

AAP likely to OK federal preventive care guidelines

by GERRY CLARK
Assistant Editor

Bright Futures, the proposed set of federal pediatric preventive care guidelines, is nearing completion and AAP leaders will likely endorse the plan without a significant hitch.

Approximately 900 individuals, culled from AAP committees and members, family physicians, nurses, nurse practitioners, nutritionists, parents and others are currently reviewing draft copies of the Bright Futures proposal.

Bright Futures members, a coalition of several private and governmental organizations, are concerned that present pediatric practices are outmoded. If the Academy accepts the report, observers say it could significantly change pediatric practice.

"At first blush, we feel it's a very comprehensive package and it will meet the needs of children," AAP Executive Director Joe M. Sanders, Jr., M.D., said. "We think it will be something the Academy and all pediatricians will embrace."

Proponents say the Bright Futures plan has the ability to turn pediatric practice around and maximize the impact of preventive care, particularly among teens who practice risk-taking behaviors.

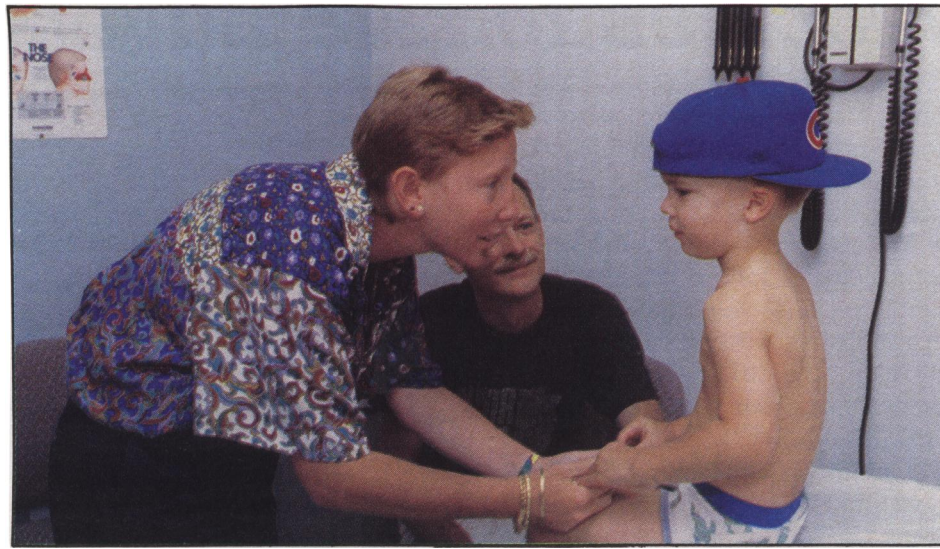
Although no firm deadline has been established for issuing the Bright Futures report, proponents expect a January 1994 release date. The Bright Futures board of directors was scheduled to review the plan at an Oct. 15 meeting, their first since last winter.

The roughly 200-page report targets contemporary social conditions as one of the factors requiring a revamped approach to pediatric care.

Preventive care

Bright Futures researchers count on the federal government to acknowledge the value of preventive care. However, for many preventive services, no firm data exists to support its benefits.

"What kind of key outcomes can we expect?" Bright Futures board of directors chair Morris Green, M.D.,



The Bright Futures draft recommends annual teen visits and calls for increased interaction among physicians, patients and parents.

FAAP, said. "If we're spending the money what can we get out of it?"

"We need to measure those outcomes," Dr. Green said, "but that's in the future."

Dr. Green previously described the Bright Futures project as "an evolutionary process, but it could be revolutionary in some ways."

Those involved in the process have said pediatricians could be perceived as self-serving for proposing increased visits that would boost revenue. Educating pediatricians about the psycho-social aspects of child health may also prove challenging, proponents say.

"This is not a periodicity schedule," AAP Task Force on Preventive Health Services chairman Robert Brodell, M.D., said. Dr. Brodell is a member of the Bright Futures steering committee. "This is the 'new pediatrics.'"

"The biggest problem is going to be to train pediatricians to appreciate the psycho-social issues and (that) may take a great deal of effort on the part of the Academy and (medical schools)," Dr. Brodell said. "It may take 10 years or more. Not everyone is going to accept the 'new pediatrics.'"

