

Extending the Medical Home to Assure Optimal Outcomes for Young Children



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Conflict of interest



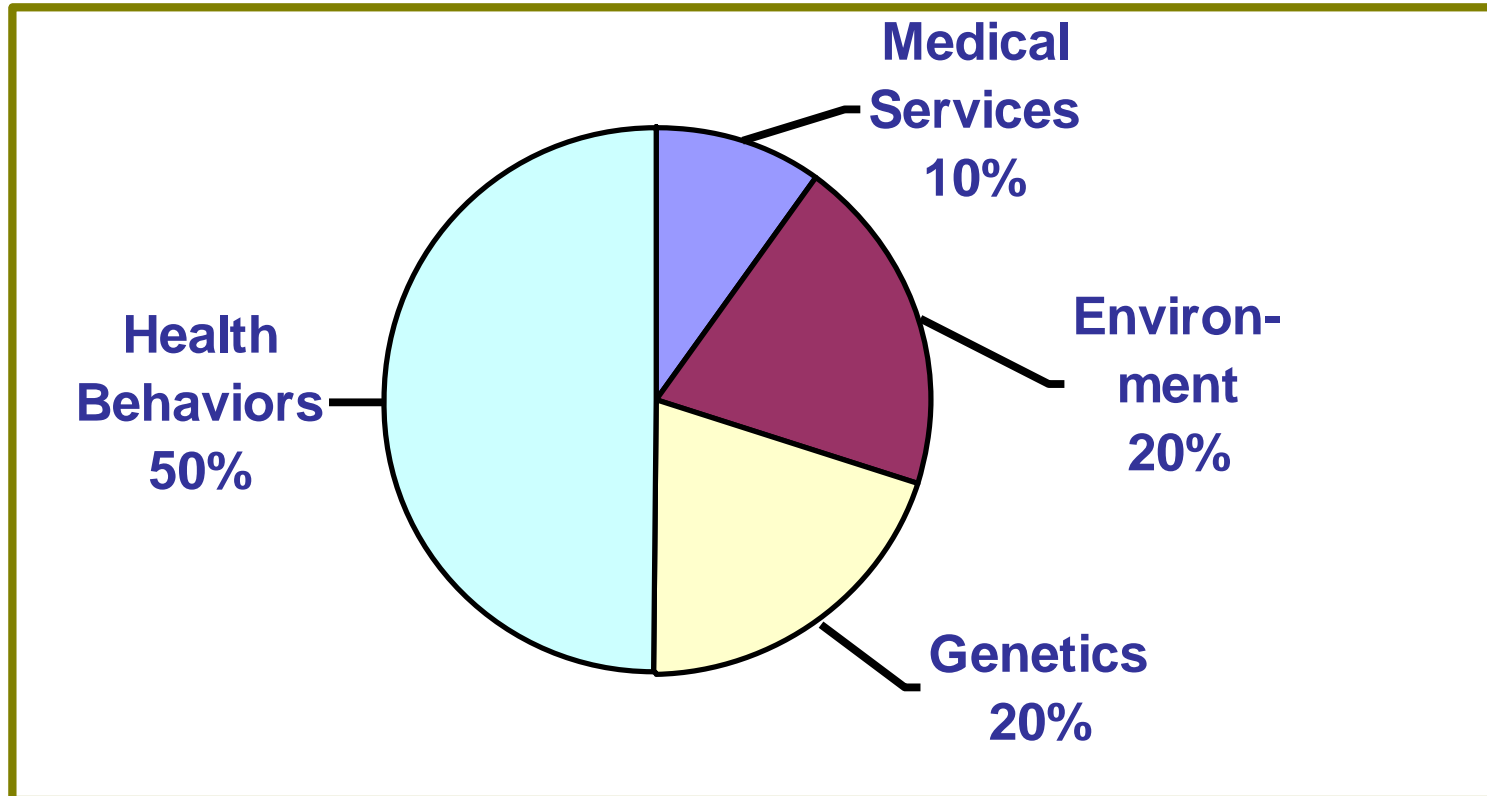
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Objectives



- **Describe the typical pediatric medical home in 2011**
- **Discuss child outcomes for 2011**
- **Explain opportunities for pediatricians to extend their medical home efforts to improve child outcomes in their communities**

Factors Affecting Child Health



SOURCE: Healthy People 2010, US Department of Health and Human Services, 2000.

“The person who is truly effective has the humility and reverence to recognize his own perceptual limitations and to appreciate the rich resources available through interaction with the hearts and minds of other human beings.”



