



Priority Pediatric Practice Issues

American Academy of Pediatrics, District II (NYS)

Bright Future's NY: A Model for a High Quality Child Focused Medical Home

New York must commit to designing and implementing a Bright Futures NY Medical Home Model for all children. All children, regardless of payer source, should have access to high quality, child specific, medical home resources to meet their health care needs. The state must also assure that pediatricians providing Bright Futures NY medical homes are adequately paid for the broad range of preventive and primary care services that form the core of this very high quality care.

Empower Pediatricians in the Health Care Marketplace

The current health care marketplace constrains the ability of pediatricians and other primary care physicians to represent their own needs and the needs of their patients. We look forward to exploring with our partners in state government, the insurance industry, and the health care delivery system how best to bring the perspective of pediatricians and the focus on children's health into the general planning, design, implementation and budgeting of health care services in New York State. Our current support for legislation (A.2474/S.3186), affording physicians the option of negotiating with health insurers, is an example of one approach to address this complex problem.

Immunization

Most pediatric practices offer immunizations as a core component of high quality pediatric care in a Medical Home model. However, fair payment for this life saving preventive care continues to erode. The District is committed to finding ways to address fair payment for pediatricians who must purchase vaccine without assurance of fair reimbursement. We are also exploring ways to assure fair payment for vaccine administration that will include the costs of ordering, safe storage, reporting requirements, and often time consuming counseling.

Support for Pediatric Specialty and Subspecialty Care

In many parts of the state there are no pediatric specialists and subspecialists available for the children and families who need them. In some instances families need to travel hundreds of miles to access needed care. This crisis is exacerbated because insurers refuse to pay fairly for pediatric specialty care. Many key pediatric specialists no longer take insurance, putting their key services out of the reach of most families. Targeted efforts must create ways to encourage and support capacity building across communities which will provide high quality specialty care access for children and families who need such care.

