

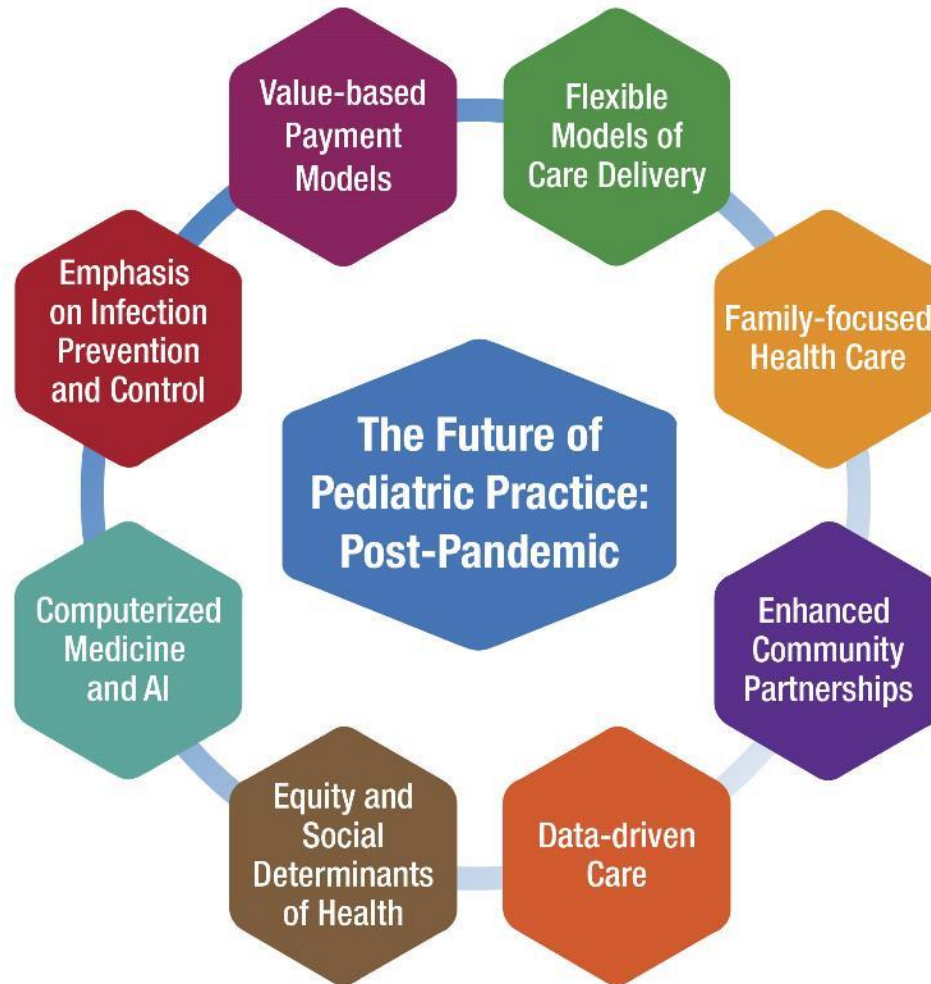
Caring for Patients and Pediatricians in a Post-Pandemic Landscape

**Sandy Chung, MD, FAAP, FACHE
AAP President**



Disclosure

Sandy Chung, MD, FAAP, FACHE has documented no financial disclosures.







LANTERN HOUSE

CHINESE RESTAURANT

Dine In and Carry Out
(Sorry, No Delivery)

804-261-5888

7430 Brook Road
Richmond, VA 23227

LANTERN HOUSE

Brook Rd / Route 1 St Joseph's Villa Walmart



Appetizers		Small	Large
Egg Roll (1)			1.50
Sliced Roast Tender Pork			4.95
Steamed Chinese Dumplings (6)			4.95
Fried Chinese Dumplings (6)			4.95
Chinese BBQ Spare ribs		4.95	8.95
Fried Chicken Wings (5)			3.95
Fantail Jumbo Shrimp (4)			4.95
Shrimp Toast (4)			3.95
Cho-Cho (teriyaki Beef Skewers) (4)			3.95
Fried Wontons (6)			3.25
Pu-Pu Platter (Spare ribs, Cho-Cho, Fried Wontons, Fantail Shrimp, and Shrimp Toast)			10.95

Soups		Small	Large
Wonton Soup		2.25	4.15
Egg Drop Soup		2.25	4.15
Hot and Sour Soup		2.95	4.95
Young Chow Wonton soup			4.95

Lantern House Specials		Small	Large
General Tsao's Chicken (Spicy)		7.95	10.95
Triple Crown (Chicken, Pork, Lobster)			12.95
Butterfly Shrimp with Bacon			11.95
Chow San Shing (Chicken, Beef, Shrimp)			9.95
House Special Chow Mien (Hong Kong Noodles)			9.25

Sweet and Sour Dishes		Large
Sweet and Sour Chicken		8.95
Sweet and Sour Pork		8.95
Sweet and Sour Shrimp		9.95

Seafood Dishes		Large
Three Kingdom of the Sea		18.95
Lobster Hawaii		18.95
Shrimp with Lobster Sauce		10.95
Hong Shu Har Kow (fried shrimp)		10.95
Shrimp Imperial		11.95

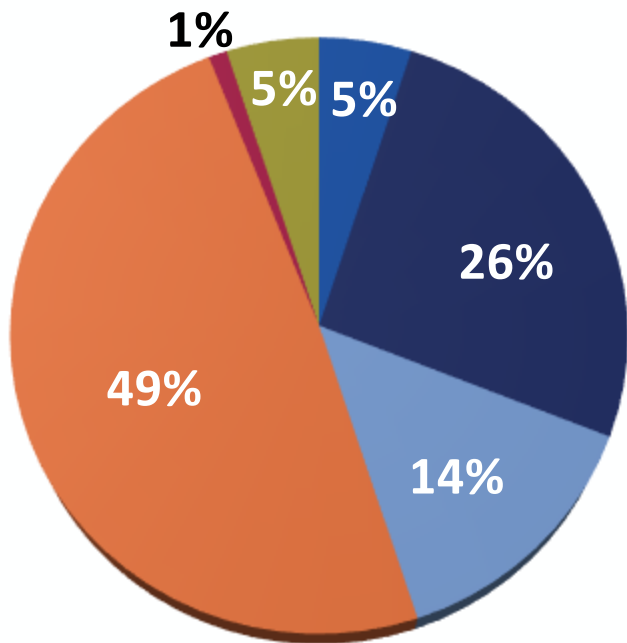
Beef Dishes		Large
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The Changing Health Care Landscape