Stephen Covey

Background Information



- **School Board (1983-92)**
- **1985: NC Vaccine-related Injury Compensation Program**
- **1994: NC Universal Childhood Vaccine Distribution Program**
- **1996: Community Care of NC**
- **1998: NC Health Choice (SCHIP)**

Open Forum Concept



- **Pediatricians in community practice**
- **Pediatricians in academic settings**
- **Child advocates**
- **Health and human services professionals who are not pediatricians**
- **State government leaders and administrators**

Goldsboro Pediatrics



- **1977-present:**
 - **4 offices, 6 school-based health centers**
 - **electronic health record**
 - **15 pediatricians**
 - **7 nurse practitioners/physician assistant**
 - **2 behavioral health professionals**
 - **1 lactation consultant**
 - **3 care coordinators**
- **Level II Newborn Unit (Wayne Memorial)**
- **Pediatric Inpatient Unit (Wayne Memorial)**
- **Wayne Pediatric CME Series**

Goldsboro Pediatrics



- **Wayne County First Steps**
- **Wayne Action Team for Community Health**
- **Wayne Initiative for School Health**
- **Community Access to Child Health (CATCH)**
- **Child Family Support Teams**
- **CHANGE Program**
- **Innovative Approaches and Project Connect**

Pediatrics: A Profession in Transition



- **Spouses that work outside the home**
- **Women in pediatrics**
- **Accountable Care Organizations (ACO's)**
- **Patient-centered medical home (“an approach, 1967)**
- **Payment Structure: Third Party Payers/NCQA**
 - **fee-for-service**
 - **bonus for quality improvement**
 - **bonus for at-risk patients**
- **Bright Futures (AAP and MCHB)**

Pediatricians are Different



- **Teachers**
- **Coaches**
- **Ministers**
- **Social Workers**
- **Counselors**
- **Scientists**

Pediatricians have Access to Families



- **Number of health care providers in a practice**
- **Number of patient encounters, including phone calls/e-mails a day**
- **For example, in our practice, on a given weekday, there are 19 “providers” who “touch or talk with” 20-50 families each**
- **Tremendous opportunity to convey messages to families in the community**

Pediatricians Involvement in the Community

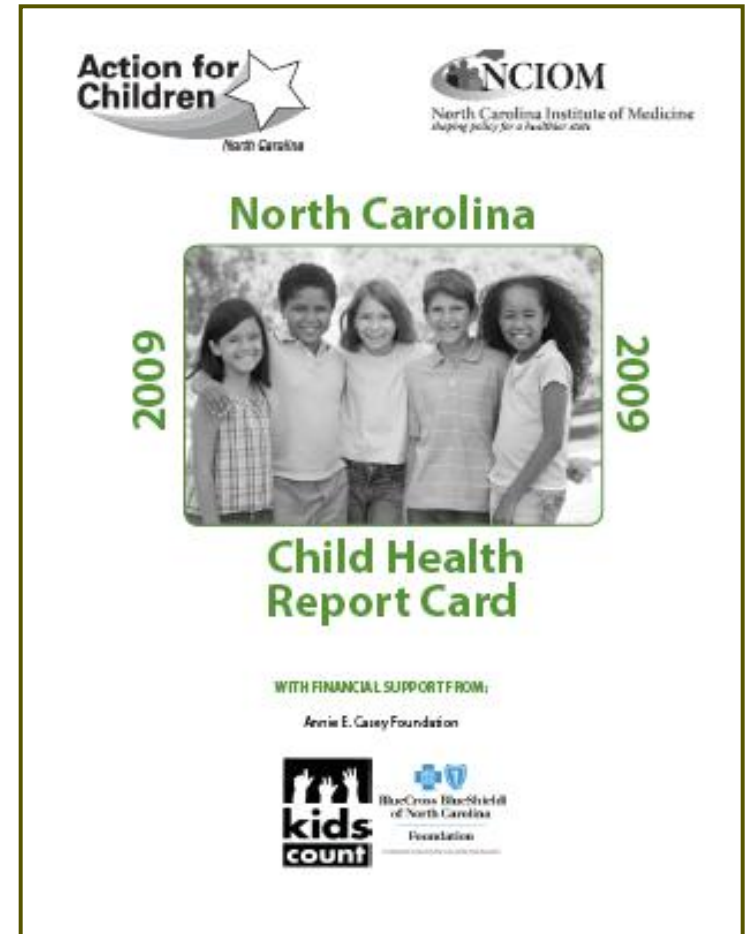


- **Cynthia Minkovitz, MD, MPP
(cminkovi@jhsph.edu)**
- **Pediatrics 2007; 120; 1036-1043**
- **Arch Pediatr Adolesc Med 2008; 162(7) 658-664**
- **Advocacy curriculum for pediatricians in training**

