts.htm](http://www.cdc.gov/healthyyouth/obesity/facts.htm)
The New Jersey Chapter, American Academy of Pediatrics supports legislative actions that assist pediatricians in protecting all children from vaccine preventable diseases (VPD). Additionally, the Chapter remains strictly opposed to any attempt at weakening or eliminating immunization mandates or supporting acceptance of alternative vaccine schedules.

Outbreaks of measles, pertussis, Hib, and other vaccine preventable diseases are returning. Numerous factors are putting past treatment successes in jeopardy. These include the cost of acquiring and administering vaccines, an increasingly complex delivery system, as well as a small but growing number of parents who are forgoing vaccination for their children. The science on vaccine safety and efficacy is clear and undeniable, as are the dangers posed to those vulnerable segments of our population, who are either too young or medically unable to receive vaccines and may be exposed to these potentially deadly diseases.

Emphasizing the critical importance of halting falling rates across the lifespan, NJAAP launched the New Jersey Immunization Network (NJIN), a coalition of more than 400 public and private individuals and organizations dedicated to increasing immunization rates in New Jersey.
The New Jersey Chapter, Academy of Pediatrics has long supported preventive care including immunizations in the medical home setting as a major component of pediatric healthcare and disease prevention. We encourage actions that strive to eliminate the economic barriers that hinder access to immunizations.

In addition to supporting ACA mandates calling for insurance coverage of preventive services without co-pay, including immunizations, we encourage the state to support:

- Elimination of all immunization exemptions, other than medical.
- Reforming the vaccine delivery and payment system to ensure that all children have equal access to vaccines.
- Reduction/elimination of the administrative and financial burdens placed on pediatricians.

The New Jersey Immunization Network (NJIN) is a statewide coalition, cofounded and led by the New Jersey Chapter, American Academy of Pediatrics (NJAAP) and the New Jersey Academy of Family Physicians (NJAFP). The mission of the Network is to protect the health of all individuals through timely, age-appropriate immunization against vaccine-preventable diseases by educating the public, healthcare professionals, and policy makers about vaccine safety and benefits.
It is the position of the New Jersey Chapter, American Academy of Pediatrics, that the state direct the Children’s System of Care to ensure that adequate resources are available for pediatricians to ensure they remain actively engaged in the prevention, early detection, and management of children with mental and behavioral health issues.

Why?

• Early detection and intervention improve health outcomes and lowers the cost of care.

• Pediatricians see children up to 12 times in the first three years of life and several times per year afterwards;

• In New Jersey, about 47,000 adolescents (6.8% of all adolescents) per year in 2009–2013 had at least one Major Depressive Episode (MDE) within the year prior to being surveyed.¹

• Less than half of all adolescents with a MDE in 2009–2013 received treatment for their depression within the year prior to being surveyed.²

• Rates of Attention Deficit Hyperactivity Disorder (ADHD), anxiety disorders, depression, and behavioral disorders continue to increase, impacting both boys and girls.

Children with behavioral health disorders and their families use more types of pediatric health care services more often and at a higher overall cost than other children and families.³
While important strides have been made to improve access and delivery of care to address the needs of children with mental health disorders, considerable work remains. Pediatric Medical Homes, already on the front lines of early identification and provision of services to address children’s mental/behavioral health needs, should function as the central hub in the development of behavioral health homes.

New Jersey should continue this support and expand integrated models of physical and mental health delivery through the Medical Home. Mental illness, similarly to other disease, has better health outcomes when it is identified and treated early.

New Jersey should continue efforts to promote development of a state-wide Mental Health Coalition.

• The New Jersey Departments of Banking and Insurance, Human Services, and Children and Families should mandate managed care organizations to pay for EPSDT, mental health screening and case management/care coordination services.

• Legislation and state rules must eliminate barriers to the provision of mental health screening, diagnosis, and treatment by pediatricians in a Medical Home.

• New Jersey should continue to support and expand the Child Psychiatric/Pediatric consultative model currently being piloted.

1-2SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013
NJAAP understands that children with untreated tooth decay not only suffer pain and infection, they have difficulty eating, talking, socializing, sleeping, and learning.