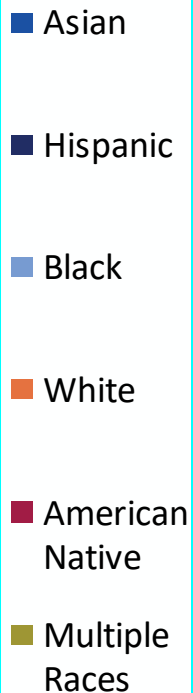
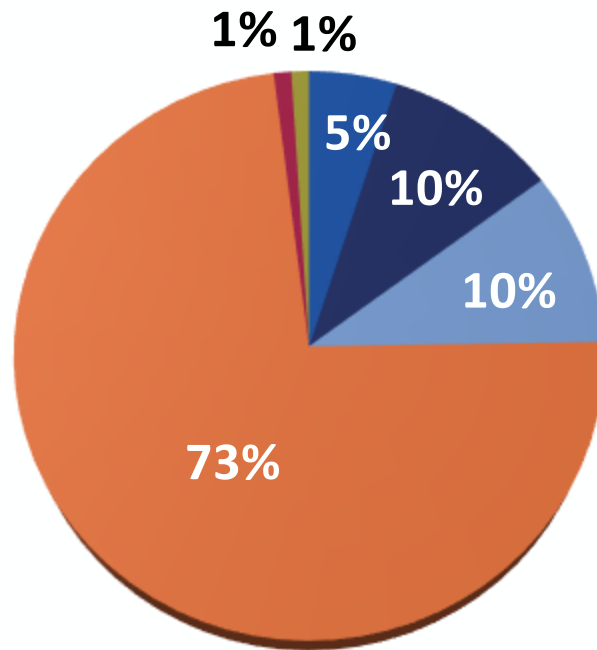


Reported Race & Ethnicity of US Population, 2021

US Children (Ages 0-17)



US Adults (Ages 60+)

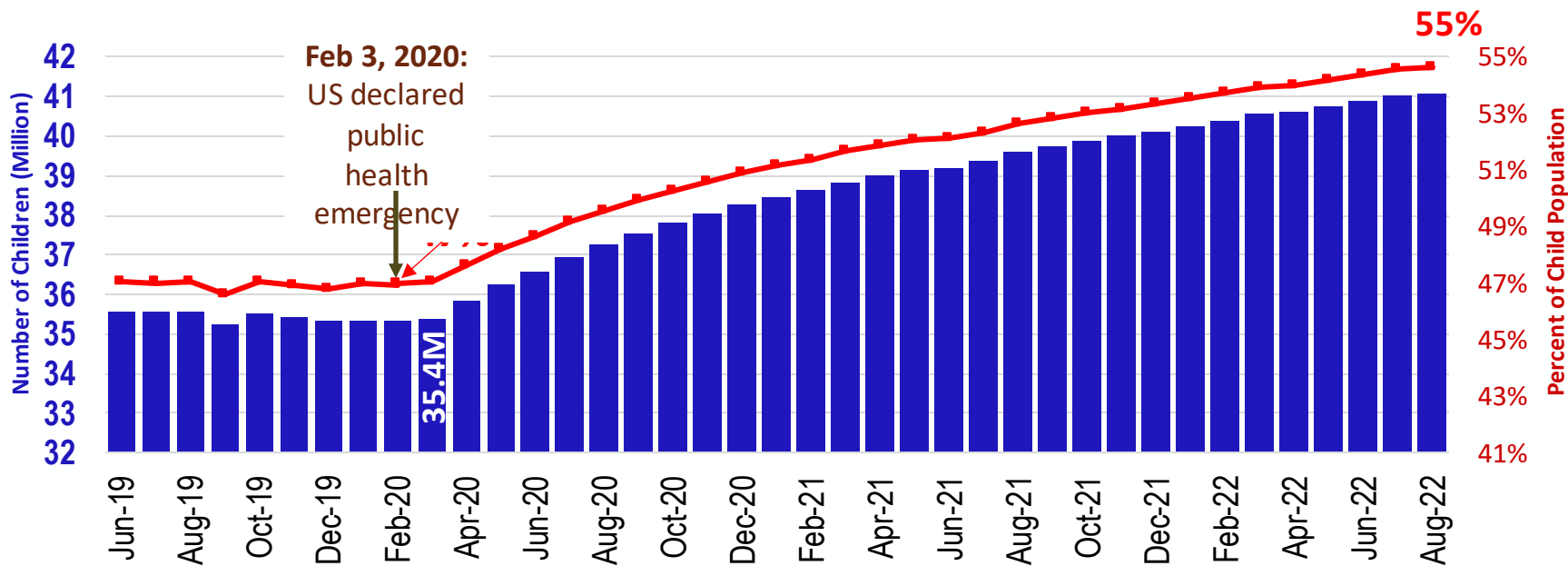






Medicaid/CHIP Child Enrollment Trend June 2019 – August 2022

Number and Percent of US Children Enrolled in Medicaid/CHIP Before and Since the COVID-19 Pandemic



