

# A system for all

By CHARLES BRUNER

Ensuring all children's healthy development must be viewed as a major building block in federal health care reform.

Congress and the president took significant steps to cover more children through passage of the Child Health Insurance Program Reauthorization Act in February, but further steps on child health are needed to develop a sustainable and affordable health system. Children are too important not to be a central part of national health reform.

Designing a health system that ensures the healthy development of children will reduce long-term health costs through a healthier population and will improve societal productivity and well-being. This includes, but goes beyond, establishing a health insurance system where all children have coverage.

Many of our nation's health conditions and costs are preventable, provided all children receive primary and preventive health services and opportunities.

There are four areas, in particular, that require specific attention in health reform to ensure this healthy development:

- Establish a benefit standard for child health insurance coverage for children based upon a child's health needs.

- Strengthen Medicaid and CHIP as the backbone public programs providing health care for children.

- Expand child specific clinical and population-based health prevention and promotion activities.

- Invest in child health research and child health quality improvement.

**Benefit Standard.** All

children need access to affordable medical care that addresses illness and disease, but they also need primary, preventive, and developmental health services that promote healthy development. Well child visits need to screen for developmental and behavioral concerns and signs of obesity and exposure to environmental toxins. Primary care physicians need to provide guidance to parents that promotes healthy interactions around nutrition, exercise, and learning and development. Care coordination is needed to link children and their families to effective health and other community services.

This all is best achieved in a medical home, with a consistent and informed practitioner. The benefit standard needs to include oral and mental health services as well.

#### Medicaid and CHIP.

Together, Medicaid and CHIP cover over a third of all children in the United States, including the majority of children with special health care needs. These programs represent the backbone of the child health system for children who most need comprehensive and preventive health services.

The Early Periodic, Screening, Diagnosis, and Treatment provisions in Medicaid are a model for ensuring children receive medically necessary services, and should be extended to CHIP in all states.

The federal government should place increased emphasis on states to adopt streamlined enrollment and renewal strategies to ensure children are covered, and outreach activities to ensure they have medical homes and participate in well-child care.

Reimbursements to

providers should be equivalent to other insurance, with a particular emphasis upon adequate reimbursements to promote high quality primary and preventive care.

**Prevention and Promotion.** As they grow and develop their immune systems, children are particularly susceptible to environmental toxins and also are developing orientations to exercise and nutrition that will extend across their lifespan.

Prevention and health promotion, both through primary care and through population-based prevention and promotion activities, can affect children's life trajectories and the likelihood of experiencing chronic health problems into adulthood.

Population-based public health services are needed to reduce environmental toxins in children's lives and to promote healthy lifestyles.

The health system needs to coordinate with education, human services, justice, and recreation and youth programming in ensuring healthy environments for children.

Health reform must address the long-term costs associated with diabetes, heart disease, substance abuse and mental illness, and respiratory disease — which are driving health costs today as society ages.

The most cost-effective way to address these costs is through prevention and health promotion activities during childhood.

**Research and Quality Improvement.** Because the major costs and chronic conditions are in the adult population, much of medical clinical research has been in adult medicine. Much less research has been devoted to primary and

preventive child health services or to child-focused population-based prevention and promotion efforts. Health reform needs to direct a significant share of the medical treatment effectiveness research agenda and other federal health research toward child health.

The same holds to investing in quality improvement. In particular, federal health reform needs to provide leadership and investments to states in designing child health quality initiatives that move exemplary child health practices into routine care.

While financing and coverage systems must be in place to make child health services affordable and available, ensuring they provide high quality comprehensive and preventive services requires explicit attention to strengthening clinical practice.

There are many exemplary models upon which to build, but these have yet to become routine practice. Quality and continuous improvement in child health services is key to a healthier society and to an affordable health care system.

Child health services have not received the same attention in the national health care debate as development of a health exchange, creation of a public option, Medicare cost containment, or partial taxation of health benefits.

In the end, however, the effectiveness of national health reform will be reflected in how well it responds to the health needs of children as they grow into adults.

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