

**American Academy of Pediatrics
Council on Community Pediatrics
Rural School Health Project
Rural Health Listserv Discussion
June, 2005**

Date: 6/1/05
To: Rural Health ListServe
From: Arnold Gold, MD, FAAP
E-mail: goldar@sutterhealth.org
Location: Live Oak, CA

Introduction:

California's huge population combined with one of the lowest Medicaid reimbursement rates in the U. S. have left millions of children with the lack of a medical home. This is felt most strongly in the rural areas. For some areas the schools have supplied the answer.

The Issue:

For many areas in rural California the schools have taken the initiative by inviting medical care through their doors. Although many school districts have clearly stated that their only job is education, some have understood that their students cannot do a good day's work if they are ill.

Many of the rural areas are so poor they are unable to attract even one pediatrician to the area. Para professionals, who are willing to work for the Medicaid reimbursement, now deliver medical care at a number of school clinics. This is stopgap medicine for the children and potential loss of good pediatric care in poor rural areas. Pediatricians who do work in school clinics often become administrators for these clinics, especially those with government funding.

Questions:

Is this the "new" rural pediatric medicine? Clinics overseen by pediatricians but not using the skills of their pediatric training? Is this something the Rural SIG should look into and evaluate? Is this true only in overpopulated underfunded California?

Date: 6/1/05
To: Rural Health ListServe
From: Dave Tayloe, Jr., MD, FAAP
E-mail: ddtayloe@GOLDSBOROPEDS.COM
Location: Goldsboro, NC

Medicaid/SCHIP:

I would be concerned about the trend of provider shortages in rural areas that are populated by families that depend upon Medicaid and SCHIP for child health financing. If federal and state government officials do not reimburse pediatricians well enough for them to sustain large Medicaid/SCHIP practices, then the health care of rural children will surely fall on the

shoulders of any health care professionals that can figure out how to provide health services for these children and still make a living.

Solutions:

In our state, many children are being seen in Community Health Centers because these entities receive extra government funding to allow them to provide indigent care and pay mid-level providers and their supervising MD's. I am not sure the quality of pediatric care in many of these community health centers meets the standards of the AAP

Date: 6/2/05

To: Rural Health ListServe

From: Francis Rushton, MD, FAAP

E-mail: rushton@HARGRAY.COM

Location: Beaufort, SC

The Issue:

I've got several comments. Community Health Centers vary in quality just like private pediatric offices do. Ours here in Beaufort is pretty good and decent competition for us. They tend to have additional resources that private practices don't possess, but are not very flexible, and often have to focus on the needs of their funding sources rather than the patients.

Medicaid Funding:

School health centers depending on funding stream, and degree of medical homeness (often a problem) in some communities are a reasonable strategy to improve access. But they must be part of a system of care, one that provides 24/7 coverage and well child plus sick visits. They often don't care for pre-school children, and that's a disadvantage. But in Arnold's case, with poor funding streams for the primary care practitioner to see Medicaid in California, it seems like a logical strategy. I continue to be amazed that one of the wealthiest states in the country under funds pediatric care services, and that poor southern states seem to be much more focused on providing adequate Medicaid funding.

Solutions:

The trick is to maximize access to children in rural areas using whatever tools come to us in our individual communities. Private practice tends to be more patient focused and flexible, but private practitioners in many communities have little interest in the underserved (less so in rural areas). Community Health Centers have stable funding streams, a mandate to serve the poor and the attention of the current administration and can be a major asset for rural health needs if they have good administration. School health clinics may be the best option in some areas because of funding streams, and because of transportation programs.

Date: 6/2/05

To: Rural Health ListServe

From: Gilbert Handal, MD, FAAP

E-mail: Gilbert.Handal@TTUHSC.EDU

Location: ElPaso, TX

The Issue:

I am troubled by the fact that people that need the most health education and care are those that are being shortchanged the most by our system! There is no question that under funding and using alternate providers or patchwork solutions such as the community health centers will only worsen the situation, as they are not creating real medical homes. The system becomes sometimes even more expensive if you add the Emergency Room care provided to those kids after hours, the complexity of their conditions and the outcomes only limited by this lack of access.

Solutions:

Certainly the gaps and the opportunities for these children will only get worse. The solution has to be more radical than improving the Medicaid Reimbursement but has to redefine the priorities for organized medicine and the political system that funds it, and my hopes were (or maybe still are) that the AAP would spend the resources or find grant moneys to see that studies are done seen the real costs long term and determine in these communities (the border as well) if the pennies invested in creating real medical homes for these children will really improve their outcome.

The other problem is organized medicine as such where the voice of pediatrics or for children in general is very weak and the little shrill will not be strong enough to redistribute the health care expenditure from other areas where we clearly overspend as a society!

Date: 6/2/05

To: Rural Health ListServe

From: Deborah L. Swirczynski, MA

E-mail: dswirczynski@kumc.edu

Location: Kansas City, KS

The Issue:

In Kansas, one way that we try to help our rural population with access is through telemedicine. We have placed telemedicine (ITV systems equipped with electronic otoscopes and stethoscopes) systems in the school nurse office (if the school is lucky enough to have a school nurse) or in the health room. TeleKidcare (as we have named our program) has proven to be an effective means to bring acute care and behavioral health care (including medication management) to children at school.

Medicaid and Costs:

Although there are related costs with the technology and connectivity, these costs are rapidly declining while the efficacy of the technology improves. Telemedicine visits by a health care professional with a student in a school setting are reimbursable by Kansas Medicaid. Telemedicine doesn't solve all the problems, but it does help in a variety of ways. California has a very extensive telemedicine program -- it might be a way to alleviate some of the access issues in northern California.

Contacts:

If you would like further information on TeleKidcare in Kansas, check out our website at www2.kumc.edu/telemedicine.

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