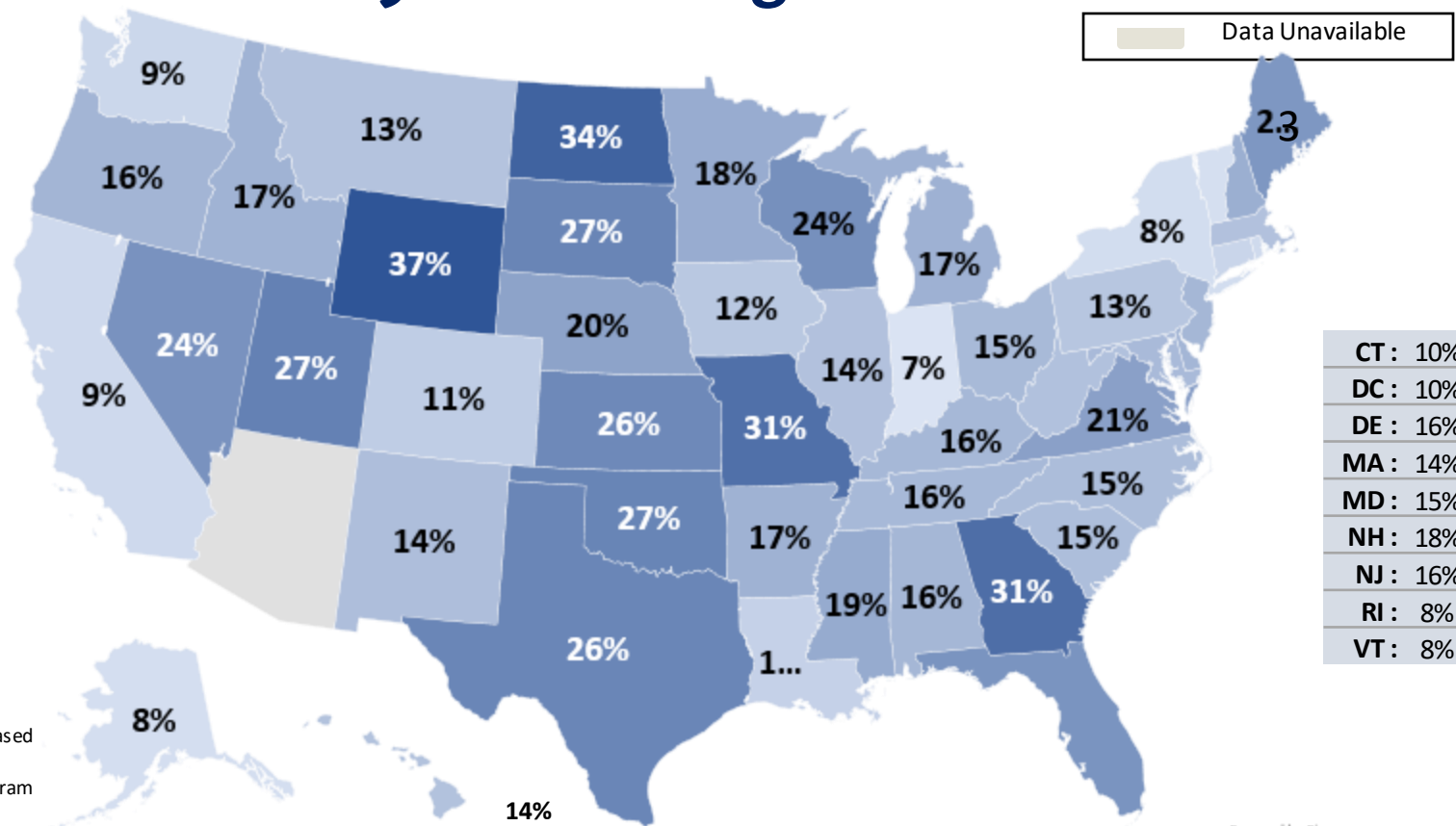
Note: Arizona did not submit any child data throughout the reporting period and is not included in this report. August 2022 data is preliminary. **Source:** AAP analysis of data submitted by states to CMS released through the Medicaid and the Children's Health Insurance Program (CHIP) Performance Indicator Projects.



Change in State Medicaid/CHIP Child Enrollment, February 2020 – August 2022

- Enrollment increases varied from 7% in Indiana to 37% in Wyoming from February 2020 to August 2022.

- 27 states had increases of over 15% during this period.

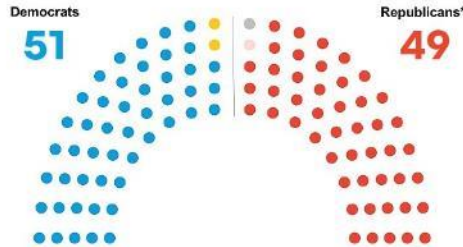


Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children's Health Insurance Program (CHIP) Performance Indicator Projects.

Year-End Legislation and New Congress

\$1.7 trillion package including FY 2023 appropriations

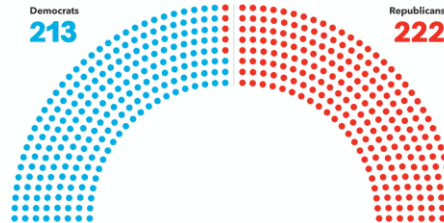
Senate Balance of Power for New Congress



Source: Associated Press, calls of races.
Note: Light pink reflects Alaska race where one of two Republicans likely to win; yellow indicates independents who caucus with Democrats.

Bloomberg Government

House Balance of Power



Bloomberg Government

POLITICO

CONGRESS

McCarthy claims speakership on 15th ballot

The victory marks the pinnacle of the California Republican's time in Congress since he arrived in 2007.



Photo by Francis Chung/POLITICO

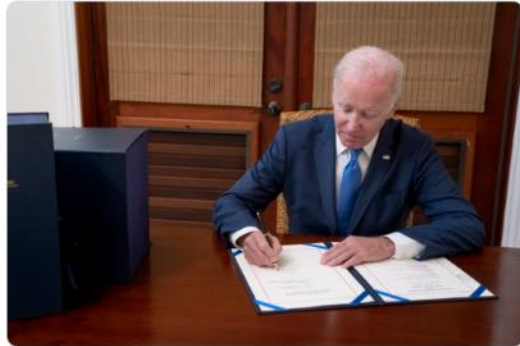


President Biden
@POTUS · Follow
United States government official

Today, I signed the bipartisan omnibus bill, ending a year of historic progress.

It'll invest in medical research, safety, veteran health care, disaster recovery, VAWA funding – and gets crucial assistance to Ukraine.

Looking forward to more in 2023.



6:18 PM · Dec 29, 2022



American Academy of Pediatrics
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Medicaid and CHIP wins!