North Carolina Child Health Report Card 2009



- **Action for Children NC:**
 - www.ncchild.org
- **Institute of Medicine:**
 - www.nciom.org



Early Intervention*



- **Number of children enrolled in early intervention services to reduce effects of developmental delay, emotional disturbance, and/or chronic illness**
 - **2000: 7,046**
 - **2008: 15,869**

***North Carolina**

Environmental Health*



- **Lead:**

- **Percent of children 1-2 y.o. screened for lead:**

- **2000: 33.7%**
- **2008: 46.2%**

- **Percent found to have elevated lead levels**

- **2000: 2.4%**
- **2008: 0.5%)**

- **Asthma:**

- **Percent of children diagnosed:**

- **2000: 11.0%**
- **2008: 14.2%**

- **Hospital discharges per 100,000 children aged 0-14:**

- **2000: 201.3**
- **2008: 166.2**

***North Carolina**

Communicable Diseases*



- **Number of newly-reported cases:**
 - **Congenital syphilis at birth:**
 - 2000: 20
 - 2008: 10
 - **Perinatal HIV/AIDS at birth:**
 - 2000: 4
 - 2008: 1
 - **Tuberculosis (age 0-18):**
 - 2000: 27
 - 2008: 31)

***North Carolina**

Insurance Coverage*



- **Percent of uninsured children (age 0-17) below 200% poverty level:**
 - 2000: 17.4%
 - 2008: 15.6%
- **Percent of all children (0-17) uninsured:**
 - 2000: 9.9%
 - 2008: 9.3%
- **Number of children (0-18) covered by public health insurance (Medicaid or NC Health Choice) in December:**
 - 2000: 578,486
 - 2008: 947,036
- **Percent of Medicaid-enrolled children (0-18) receiving preventive care:**
 - 2000: 66.8%
 - 2008: 79.4%

*North Carolina

Immunization Rates*



- **Percent of children with appropriate immunizations:**
 - **At age 2:**
 - **2000: 80.6%**
 - **2008: 71.2%**
 - **At school entry:**
 - **2000: 97.5%**
 - **2008: 96.5%**

***Anti-vaccine lobby has been devastating!**

Child Fatality



- **Number of deaths (age 0-17) per 100,000:**
 - 2000: 81
 - 2008: 71
- **Number of deaths (age 0-17):**
 - **Motor Vehicle:**
 - 2000: 172
 - 2008: 123
 - **Drowning:**
 - 2000: 37
 - 2008: 30
 - **Fire/Burn:**
 - 2000: 18
 - 2008: 17
- **Number of deaths (age 0-17) cont'd:**
 - **Bicycle:**
 - 2000: 6
 - 2008: 3
 - **Suicide:**
 - 2000: 32
 - 2008: 22
 - **Homicide:**
 - 2000: 54
 - 2008: 58
 - **Firearm:**
 - 2000: 47
 - 2008: 45

Birth Outcomes



- **Number of infant deaths per 1,000 live births:**
 - 2000: 8.6
 - 2008: 8.2
- **Percent of infants born weighing 5 lb. 8 oz. (2500 grams) or less:**
 - 2000 : 8.8
 - 2008: 9.1

Breastfeeding



- **Percent ever breastfed:**
 - **2000: 66.5%**
 - **2006: 66.9%**
- **Percent breastfed at least six months:**
 - **2000: 29.3%**
 - **2006: 36.7%**

Dental Health



- **Percent of children:**

- **With untreated tooth decay (kindergarten):**

- 2000: 23%
- 2008: 17%

- **With one or more sealants (grade 5):**

- 2000: 37%
- 2008: 44%

- **Percent of Medicaid-eligible children:**

- **Age 1-5 who use dental services:**

- 2000: 16%
- 2008: 40.6%

- **Age 6-14 who use dental services:**

- 2000: 31%
- 2008: 52.3%

- **Age 15-20 who use dental services:**

- 2000: 18%
- 2008: 36.1%

Alcohol, Tobacco and Substance Abuse



Percent of students (grades 9-12) who used the following in the past 30 days:

