

**American Academy of Pediatrics
Council on Community Pediatrics
Rural Health Special Interest Group**

June 2006

Treating Children with Special Health Care Needs in Rural Practice

Kent Jones, a local pediatrician in rural Easley, SC has left his practice to spend 100 percent of his time providing care for children with special health care needs. With support and funding from the state Medicaid program, Easley pediatricians felt that a stand alone practice for children with special health care needs would be an efficient method of addressing the most complicated children in their community. Although Kent's old practice, Easley Pediatrics, is very supportive, the Medically Fragile Children's program is a separate office. Kent provides us with the following comments about his new clinic, the Medically Fragile Children's Program:

"Children with special health care needs pose a challenge to general pediatric practice, but especially in rural areas where service availability is poor. Late in 2002, our practice was given an opportunity to be one of three sites in South Carolina with a Medically Fragile Children's Program. MFCP is based on an initial pilot for children with special health care needs in foster care and has demonstrated improved outcomes, cost savings to Medicaid and greater acceptance on the part of the children's foster parents. Because of the wrap-around system of support, the adoption rate for children in the MFCP program is reported to be 5 times the national average for similar children. With the initial success with foster children, the program was broadened to include all Medicaid recipients in our area with significant special health care needs.

The program places as many services in one location as possible. Services provided include primary pediatric care, DME, case management, nutrition services, physical therapy, occupational therapy, speech therapy, parent education, daytime respite services, transportation assistance and pharmacy including OTC meds. Cost effectiveness is maintained partly because the program becomes the only case manager- a frequently duplicated cost because these children usually qualify for multiple programs.

Our site is the only rural initiative that I am aware of, although similar programs operate in metropolitan areas. But the greater needs of many children in rural areas like ours make this approach even more beneficial. Children can usually find services near a children's hospital. Some of our patients were getting practically no services at all prior to coming into the program.

I'd like some feedback. How helpful do you think such a program might be in your community? What other approaches to the problem are out there?"