- Nationwide **12-month continuous eligibility** for children in Medicaid and CHIP
- Permanent **12-month postpartum coverage state option** in Medicaid and CHIP
- 2-year extension of CHIP funding, now due for reauthorization in 2029



The Unwinding: Starting April 1

State context:

- Omnibus policy changes
- State plans to operationalize
- Focus on enrollees updating contact information and planning to renew

Coming (very!) soon:

- Advocacy Action Guide on Omnibus Unwinding changes
- January State Advocacy Webinar on Unwinding

THE UNWINDING: IMPORTANT 2022 OMNIBUS POLICY CHANGES

NEW SAFEGUARDS AS THE UNWINDING BEGINS APRIL 1, 2023

Advocacy Action Guide for AAP Chapters

Overview
The continuous coverage requirement of the Families First Coronavirus Relief Act (FFCRA) required states to maintain coverage of anyone enrolled in Medicaid or a Medicaid-expansion Children's Health Insurance Program (CHIP) since the law's enactment on March 18, 2020. In exchange, the federal government raised the federal medical assistance percentage (FMAP, or federal match) on state Medicaid spending by 6.2 percentage points; this federal assistance bump had been set to end on the last day of the quarter of the calendar month in which the COVID-19 public health emergency (PHE) ends. Under previous guidance, the Centers for Medicare and Medicaid Services (CMS) gave states 12 months to begin (and 14 months total to complete) eligibility redeterminations for all Medicaid enrollees during the subsequent "Unwinding" period, following the end of the PHE. **The 2022 omnibus spending package (H.R. 2617), however, now makes important policy changes to the Unwinding, including:**

- Ending the continuous coverage requirement such that states may start the process of redeterminations and disenrolling individuals on April 1, 2023
- Delinking the federal FMAP increase from the end of the PHE, but extending and phasing it down
- Tying this extended FMAP funding to a new maintenance of effort (MOE) for states
- Codifying that states can take up to 1 year to begin redeterminations
- Requiring new state transparency and data reporting
- Giving CMS new authority to enforce Unwinding procedures

This document summarizes these important changes and highlights opportunities for state advocacy to maximize coverage retention (for more on the Unwinding generally, please see our previous [Advocacy Action Guide](#)).

Advocacy on RSV/Flu/COVID Surge

- Tamiflu released from the Strategic National Stockpile and states now permitted to use state stockpiles of Tamiflu
- National Disaster Medical System team deployed to UNM Children's on Dec. 30
- Continued engagement with FDA on drug and device shortages
- Secretary Becerra roundtables and new communications from HHS on RSV and flu

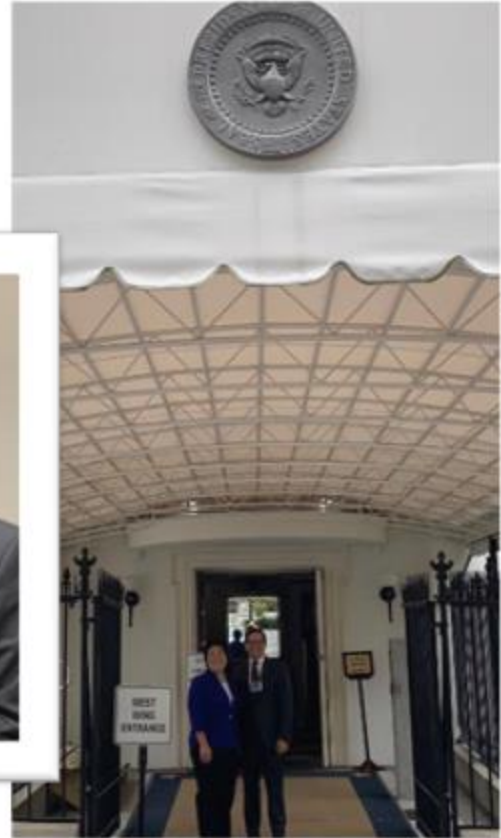


White House Meeting on Vaccine Commercialization

Meeting with Ashish Jha, MD
White House COVID Coordinator

Topics Discussed:

- Single-dose vials
- Vaccine payment
- Vaccine counseling
- Messaging
- Vaccines for Children (VFC)
- Low COVID vaccine rates in children



Advancing Pediatrics



Population Health--Data

- Consistent
- High quality
- Meaningful
- Actionable



Population Health--Access

- Reduce barriers to care
- Telehealth increased dramatically among primary care pediatricians

Before COVID-19

- 85% of primary care pediatricians **never** used telehealth

During COVID-19

- 77% of primary care pediatricians used telehealth **often**



Meaningful Access: Beyond Telehealth – Equity and Disparities



- Identify disparities
- Look beyond the numbers
- Social determinants of health



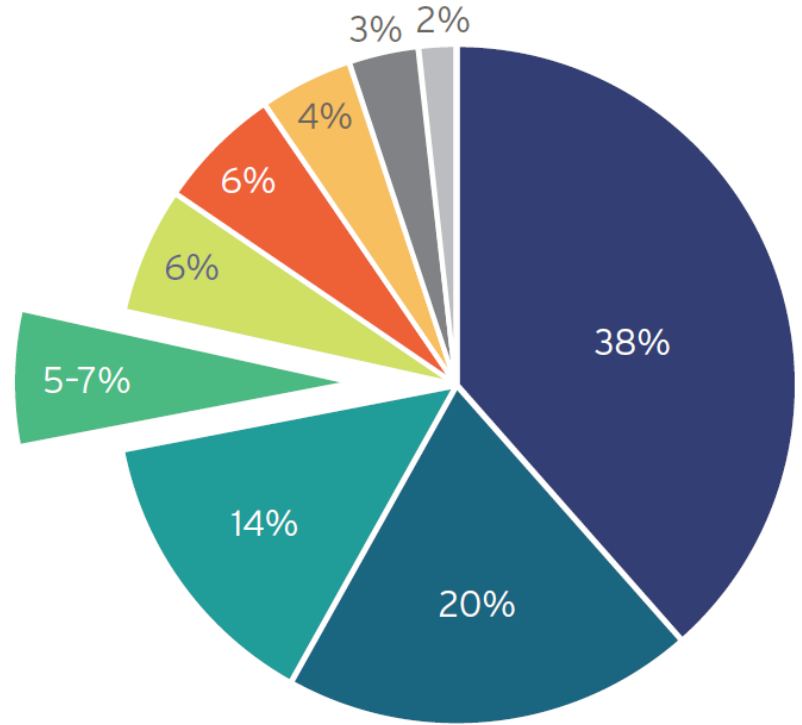
Population Health—Payment Models

Pediatric Primary Care and Pediatric Subspecialty Care

- Short-term ROI is not the focus
- Upstream prevention produces value in savings to society (Education, Justice, Labor/Economy, Medicare, etc)
- Shared Savings in children's health is not the opportunity. For example, 5% of children account for 50% of Medicaid spending (Berry et al, 2014)
- Partnerships among health care providers, health care systems, and state and community agencies
- Integration of behavioral health and social services in primary and subspecialty care settings

