

Appendix D

Summary of AAP Provider Focus Groups, Spring 2008:

In the winter and early spring, the AR Chapter of the American Academy of Pediatrics conducted a series of focus groups engaging child health services providers regarding their perspective about the condition of children’s health. A structured question guide was developed and used at each focus group. Discussion facilitator was Ray Scott and the chapter president, Dr. Eddie Ochoa and chapter executive director, Aimee Berry assisted. At each of the 5 focus groups there was discussion surrounding both similar as well as unique issues and barriers. The overwhelming issue discussed at each site was the lack of parental involvement, education and financial resources. The participating providers seemed to agree that the parental component was the catalyst for creating the “hot-button” issues such as the obesity epidemic, lack of preventative care and dental care, teen pregnancy and rise of STDs. Navigating the Medicaid system (as well as other payer systems), availability of specialists and an increase in patient loads were common barriers that prevent the provider community from effectively treating its population. Language/communication barriers were also addressed at each group, with a lack of providers from the minority community (both black and Hispanic). An interesting comment at one site was that discrimination was economic, not related to race or ethnicity. Overall, participants agreed that high-quality care is consistently delivered when children are able to be treated.

PARTICIPANTS:

***In order of pediatricians, mental health providers, AHEC representatives, school nurses, pharmacist, dentist, DDS representatives, county/state health department representatives (if applicable).**

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
Private Practice Pediatrician, LCSW, AHEC Director/RN, Family Practice Physician (AHEC), DO (AHEC Resident), School Nurse (Dollarway – CSH site), Pharmacist, Dentist, DDS Representative	Pediatric Psychiatrist, Psychologist, Representative, Administrator (Mental Health Facility), Family Practice Physician (AHEC), Family Practice APN (AHEC), AHEC Director of Nursing/RN, School Nurse, Pharmacist, 2 dentists, DDS	Private Practice Pediatrician, Private Practice APN, LCSW, Administrator (Mental Health Facility)AHEC Director/Ed D, School Nurse, Dental Assistant, DDS Representative, County Health Officer/RN, WIC Representative	Private Practice Pediatrician, Adult Psychiatrist (treats pediatric population because of lack of providers), AHEC Family Practice Physician/County Health Officer/Owns Pediatric Clinic, School Nurse, Pharmacist, DDS Representative	Private Practice Pediatrician, Administrator of Mental Health Facility, AHEC Director (PharmD), WRMC Administrator, School Nurse, DDS Representative, Social Worker (DHS), RN (ADH)

ISSUES:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
<p>Lack of dental care Neglect and laziness of parents Lack of Education of parents Obesity and related illnesses Lack of preventive care – low immunization rate Financial investment to establish programs like fluoridated water not seen as essential – but society must pay for diseases related to lack of preventive programs</p>	<p>Well child check ups are the only time they come in Lack of dental preventive care Lack of assessment/referrals for behavioral disorders Lack of family involvement Oral hygiene is not reinforced at home Lack of homes for children with severe mental health issues Obesity Adherence to medications Conversely, parents believing that medication is the solution Parents lack of concern Poor prenatal care – birth defects, young mothers – as young as 6th grade Drug and alcohol abuse- effects everything from prenatal all the way through Over medicating the population with stimulants – how will these pts. Function when they turn 18 and are no longer covered by mcd? Obesity and related health issues like hypertension</p>	<p>Obesity epidemic Poor follow up Autism, mental health – crisis situations – waitlisted until there is a placement Incarcerated parents – young grandparents – great grandparents who are raising children Teen pregnancy Poverty Transportation Parents with jobs that aren't flexible Gangs and violence driven by poverty, gambling, drug and alcohol abuse Premature births and lack of prenatal care Drug seeking parents Doctor hopping</p>	<p>Diabetes, Type 1 Asthma Peanut Allergies ADHD – all requiring meds at school Teenage pregnancy STD Access to prenatal care Psychiatric services MR/Serious Emotional Disturbance Lack of providers willing to service – community-based providers In-patient Services Support systems for special needs children Kisler Center – great developmental center – lucky to have Takes 4-6 months to get developmental assessment No child psychiatrist Logistical issues for specialty services at ACH – transportation Mental Health Lack of resources – not enough psychiatrists, esp. ped Problems are: Biased, Fragmentation, children covered, but not parents Mental, Substance, Developmental – crossover Medicaid Formulary – evidence-based, drug utilization committee – two different Formulary run by NDC numbers – Evidence based good for medical, but for mental illnesses – need flexibility Immunizations – not covered by all insurance, and if they do, reimbursement is low VFC is not workable Bottlenecks in a system that is already fractured</p>	<p>Medical care coverage Poor lifestyle choices – poor nutrition, healthcare, lack of education Undocumented residents – have to have a medical condition to qualify for cms – what happens when these children turn 18. ADHD – hyperactivity, single parent families, dependent on fast food – too mobile of a society – children never get to settle down STDs – last December 3 positive claps/this December 17. multiple partners – ages 15 on up Drug problem – meth, parents not having support systems, using er as primary care, new moms delivering and testing positive for drugs Translation issues – do have a few translators, but spread thin Mental health services – lack of – no good providers, no child psychiatrist in community Recruitment Need professionals who actually speak Spanish because care is not as good if you go through translator DHS needs to be more seamless delivery system – wrap around services before crisis situation</p>