At an Aug. 17 meeting, the task force reviewed the Bright Futures draft and preliminarily approved it, pending changes and review of the final report. The task force plans to review the final document and make recommendations

to the Academy's board of directors.

Proponents also predict that the Bright Futures plan could increase health care costs, at least initially. Dr. Brodell and others link immediate cost increases to more significant long-term savings if conditions are diagnosed early. Still, most of those benefits currently lack tangible measurement.

"A lot of children are not getting (care) at all," Dr. Green said. "If you bring services to (those children), it would be more expensive."

"Prevention is expensive," he said. "I think over the long run it's cost-savings. We're trying to make a case for this type of health supervision. We're not asking for equipment or technology."

"It does take time," Dr. Green said. "(Physicians are) going to have remuneration for these services. If you prevent some of these things, certainly the quality of life, mortality will be improved, (but) it's difficult to put a cost-benefit ratio on that."

AAP Committee on Practice and Ambulatory Medicine (COPAM) chairperson Roger Suchyta, M.D., and Dr. Sanders agree. COPAM is one of the AAP committees reviewing the Bright Futures draft.

"The unfortunate thing is that there is no hard-body evidence that backs up what pediatricians do," Dr. Suchyta said. "So much of what we do is to prevent behaviors later in life. How do you prove that my interventions are the ones that worked?"

"It will cost more upfront dollar-wise," Dr. Sanders said. "The long-term savings are incalculable."

Added visits

Dr. Suchyta said he is enthusiastic about the annual teen visits called for in the Bright Futures report. The Academy's current periodicity schedule recommends visits at ages 14, 16, 18 and 20.

"It's unfortunate the Academy hasn't had that on the periodicity schedule all along," Dr. Suchyta said. "Thirty, 40 years ago, you probably didn't need it."

But, Dr. Suchyta said social factors, including one-parent households, have foisted a new role upon pediatricians, requiring them to see teens annually.

"I think we're doing real well in the pre-teen years — we need (to do more) in the teen years," he said. "You get a lot of children from broken homes.

You're getting a mobile population where 30 percent move every year. That's destabilizing to their mindset."

Dr. Sanders said the Academy supports the concept of increased teen visits, which may not necessarily involve physical exams, but discussions about risky behavior.

"Hopefully (teens will) come to us before they take those risk-taking behaviors," he said, adding that pediatricians can help to reduce the impact of those behaviors if teens have already begun them.

Last winter, the American Medical Association released Guidelines for Adolescent Preventive Services (GAPS), which called for annual teen visits. Dr. Brodell and other AAP members then predicted that the Academy would follow suit. Dr. Green said the scheduled exams for infants will likely increase as well.

"We're still working on how soon do you see a baby," he said. "Because some babies are being discharged (from the hospital) in the first 24 hours. You can't wait a month to see a baby — it's too long."

"We're also recommending for various children at risk that there will be additional visits (to) those (indicated in the) periodicity schedule," Dr. Green said.

These "contingency visits" would be geared to children who have experienced the serious illness of a parent, divorce, death, remarriage, even moving.

Visits would be geared to "key outcomes" that would identify the core of the particular visit. Visits would be cued by the parent and adolescent so that not only the physician, but the family can identify their agenda and needs.

Feedback

Although Bright Futures leaders say initial feedback on the report has been overwhelmingly positive, they expect negative reaction.

"I think you may see some criticisms from people who have never dealt with teen-agers, particularly teens who haven't had any troubles," Dr. Suchyta said.

"People can say (the added teen visits) are self-serving, sure," he said, "(but) I give credit to the people (working with teens). It's an emotionally wrenching experience — teen-age pregnancy, guns. To people who are going to criticize, I would say, 'Walk in their shoes.'"

Dr. Green said although the Clinton administration's health care reform push might have instigated Bright Futures members to complete their report at a rapid pace, it did not influence the outcome.

"I think the climate as such did not affect the preparation of this report," Dr. Green said, "but the climate for children's needs seems favorable. There (have) always been some good friends in the federal government."

"At least we'll be getting (it) out on the table on time," he said. "With the new administration and health (care) reform, I felt some urgency to get things on paper. If it's not on the table, we're out of the game."

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