Payment for Primary Care

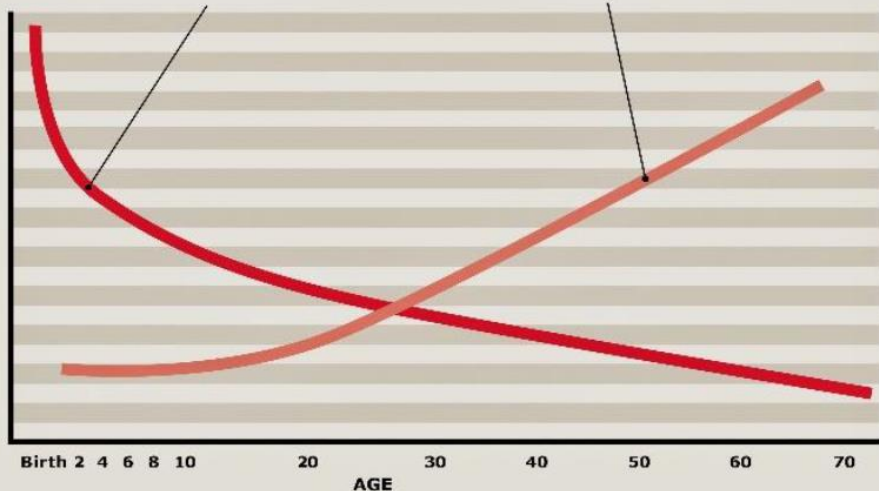
- Hospital care
- All other physician and professional services
- Prescription drugs and other medical nondurables
- Primary care
- Nursing home care
- Other health, residential, and personal care
- Dental services
- Home health care
- Medical durables



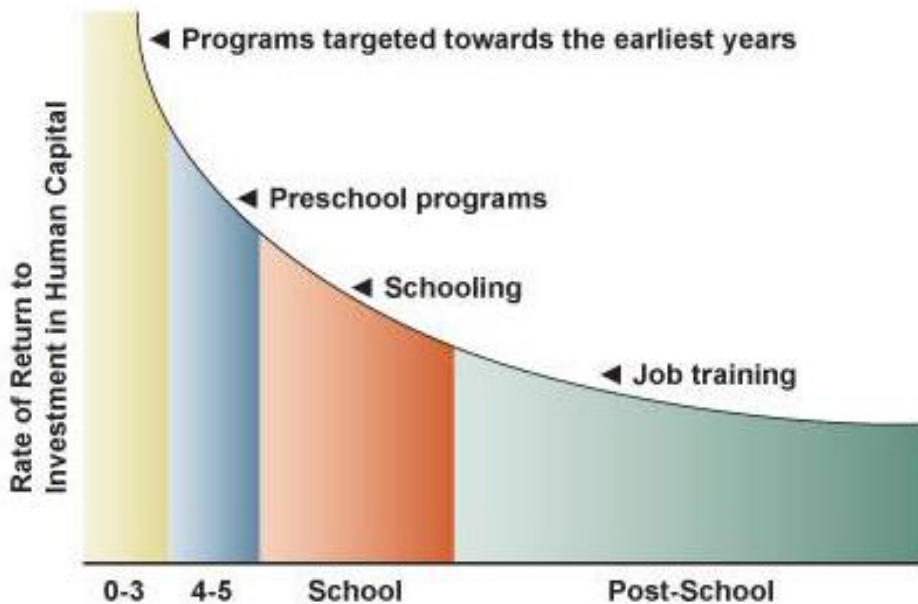
Paying for Pediatrics is an INVESTMENT in our Nation's Future

The Brain's Ability to Change in Response to Experiences

Amount of Effort Such Change Requires

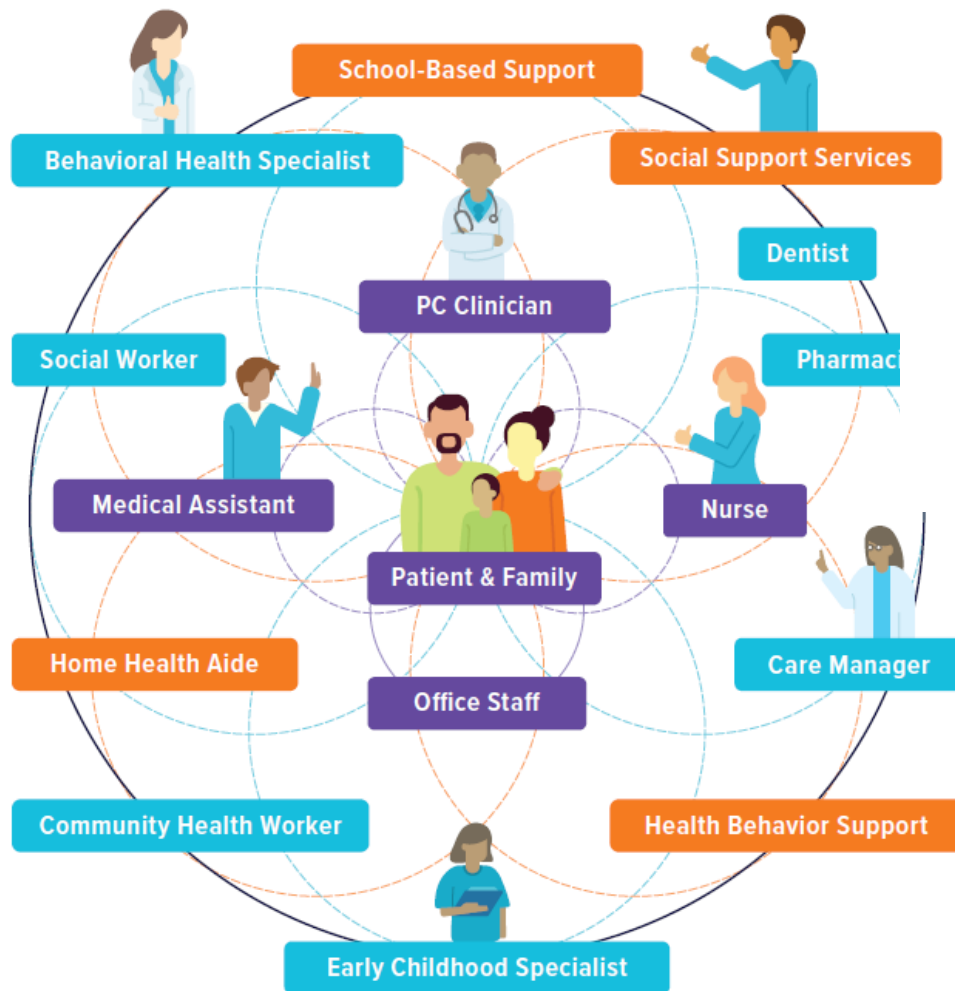


Center on the Developing Child at Harvard University



Rate of return on investment (Heckman(2008))