IMPACT OF ISSUES:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
Complications of disease Parents missing work Rising insurance premiums	Cost shifting with Medicaid – use ER as primary care No accountability Ignorance	Poverty - Lack of nutrition, healthcare, multiple children – young mothers 1/3 of teenagers who get pregnant will graduate from high school Children have a hard time admitting problem because they are worried about if they are going to be turned in.		AR Kids B – won't pay for physical therapy services – will pay for the acute care, but not the rehabilitation Addition in parents and its effect on their children – in lower socioeconomic population, mcd won't pay for adult therapy and rehab – downstream costs associated with it

ACCESS:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
Pine Bluff healthcare providers see patients from a large geographic area – lack of quality care in smaller communities Parents refuse to/can't bring children to appointments (lack of education, appt/care is perceived by parents as unimportant, lack of transportation/high gas prices, lack of job flexibility) Private practice PCPs are not able to accept any more Mcd patients (AHEC responded by saying that they have availability to take more pediatric patients)	Lack of after hours Not enough dentists accepting mcd, not enough dentists to support pt. population Not enough providers to support patient population Transportation to facilities Parents don't care Everything is reactionary – no preventive Home-based schooling takes away the safety net of schools so that behavior problem kids don't get social stimulus	Transportation Used to mail wic vouchers, but don't want to do that because when families come in, they are counseled Lack of Knowledge Providers don't know services that are available Can't care for sick child in hospital because other children are in the home and need to be cared for Length of time it takes to get into specialty clinic Working poor who don't qualify for mcd – self pay Families won't keep appointments Only seek care when they are in crisis Have dental clinic in marvell, but can't get a pediatric dental resident from Memphis because it is too expensive and can't find \$\$\$	Interpreters – one school has 17 languages spoken at home Takes longer to see these kids because of language barriers which takes away from appts for other pts. 8-5 mentality, brings access issues Physician shortage or even physician limits on how much they will work Undocumented children with special needs are hard to find medical home for because there is fear that they won't get paid AHEC has infinite numbers Medicaid spots Perspectives – standard of care is that a child is seen within 7 days so that high-risk kids can be supported to avoid inpatient care	Families fail to access services – feds threatening to cut Medicaid reimbursement for mental health services in schools Capacity – full (and using ed as primary care) Transportation – see patients from 50 mile radius, esp. with rising gas prices, esp. for specialty services – can't go all the way to lr Reapplying for mcd. – need to educate to teach parents not to let mcd lapse Complexity of navigating the whole health care system Employers won't let parents off of work so that they can take their children to the doctor Getting those who are eligible for mcd that aren't covered DNKA Cost of vaccines are a prohibitive factor – gardasil is cost prohibitive for privately insured

