



Policy outlines vision, value of high-quality pediatric care

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A new AAP policy statement establishes principles that demonstrate the short- and long-term value of pediatric care to the child and family, the health care system and society.

The policy “sets the framework for why the public, insurers and others should invest in children,” said James M. Perrin, M.D., FAAP, a lead author.

The policy statement *The Unique Value Proposition of Pediatric Health Care*, from the Committee on Child Health Financing, is available at <https://doi.org/10.1542/peds.2022-060681> and will be published in the February issue of *Pediatrics*.

“Our vision as pediatricians is that all children, including those with chronic conditions and disabilities, grow and develop in safe, loving families and supportive communities that help them achieve their greatest potential,” the policy states.

Achieving that vision requires high-quality primary care in family-centered medical homes, access to subspecialists, appropriate metrics and data collection, and attention to disparities in health outcomes.

Unique characteristics

Value in pediatrics must account for the following realities unique for children:

- Child health needs change dramatically as children grow older, resulting in major changes in the opportunities for prevention and treatment.
- As the U.S. child population is more diverse in race, ethnicity and language than other age groups, a greater effort is required to provide culturally competent care and mitigate the effects of racism.
- U.S. children have the highest poverty rate among all other age groups. This impacts health and growth independent of other factors.
- Children’s health depends on others, including healthy parents, families, neighborhoods, schools and communities.

Measuring processes, outcomes

Among the measures of high-quality pediatric care are rates of immunizations and routine screenings. High-quality care also addresses social and structural determinants of health.

Interventions can be measured over time, such as school readiness at age 5, literacy around age 8 and high school graduation rates. Over the longer term, studies have documented the impact of high-quality pediatric care on educational achievement, income, maternal age at birth of first child, rates of adult chronic disease and other areas that may reflect investment in pediatric care.

Payment reform

Various economic models have demonstrated the significant long-term return on investment of money spent on children, according to the policy.

Payment strategies need to focus on prevention and early intervention as a critical framework for child health. Value arrangements must allow for partnerships among providers or health care systems and state and community agencies.

Payment must be adequate for new technologies, such as those that facilitate care management in the medical home without in-person encounters. In addition, newer delivery systems like accountable care organizations or clinically integrated networks must place pediatricians in their governance structures.

Medicaid and the Children's Health Insurance Program cover about half of all children. Thus, child health financing reform depends on funding a strong Medicaid program with uniform standards (see related article at <https://publications.aap.org/aapnews/news/23229>).

Finally, investment in child health reaps benefits well beyond any savings measured in the health care system.