- Core Team
- Extended Health Care Team
- Extended Community Care Team

NASEM Implementing High Quality Primary Care, 2021



Value-based Payment Reform Must:

- Address **early childhood adversity and social determinants** and include appropriate metrics and data collection, with attention to racial and other disparities in health outcomes
- Consider risk stratification that accounts for **medical complexity as well as parental and social complexity**
- Create **validated predictive risk algorithms for children**, construct “high-risk” lists for pediatric care coordination, and ensure adequate payment for such services
- Include **payment for telehealth** and other new technologies that facilitate care management in the medical home without an in-person encounter



Transformation

[illegible]

Principles of Child Health Care Financing

Mark S. Huxley, MD, MSc¹; Marybeth S. Breen, MD, MSc, MSPH²; Patricia M. White, MD, MSc, MSPH³; Catherine M. Liss, PhD⁴; Catherine M. Liss, PhD⁵

¹Department of Pediatrics, University of Florida College of Medicine, Gainesville, Florida; ²Department of Pediatrics, University of Florida College of Medicine, Gainesville, Florida; ³Department of Pediatrics, University of Florida College of Medicine, Gainesville, Florida; ⁴Department of Pediatrics, University of Florida College of Medicine, Gainesville, Florida; ⁵Department of Pediatrics, University of Florida College of Medicine, Gainesville, Florida

Abstract

Children's health and well-being in the United States are threatened by a number of factors, including the rising costs of health care. This article reviews the current state of child health care financing in the United States, highlighting the challenges and opportunities for reform. The article discusses the role of government, private industry, and non-profit organizations in financing child health care, and the impact of policy decisions on the availability and quality of care. The article also discusses the role of families and communities in financing child health care, and the impact of social and economic factors on health care costs. The article concludes with a discussion of the need for reform, and the potential for a more sustainable and equitable system of child health care financing.

Keywords: child health care, financing, policy, reform, equity, sustainability

Introduction

Children's health and well-being in the United States are threatened by a number of factors, including the rising costs of health care. This article reviews the current state of child health care financing in the United States, highlighting the challenges and opportunities for reform. The article discusses the role of government, private industry, and non-profit organizations in financing child health care, and the impact of policy decisions on the availability and quality of care. The article also discusses the role of families and communities in financing child health care, and the impact of social and economic factors on health care costs. The article concludes with a discussion of the need for reform, and the potential for a more sustainable and equitable system of child health care financing.

Conclusion

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- Public and private (esp. Medicaid/CHIP)
- Universal coverage
- Life course and population health-focused
- Comprehensive care incl. care coordination
- Adequate provider payment
- Strengthen medical home
- Quality
- Promoting equity

Current Activities: Payment Transformation

- Engage payers
 - Proactive and responsive to payer policy reviews
 - Member (primary and subspecialists) communication and assistance
 - Educate payers about unique child focused policy needs
- Convene national experts around Medicaid transformation innovation at a summit this spring





Eli Sprecher, MD, MPP, FAAP
Libby Fellow in Pediatric Practice and Payment Transformation

- Identify practice management/administrative structures and payment mechanisms that add value and quality
- Work with Federal and State Advocacy to recommend strategies for payment
- Engage with CHILd registry team to align quality and registry work to drive indicators of value and quality in primary care



Addressing the Pediatric Mental Health Crisis



Declaring a National Emergency in Child and Adolescent Mental Health – One Year Later

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of Pediatrics
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News Release

Health Organizations Urge the Biden Administration to Declare a Federal National Emergency in Children's Mental Health

Home / News Room / Health Organizations Urge the Biden Administration to Declare a Federal National Emergency in Children's Mental Health



Moira Szilagyi, MD, PhD, FAAP
@AAPPres

As pediatricians, we recognize that the current crisis makes promoting mental health a necessity for all kids and teens. By declaring the mental health crisis a national emergency, our federal government can help mobilize resources and activities to address children's needs.

American Academy of Pediatrics @AmerAcadPeds · Oct 13

We, along with @AACAP and @hospitals4kids, wrote today to the @WhiteHouse, urging they declare a national emergency in children and teens' mental health, which we did one year ago. 134 organizations joined us in our letter. bit.ly/3Tfx1rD

3:31 PM · Oct 13, 2022 · Twitter Web App



Roll Call

POLICY

Youth mental health advocates renew calls for action

More than 130 national and state children's groups call for the Biden administration to declare youth mental health an emergency

POLITICO PRO

YOUTH MENTAL HEALTH EMERGENCY? — A group of more than 130 national and state youth health groups asked the White House to issue a national emergency declaration over the poor mental health of children and teens throughout the country.

The groups, including the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics and Children's Hospital Association, said an emergency declaration would protect current access and help expand access in the future.