ADDRESSING ACCESS:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
<p>Area Agency Transportation to take Mcd patients to appts. School-based clinics – tried in past, but unsuccessful due to unorganized effort – in order for school-based services to be successful, there must be a physician and county health nurse on the team - issues with access to vaccines, eligibility, reimbursement (ped. Perspective) Hope Clinic – administered by AHEC - childhood obesity clinic focused on lifestyle changes – not much success</p>	<p>Annual children’s health fair sponsored by the hospital with different disciplines who volunteer their time School-based services – ie mental health services, children are bused to appt and back to school El Dorado Women’s Service League sponsors dental prevention play and raising \$ for medical needs Non-profit interfaith clinic that services the poor TOUCH – tremendous outcomes for Union County Health services needs for past 7 years</p>	<p>Provide parenting classes with systems of care grant – incredible years parenting class Delta promise Diabetes grant – went to elementary school to test, but children who need the screen, parents won’t give consent MIP – maternal infant program – teach moms while they are pregnant and pick up infants after they are born to do weight checks – through health dept. – early intervention Community based health clinics – no longer in existence – all done at the school – worked Sickle cell support group and testing grant Prevention programs work – excellent way to identifying high risk individuals – need to resurface funding Dental clinic in schools – if there is a problem, private clinic will transport to clinic and bring back to school School based mental-health clinics – creative way to address it, but problem is family doesn’t get involved – not happening currently Cost prohibitive to implement emrs</p>	<p>After hours 3 nights/week and Saturday – Cheshier and Perspectives What used to be done isn’t even being done</p>	<p>DHS has 3 after hours clinics each month Chamber has health services committee that is meeting to discuss helping with transportation issues Use mcd transportation to little rock DHS has two interpreters on staff full time Urgent care center in Hardy</p>

QUALITY:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
<p>Impossible to receive quality care if primary setting for care is ED There are only assessments on special needs children to see if progress is being made No EPSDT initiatives Not all family clinics participate in VFC Problem with lack of parent follow through when given a drug regimen to control chronic illnesses such as asthma</p>	<p>Children who get care, get good care Needs to start with quality parenting Quality is healthy, but there is a lack of providers</p>	<p>Epsdt rates vary within the delta – not universal, but better because you can bill for sick and well child visit at the same time, pillow clinic looks to see with every child if they are eligible for epsdt Perception of low quality hospital in delta Overworked general practitioners</p>	<p>Above average – physicians that practice are very capable When they can get care, it’s good care, but because of access, the quality is not good Foster care – passport medical records system In order to break even, AHEC has to continue seeing more pts. – can’t provide Quality of residents has declined in the past 3-4 years</p>	<p>Quality of care and perception of care has improved at wrmc Access to specialists – 3 pediatricians, holes like mental health services Size of staff in 1970s – 8-10 physicians, now around 80</p>

ADDRESSING QUALITY:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
	<p>Immunizations have increased Support groups Fluoride in water Health works – fitness center Parent-training programs for young mothers In home services Trying to get clinicians to think outside the box</p>	<p>Client-centered need – health department only addressing issues that are applicable – not bombarding clients with too much information – consumer directed care in mental health system – asking pt. and family what they want to focus on Dds – encouraging families to have a medical home – have families keep folders with all of the patient’s information Electronic records for home health adults WIC will be electronic in October Need someone to pull together all resources so that providers are all aware of all resources Much better results when the dentists go to the school and do sealants, extractions and cavities</p>	<p>Child who doesn’t qualify for med or arkids, but doesn’t have many other resources – high deductible ½ of patient population is pediatric</p>	<p>Wrmc, hra and dhs has done client satisfaction surveys – help pinpoint areas that can be strengthened New AHEC has been funded in 2007 legislative session Wrmc – hearing screens Dhs – immunization rates 68% current, need to be 90%</p>

INSURANCE/REIMBURSEMENT:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
<p>Parents won't renew Medicaid No show appointments Difficult to keep up to date with changing formularies Mcd website hard to navigate and no time during patient care to look it up AAPs national push to get all carries to cover vaccinations and well child check ups Schools can now bill for vision and hearing screening Working poor families who have insurance coverage don't know what their policy covers</p>	<p>AR Mcd formulary doesn't cover the only non-stimulant adhd medication – stratera Evidence-based practices – multi-family group therapy sessions can't be billed for reimbursement Only pediatric or family APN can get a mcd # General tightening of purse strings with red tape – having to include narratives and documentation to get services covered – takes too much time out of caring for pts. Need to get reimbursed for education-based training and pt. counseling</p>	<p>Blue cross is paying \$5 less than gardasil actually costs With private insurance it can sometimes cost more to provide service than reimbursement rates Underinsured and uninsured - high deductibles – child A uninsured child can't be admitted to mental health inpatient services – FINS system – fundamentally detrimental to families to ask them to give up parental rights to get inpatient treatment Payment for prevention and wellness Benefit to employees – wellness center AR Health Net – limited benefit package – hasn't taken off CMS – can cover children who are uninsured, don't qualify for mcd, but incomes are still low and they have chronic illnesses or diseases</p>	<p>Pediatrics has highest population of pts. With lowest reimbursement Immunizations – literally put doctors out of business Pharmacist in other states can provide immunizations Swallowing disorders – compounded meds don't have NDC number so they can't be reimbursed</p>	<p>Private insurance limit the amount that they will pay for well child care Require too much documentation that takes resources from the office – primarily private Hard time contacting Medicaid rep. High copays – some asthma meds are \$50-60 – some families have copays of \$300-400/month so kids go without meds Walmart \$4 prescriptions with limited formulary</p>