– Cigarettes:

- 2000: 27.8%
- 2007: 19%

– Smokeless tobacco:

- 2000: 8.9%
- 2007: 8.6%

– Marijuana:

- 2000: 20.8%
- 2007: 19.1%

– Alcohol:

- 2000: 38.2%
- 2007: 37.7%

– Cocaine (lifetime):

- 2000: 6.7%
- 2007: 7.0%

– Methamphetamines (lifetime):

- 2000: 7.8%
- 2007: 4.7%

Child Abuse and Neglect



- **Number of children:**
 - **Receiving assessments for abuse and neglect:**
 - 2000: n/a
 - 2008: 127,192
 - **Substantiated as victims of abuse and neglect:**
 - 2000: n/a
 - 2008: 12,396
 - **Found in need of services:**
 - 2000: n/a
 - 2008: **13,951**

Child Abuse and Neglect (cont'd)



- **Percent of children experiencing recurrence of maltreatment within six months:**
 - **2000: 7.6%**
 - **2008: 7.3%**
- **Confirmed child deaths due to abuse:**
 - **2000: 30**
 - **2008: 33**

Obesity



- **Percent of low-income children who are obese:**
 - **Age 2-4:**
 - 2002: 13.5%
 - 2008: 15.4%
 - **Age 5-11:**
 - 2002: 21.1%
 - 2008: 25.7%
 - **Age 12-18:**
 - 2002: 26.3%
 - 2008: 28.5%

Sexuality Education*



- **Pediatric practice/School Board**
- **Health Department**
- **Hospital**
- **School-based Health Centers**
- **Partnership for Children/Project Connect**

***At-risk children do not parachute into our communities – they are conceived there!**

Pregnancy Medical Home



- **Health Department (Medicaid/State Health Director)**
- **Obstetrical Private Practice**
- **Pediatric Private Practice**
- **Hospital (Medical/Nursing/Social Work)**
- **Intensive Home Visiting**
- **Department of Social Services**

Breastfeeding



- **Certified Lactation Consultant (who pays?)**
- **User-friendly system for support**
- **Community-based coalition**
- **Baby Friendly Hospital (committed pediatricians)**
- **CATCH Grant**
 - **American Academy of Pediatrics (www.aap.org)**

Supporting Parents



- **Child Service Coordination and Local Interagency Coordinating Council**
- **Child Development Services Agency (IDEA)**
- **Head Start, Smart Start**
- **Cooperative Extension Service (4H)**
- **Intensive Home Visiting**

Reach Out and Read



- **Approximately one-half of parents do not read to their young children every day**
- **30% of kindergarten children do not have age-appropriate language skills (NC)**
- **30-40% of 3rd/4th grade children are not reading at grade level (NC)**
- **www.reachoutandread.org**
- **Deliveries = 1600; cost = \$40,000**

IDEA:

Age 3-21 years



- **Local Interagency Coordinating Council**
- **Community-based care coordinators**
- **Behavioral health**
- **School health, School-based health centers**
- **Innovative Approaches**
- **Communities in Schools**
- **Edgewood Community Developmental School**

Obesity Prevention and Treatment



- **Family and community (faith-based organizations?)**
- **Primary health care professionals**
- **WIC/Preschools/Schools**
- **Federal/State government**
- **Health education**
- **Community-based treatment programs**
- **<http://www.aap.org/obesity/>**

AAP RESOURCES



- **<http://www.aap.org/commpeds/>**
- **CATCH: Community Access to Child Health**
- **Healthy Tomorrows**
- **Jean Davis (jdavis@aap.org)**
- **Jeanne VanOrsdal (jvanorsdal@aap.org)**

My Father, the Pediatrician



- **Pediatric practice (1955-94)**
- **Smoking, Overweight**
- **Attitude toward health (“take my exercise”)**
- **Ethics (what should our priorities be?)**
- **Family**
- **Community (visits, calls, letters)**

Thank You



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Abstract: Children are most likely to have optimal outcomes if they are born to mature, loving, economically stable families and given sufficient quality time from families and community citizens and organizations to assure healthy early brain and child development. Pediatricians can be catalysts to assist communities in addressing the barriers to healthy early brain and child development. Dr. David Tayloe, Jr, MD, FAAP, has spent the last 33+ years working at the community level to address common barriers to healthy early brain and child development. He will discuss the medical home concept as a mechanism through which pediatricians can involve the entire community in overcoming barriers to optimal early brain and child development

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