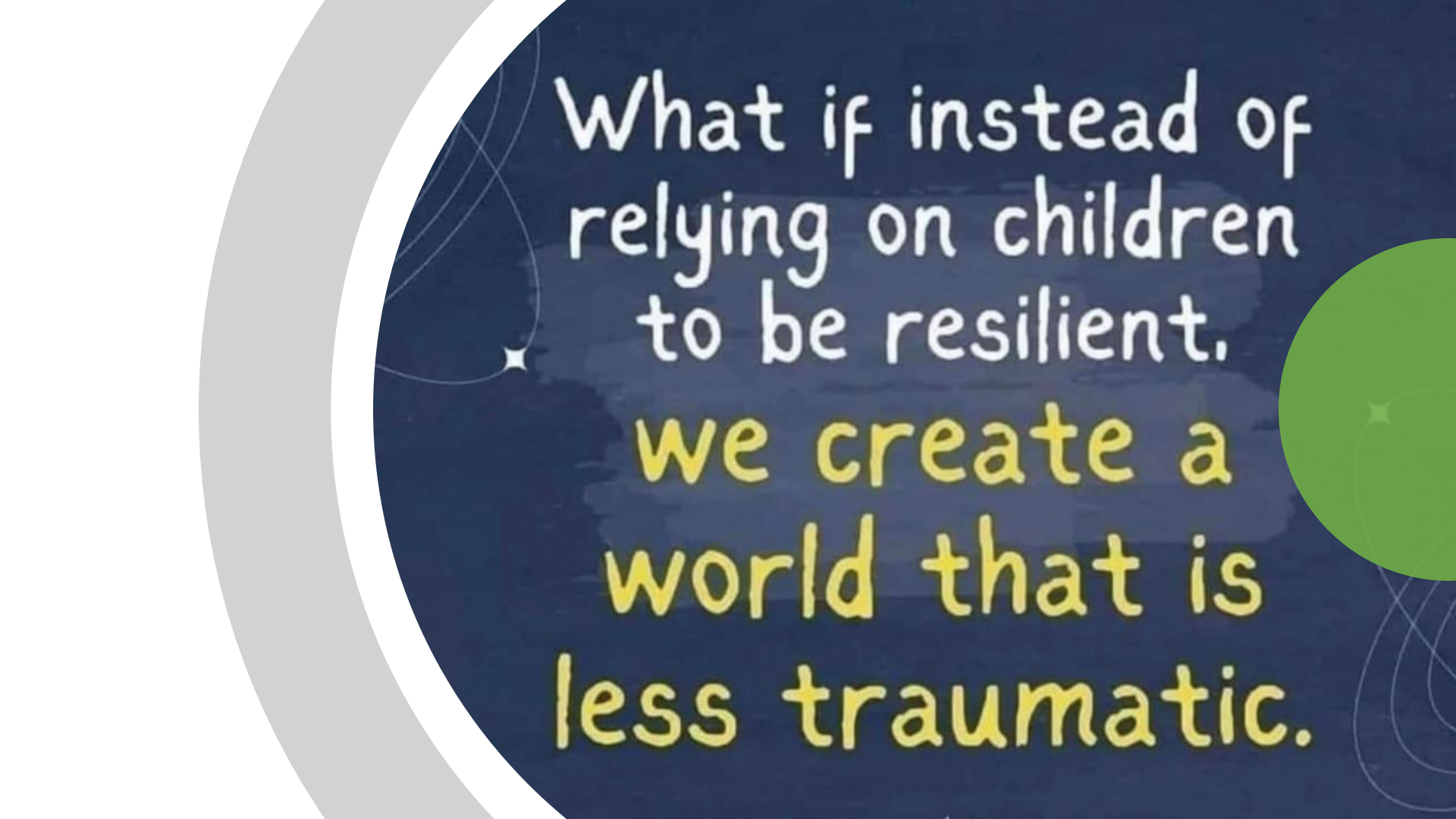
"Suicide is increasing for children and teens at alarming rates — especially for Black boys and girls under age 12 — and is now the leading cause of death for Asian American youth and the second leading cause of death for young people nationally," the groups said, noting they were thankful the administration and Congress had taken some action. "Emergency department visits for suspected youth suicide attempts have increased dramatically and those for eating disorders have doubled during the pandemic."

Upraising Healthy Children Initiative

American Academy of Pediatrics

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What if instead of
relying on children
to be resilient,
we create a
world that is
less traumatic.



Protecting Children Online

AAP to Launch New Center of Excellence on Social Media and Youth Mental Health

[Home](#) / [News Room](#) / AAP to Launch New Center of Excellence on Social Media and Youth Mental Health

Funding from the U.S. Department of Health and Human Services will allow AAP to create a healthier digital ecosystem for children and youth



SAMHSA
Substance Abuse and Mental Health
Services Administration



asking
for a
friend...

SELF-HARM

Self-harm
is a really
COMPLEX
Behavior

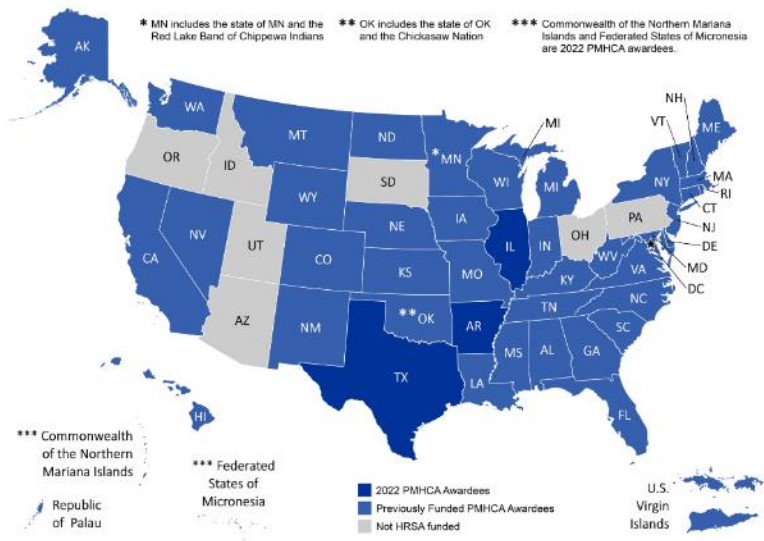
Self-harm is a really complex behavior,





Mental Health Advocacy

- **Reauthorization and additional \$80 million in funding** for the HRSA Pediatric Mental Health Care Access Program included in the Bipartisan Safer Communities Act
- **988 Suicide & Crisis Lifeline** July 2022 fully operational for phone, text, and chat
- **AAP-Led Child and Adolescent Mental Health Coalition** received additional funding support from the Annie E. Casey Foundation
- **\$1.5 million CDC grant to AAP for a National Center for Relational Health and Trauma Informed Care** that will build the capacity of pediatricians to provide RH and TIC care to millions of children
- **AAP received \$1.7M of funding from HRSA/MCHB to provide technical assistance to the Pediatric Mental Health Care Access Program** to support pediatric primary care providers in addressing the growing mental/behavioral health needs among children and adolescents
- **AAP received \$1.3M in funding to partner with the American Foundation for Suicide Prevention** to implement the Blueprint for Youth Suicide Prevention
- **AAP-Casey Family Programs Youth Mental Health Summit at HHS** featuring 5 AAP chapter leaders





**Safety
and
Wellbeing**

Leading Health Care Organizations Urge Action to Protect Physicians, Hospitals, Patients and Families from Violence

American Academy
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CHILDREN'S
HOSPITAL
ASSOCIATION

For immediate release: October 3, 2022

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Leading Health Care Organizations Urge Action to Protect Physicians, Hospitals, Patients and Families from Violence

Groups call on Department of Justice investigation, technology platforms to address harassment and threats of violence against physicians and hospitals

Washington, DC—Today, the American Academy of Pediatrics (AAP), American Medical Association (AMA) and Children's Hospital Association (CHA) unite in support of physicians and hospitals who have been threatened and attacked in recent months.