HEALTH DISPARITIES:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
<p>Poverty/lack of education Teenage pregnancy Dollarway has nursery program for teenage moms at the school Illiterate parents Language barrier with Spanish speaking population AHEC has foreign language medical terminology classes for providers Limited access to interpreters who will come to the office to translate</p>	<p>Discrimination of economics, not race Language barriers – AHEC sends nurses to be medical interpreters Need a hub-resource center – Resource Prevention Center – deals with alcohol and pregnancy</p>	<p>Need more dialogue about disparities Survey is being done by cultural brokers in 4 counties – Phillips, lee, Craighead and systems of care grant Perception about facilities Health literacy – 4th grade reading level is average for the delta Cultural linguistics – not only esl – have to go to where the families are – many don’t read newspaper or listen to certain radio stations – go to the churches on Sundays 8 year old interpreting for a mother for prenatal care – Hispanic family System of care has a partnership with Hispanic center in Jonesboro Get minorities recruited into the healthcare field – when people go to the doctor, they want to see people who look like them – makes them feel comfortable Schools are sending home suspension notices for students who have vision/hearing screenings that need follow up that have not been acted upon</p>	<p>By default – habits that parents have Educational issues Families not reapplying for mcd Need Education and Contraception</p>	<p>Uninsured When free public education is offered, minority groups do not take part Advertised by newspaper, flyer, radio Very few minorities within provider community – middle eastern and Indian, but no black or Hispanic</p>

EMERGING ISSUES:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
	<p>Need a way to recruit and retain physicians – for example, National Health Svc. Core has made it possible for El Dorado to retain an MD, PhD child psychiatrist through agreeing to pay back student loans What is going to happen as more docs/health care providers retire and no new professionals are moving to community? Looking forward to getting a pediatric dentist in 2009</p>	<p>STDs – when the abstinence program was running, there were open discussions about stds Level 3 abnormal pap smears can't be sent anywhere because health dept can't fund all of the referrals – most 14-18 years age Hypertension and diabetes – insulin-resistant prediabetic – becoming an accepted problem Welcome angels program to provide seminars about nutrition, healthy lifestyles, and exercise – possibly on closed circuit tv in schools Not enough dialogue from the top – need to get through the red tape so that there is no lag time for children to receive the services they need</p>	<p>Supply – lost 6 pediatricians over the last several years, will gain 2 this summer 30% foreign medical graduates – brain drain from their home community and creates language and cultural barriers Federal dollars for direct and indirect GME Feds have approved rxing for 3 months Access to dental services – fluoride, dental school Transition age children on cms who turn 18 and services stop and no one is there to pick up the cost of maintaining care for chronic conditions In inpatient facilities, managed care goal is to get them out quickly so in order to stay an extra day, new meds are added – when discharged, mental health provider is responsible to manage Substance abuse, obesity, epsdt? Yes on obesity Pregnant women on meth who deliver early Prescription meds are diverted – kids are taking Positive asset horizon guidance Tobacco, alcohol and pot People making medical decisions who are not trained in medicine – attorneys, accountants – administrative decisions about care don't involve physicians Fayetteville and LR – not the only places to put resources in.</p>	<p>Inability to keep up with what the parents are finding on the internet Eli Stone show FDA recommendations Continued need for education and prevention Poor lifestyle habits Economic issue of price of nutritious food vs. processed foods EMR push – cost of installation, time consumption of learning</p>

METHODS TO KEEP UPDATED ON PEDIATRIC ISSUES:

PINE BLUFF	EL DORADO	HELENA	FORT SMITH	BATESVILLE
	<p>CME Conferences Journals Local chapters</p>	<p>Communication with other providers – colleague to colleague – networking – coalitions work well in the community Case manage kids who have special health care needs Hometown health coalition Website with up to date information</p>	<p>Childrens Hospital Journals Yearly meetings State organization for school nurses Other professionals Up to Date AR Pham Association</p>	<p>Peer association, newsletter, professional association, pediatricians, journals, meetings, use ACH as a resource, dynamed – electronic, evidence-based information system</p>