In response to a 2011 Pew Center report, which exposed deficiencies in New Jersey’s efforts to adequately address the dental health needs of its children, the Chapter began working collaboratively with the New Jersey Dental Association (NJDA), Medicaid-HMO providers and other stakeholders to improve the models of care. Progress included:

• Meeting Healthy People 2010 sealant objectives
• Improving Medicaid Fee-for-Service reimbursement as a percentage of private dental plans. (69% vs. 49% nationally)
• Expanding the numbers of qualified providers of dental care to children within our state

The Chapter continues advocacy efforts that are in alignment with the NJ Oral Health Coalition, NJDA, state and public health entities, private industry stakeholders and government and private payers in order to maintain and advance the infrastructure required to support a system that meets the oral health needs of all the children in the state. It is the Chapter’s position that pediatricians and family practitioners, who see children often in the first two years of life, provide comprehensive preventive oral health services within the context of a Pediatric Medical Home.
These services should include:

- oral health assessments
- provision of fluoride varnish applications
- early referral by one year of age to a qualified dental health home.

In order to reap the long-term savings made possible through early identification and prevention strategies that reduce costly dental procedures in the future, it is essential that Medicaid and other third-party payers be required to provide appropriate and timely payment to pediatricians for each of these services.

We believe that the pediatrician-led Medical Home healthcare team, are best poised to provide the preventative oral health services and timely referral to dental professionals trained in the care of children.

Transforming knowledge and attitudes among medical and dental health providers, payers and communities on evidence-based prevention models to improve children’s oral health in New Jersey is paramount to the work of the Chapter’s Committee on Oral Health. Working together with this multidisciplinary stakeholder group, which it formed in 2009, NJAAP continues to supports efforts to:

- Train additional dentists to provide services to children under five years of age
- Increase the number of dentists participating in Medicaid for Child Dental Services
- Expand the dental workforce with the highly trained professionals who can meet the unaddressed oral health needs of children in New Jersey.
Facing Poverty

Poverty has been called “the most pervasive of risks for America’s children” (Schickedanz 2015). The New Jersey Chapter, American Academy of Pediatrics supports actions that have been proven to lessen the crippling effects of poverty, including access to care, healthy food, violence free neighborhoods, support for families, and early childhood education. NJAAP recognizes that investments made in early childhood reap the greatest life-long returns.

In New Jersey, over 600,000 (31%) of children live in poverty, with 15% below the poverty line and another 16% just above the line in asset limited homes (where a family of four relies on income less than $47,248.1 While the number of children in New Jersey living in poverty is below the national average (44%), the state’s higher than average cost of living and its ranking as the third wealthiest in the US, demonstrate both the need and financial ability to support these children.

Additional poverty facts:

- Over 374,000 children (18%) are ranked “food insecure”
- 47% of our 3 and 4 year olds living in poverty are NOT attending preschool, a measure known to improve likelihood of success in life
- 78% of our 4th graders eligible for free/reduced school lunch scored below proficient reading level (ranked 20th among the states). (AAP, 2015)
- Too often, a zip code is a predictor of poor health outcomes
The effects of poverty on children’s health are well documented. Poor children have higher mortality in the first year of life; more frequent hospitalization and complications of chronic disease such as asthma; poorer nutrition and growth; and less access to quality medical care. Children living in poor households are at greater risk for harms to wellbeing far into adulthood. (Schickendanz 2015).

NJAAP remains steadfast in its efforts to focus attention and resources on evidence-based approaches to ameliorating the effects of poverty including:

• Establishing a State Child Poverty Commission, Council, or Task Force
• Supporting New Jersey pediatricians and other child health care provider efforts to screen for food insecurity
• Developing regional resource lists that pediatric offices and schools can provide to caregivers in food insecure families
• Expand funding for Head Start and increase pre-kindergarten enrollment
• Eliminate Payday Loan programs in NJ

1 National Center for Children in Poverty, May 2015
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Our vision is to be the leading authority, advocate and voice for advancing all children’s health in New Jersey and for the pediatricians that care for them.