The groups sent a [letter](#) to Attorney General Merrick Garland urging the Department of Justice to investigate the increasing threats of violence against physicians, hospitals and families of children for providing and seeking [evidence-based gender-affirming care](#). The organizations also call on technology platforms to do more to stop the rhetoric that often incites threats or acts of violence and has led to harassment campaigns across the country, much of it directed at children's hospitals and the physicians and staff who work there.

"Whether it's newborns receiving intensive care, children getting cancer treatments or families accessing compassionate care for their transgender adolescents, all patients seeking treatment deserve to get the care they need without fear for their personal safety," said AAP President Moira Szilagyi, MD, PhD, FAAP. "We cannot stand by as threats of violence against our members and their patients proliferate with little consequence. We call on the Department of Justice to investigate these attacks and social media platforms to reduce the spread of the misinformation enabling them."

The AAP and AMA collectively represent more than 270,000 physicians and medical students and CHA represents more than 220 children's hospitals across the country. The groups wrote to Attorney General Garland urging "swift action to investigate and prosecute all organizations, individuals, and entities responsible."

"Individuals in all workplaces have the right to a safe environment, out of harm's way and free of intimidation or reprisal," said AMA President Jack Resneck Jr., MD. "As physicians, we condemn groups that promote hate-motivated intolerance and toxic misinformation that can lead to grave real-world violence and extremism and jeopardize patients' health outcomes. The AMA will continue to work with federal, state and

"...we cannot stand by as threats of violence against our members and their patients proliferate with little consequence. We call on the Department of Justice to investigate these attacks and social media platforms to reduce the spread of the misinformation enabling them."

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The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”
(Remen, 1996)

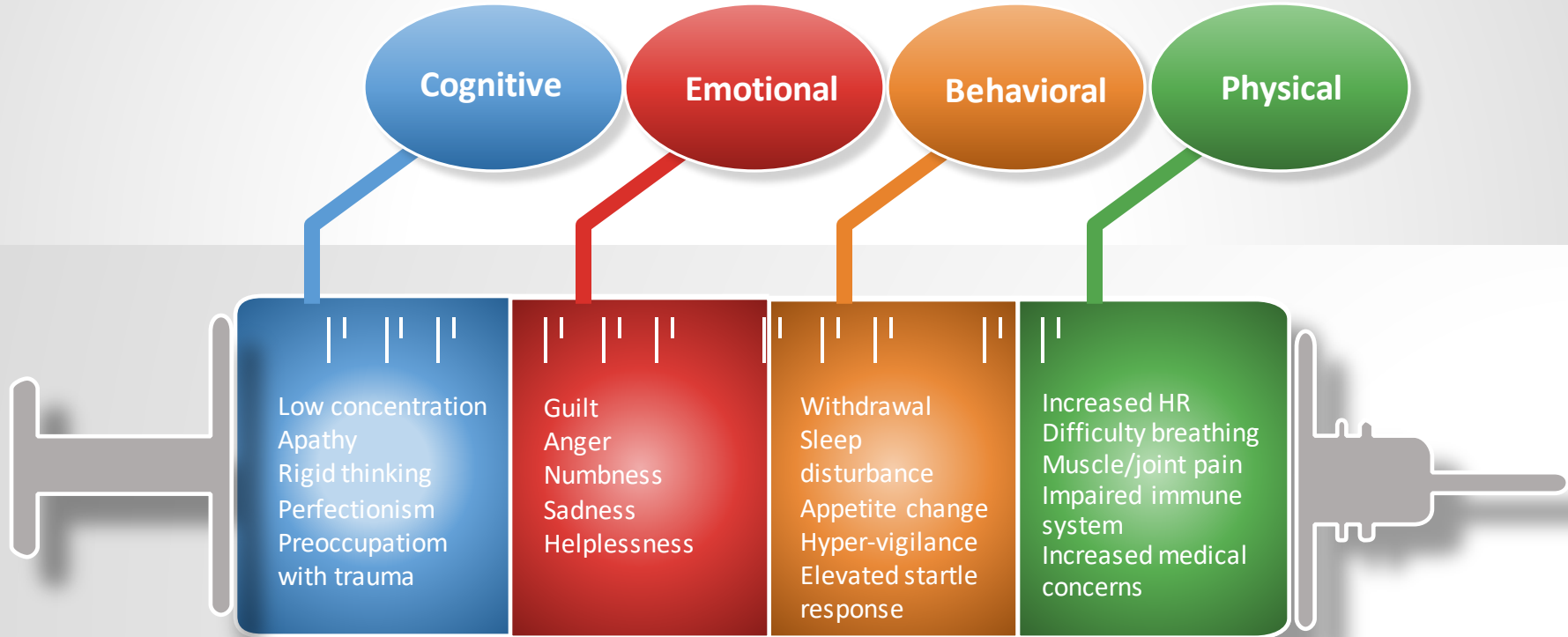


Compassion Fatigue

“A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.”



Symptoms of Compassion Fatigue



**An empty lantern
provides no light.
Self-care is the fuel
that allows your light
to shine brightly.**



When you are emotionally healthy and in control, you can sit with others who need time and space to heal. So, fill your lantern first so your light can shine and be a help to others!





Why we do what we do...

- Compassion
- Satisfaction
- Vicarious transformation





Vicarious Resilience

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)

How Does Vicarious Resilience Feel?

- Greater perspective and appreciation of own problems
- More optimistic, motivated, efficacious, and reenergized
- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and serious challenges
- Profound sense of commitment to, and finding meaning from the work

(Hernandez, et al, 2007; Engstrom, et al, 2008)



Take charge of your mindset

No one can make you think or feel anything. Only you can do that, so maintain the mindset you prefer.













Reframe

Reimagine

Rejuvenate





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