Promoting the health, safety, and well-being of children and adolescents in New Jersey

Agenda for Children 2018 - 2019

New Jersey Chapter American Academy of Pediatrics
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.
*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)

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

The New Jersey Chapter, American Academy of Pediatrics believes that all children, regardless of age, race, ethnicity, gender identity, 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 medical and surgical 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 psychiatry and other areas. This is causing many New Jersey families to leave the 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 provider 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 resulted in a reduction and in some cases the elimination of these increased services throughout New Jersey.

With over 500,000 new enrollees joining since Medicaid expansion, access-related issues are poised to intensify.

**A Medicaid Card Alone Does Not Ensure Access To A Pediatric Medical Home**
Pediatric Medical Home

Why a Pediatric Medical Home?
The Pediatric Medical Home serves as the central hub to each child’s healthcare neighborhood, while providing the comprehensive care necessary to ensure children achieve their fullest potential in physical, oral, vision and mental/behavioral 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 the comprehensive pediatric care provided by a Pediatric Medical Home.

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

Factors inhibiting access to this care include:

- Provider 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
Wellness

Preventative Oral Health

NJAAP understands that children with untreated tooth decay not only suffer pain and infection, they have difficulty eating, talking, socializing, sleeping, and learning.

It is the Chapter’s position that pediatricians and family practitioners who see children most often in the first two years of life, are best situated to provide the 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.

Working together with a multidisciplinary stakeholder group we formed in 2009, NJAAP continues to support 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 who can meet the unaddressed oral health needs of children in New Jersey.
Behavioral/Mental Health
It is the position of the New Jersey Chapter, American Academy of Pediatrics, that the state commit adequate resources to ensure that pediatricians 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 72,000 adolescents (10.4% of all adolescents) per year in 2015–2016 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 2006–2015 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. Pediatricians, 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. Equally important, barriers preventing adequate payment to pediatricians for evidence-based screenings and the management of behavioral health disorders must be eliminated. New Jersey should continue this support and sustain the Collaborative Mental Health Care Program, an integrated child mental health/pediatric consultative model that ensures appropriate screening and referral of children and adolescents to regional mental health Hubs.

• 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.

• The Child Psychiatric/Pediatric consultative model must be made a permanently funded component of the Children’s System of Care

1-2SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013
Vision

Eye examination and vision assessment are vital for the detection of conditions that can result in blindness, signify serious systemic disease, lead to problems with school performance, or at worst, threaten the child’s life.

It is the position of NJAAP that examination of the eyes should be performed all well-child visits, beginning in the newborn period. Visual acuity measurement should be performed at the earliest possible age that is practical - usually at approximately 3 years of age.

Through careful evaluation of the ocular system, retinal abnormalities, cataracts, glaucoma, retinoblastoma, strabismus, and neurologic disorders can be identified, and early detection and prompt treatment of ocular disorders in children is important to avoid lifelong permanent visual impairment.

Since children do not commonly complain of visual difficulties, vision screening is an important component of comprehensive pediatric vision care

Infants and children at high risk of eye problems should have access to specialized eye examination by an ophthalmologist experienced in treating children. This includes children who are very premature; those with family histories of congenital cataracts, retinoblastoma, and metabolic or genetic diseases; those who have significant developmental delay or neurologic difficulties; and those with systemic disease associated with eye abnormalities.
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, 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 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.
Poverty

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:

- 47% of 3 and 4-year olds living in poverty are NOT attending preschool, a measure known to improve likelihood of success in life
- 78% of 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
- Over 374,000 children (18%) are ranked “food insecure”

Income Insecurity

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 also at greater risk for harms to wellbeing far into adulthood. (Schickendanz 2015).

Living in poverty has life-long consequences for children. Research shows these children are more likely to experience chronic health conditions, mental health problems and educational challenges that will persist throughout their lives.
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

1 National Center for Children in Poverty, May 2015

**Food Insecurity**

Every child deserves a quality breakfast, lunch and dinner each and every day, throughout the entire year. To accomplish this objective, the state must redouble its commitment to leadership, sustained resources, and funding for reducing childhood food insecurity.

NJAAP endorses 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 fresh nutrient-rich and low in added sugars and fat.
Safety

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 one of many an Adverse Childhood Experiences (ACE), this and other such episodes of childhood victimization and maltreatment are known to create toxic stress in children. Toxic Stress 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 continues efforts to elevate the PS&P dialogue on the national stage.
Gun Violence

Intrinsic to ensuring a culture of safety, is limiting children’s exposure and access to firearms. Several studies have shown that access to firearms in the home is closely associated with an elevated risk of suicide, particularly among adolescents. Suicide is the third-leading cause of death among adolescents, and firearms are implicated in 65% of deaths among persons younger than age 19.

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 cases of abuse/neglect of children dropped 8.5% between 2012 and 2016, however, incidents of bullying, cyber bullying, sexting, sextortion and teen dating violence continue plaguing children at every age. Pediatricians continue serving on the front lines of
reducing, preventing and appropriately responding to instances of abuse, neglect and violence.

Mounting time constraints, inadequate payment structures and scarcity of sub-specialists all impede efforts to thoroughly screen, refer an 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.

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 New Jersey pediatricians 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.

**Environmental Health**
Children are uniquely vulnerable to environmental contaminants, from increasing air pollution to the effects of climate change and lead poisoning. In addition, children face disproportionate exposure to environmental factors that negatively affect health; they breathe faster than adults, spend more time outside and have lungs that are still developing.

NJAAP endorses emphasizing primary prevention efforts to reduce or eliminate the myriad sources of lead in the environment that threaten children - BEFORE exposure occurs and recognizes this to be the most reliable and cost-effective approach to protecting children from lead toxicity.

_Pediatricians play a key role in preventing exposure, identifying and treating lead poisoning in patients, and advocating for public health measures to address the problem._
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“There can be no keener revelation of a society’s soul than the way in which it treats its children.”

— Nelson Mandela