In her keynote address at the American Academy of Pediatrics’ national convention in October 2009, Mrs. Alma Powell, chair of the America’s Promise Alliance said that “pediatricians are experts at our national security and economic development because they feel the moral imperative of ensuring the well being of our children.” This statement surely embodies the Rhode Island pediatrician. Including resident trainees, Rhode Island boasts over three hundred men and women who, collectively, have hundreds and hundreds of years of experience proudly caring for our state’s children.

We are living in crucial but exciting times. Federally the talk is about healthcare reform. Locally the talk is about the Global Medicaid Waiver. However, both of these discussions are about health insurance reform. True cost savings will only be achieved with an unrelenting laser focus on healthy care reform, and healthy care for all children. It is globally embarrassing that the richest nation in the world does not provide comprehensive health services to all of her children. As the saying goes, “an ounce of prevention is worth a pound of cure.” And since our patients are measured in pounds and ounces, pediatricians know the value of healthy care very well.

The Medical Home was a concept born by the American Academy of Pediatrics (AAP) in 1967 as a best-practices method to coordinate the medical care of children with special health care needs.1 In recent years, the definition of the medical home has been broadened to become the Patient Centered Medical Home, resulting in a document of standard principles that are endorsed by four leading national organizations—the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Physicians and the American Osteopathic Association.2 While it may be intuitive that access to a personal physician improves health and saves health care dollars, the proof is available here in Rhode Island.

By increasing family access to a medical home, the financial investments in our state’s Rte Care insurance program have been returned with both short and long term healthcare cost-savings as well as healthier patients. According to the RI KIDS COUNT, children and adults enrolled in Rte Care have the lowest percentage of emergency admissions to the hospital, lowest rates of preventable admissions, improved access to primary care and healthier infants and children. Pregnant women who are insured by Rte Care have healthier pregnancies, fewer infant deaths and are less likely to smoke.3 In a medical home, children have a personal pediatrician. They have regular check ups where their vision and hearing are screened, their development and schooling are assessed, their parents receive anticipatory guidance about the child’s development and the child receives his/her vaccinations. The AAP calls these the “entals”—mental, dental and developmental. This comprehensive approach to well child care is the standard of care as codified by the AAP document Bright Futures.4 Written in the healthcare reform legislation as the best standard of medical care for pediatric health, Bright Futures is now the law of the land. As a thorough document for ideal pediatric well child visits, the Bright Futures standards add to each office visit time consuming but worthy screenings and discussions that are valued by Current Procedural Terminology (CPT) codes. Recognizing the cost savings component of Bright Futures-driven care, insurance companies should value this care with payment of at least 100% Medicare for these screenings and their codes. Smaller patients should not equate to smaller payments.

As previously stated, insured children in a medical home are healthier and are more likely to grow in to healthier and productive adults who require less healthcare dollars over their lifetime. The ongoing research of the CDC’s Adverse Childhood Events (ACE) study5 is a poignant reminder that a healthy childhood has lifelong value. Here is the compelling scientific proof that many chronic diseases of adults are determined decades earlier by childhood experiences. In the study adults were asked questions about their childhood—were your parents divorced or separated, were you abused, either emotionally, physically or sexually, were you neglected, either emotionally or physically, was there domestic violence in the home or mental illness, etc. Each affirmative answer was scored one point with the total number of points equally the ACE score. With just a score of two, and many adults have an ACE score of two, there is five-fold increase risk of suicide attempts and a two-fold increase in chronic depression in women. Extrapolated to the general female population, the ACE study shows that 54% of current depression and 58% of suicide attempts can be attributed to adverse childhood experiences. This study shows a direct and at times exponential correlation between a higher ACE score and health related behaviors. It is a stunning piece of research that proves that our society pays in the future for the experiences of today. Childhood events clearly affect adult lives and these effects cost big healthcare dollars.

These economic times are challenging but we cannot turn our back on the fact that the policy and payment decisions that we make right now can affect our children for a lifetime, and will affect our nation for a generation. But there is hope. The best inoculation that we can give to our children for a successful future is to guarantee that every Rhode Island child realizes the five promises of America’s Promise.6 In this paradigm, children need access to caring adults, safe places, a healthy start, an effective education and opportunities to help others. Currently, less than one in three US children receives enough of these five

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promises to become independent, successful adults. The key factor to achieving this success is health.

As Mrs. Powell closed her keynote address in October 2009, she relayed the following story. In the Maasai culture, when the adults greet each other they say, “and how are the children?” Together, let us think of Rhode Island’s children with every decision we make and every action we take, each and every day, striving for that day when we can answer, “and the children are well.”

REFERENCES
3. Rhode Island KIDS COUNT, November 2010 briefing.

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