

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Rhode Island Chapter

Rhode Island Chapter of the AAP  
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May 10, 2011

Dear Mr. Martin and Commissioner Koller,  
Co-Chairs, Health Insurance Advisory Council,

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In my roles as Immediate Past President of the Rhode Island chapter of the American Academy of Pediatrics as well as the Founding Past Chair of our Pediatric Council, I write to thank you for your committee's thorough and thoughtful review of all the issues that come before you. I have had the privilege of attending many HIAC meetings over the past year. Each time I am more impressed by the depth and breadth of the discussions and questions. Clearly each committee member is quite informed about the issues that affect our state's health care and delivery system. With your indulgence, I write with the idea of adding another perspective.

At the last HIAC meeting much time was dedicated to a discussion of the 2011 Affordability Standards and two insurers' requests for spend deviations from the Standards. As a practicing pediatrician and physician leader, my perspective on UnitedHealthcare's plan to support flu clinics in non-primary care settings significantly differs from that meeting's discussion. To be blunt, pediatric medicine in Rhode Island does not need any more help delivering flu vaccine to our patients.

Over the past few years, Rhode Island's pediatricians and the greater pediatric medical community have developed a flu vaccine delivery system that is so successful that in March 2011 the Rhode Island Department of Health's Office of Immunization received two awards from the Centers for Disease Control and Prevention at the National Immunization Conference. The first award was for the highest influenza vaccination coverage rates in the country for children thus far this influenza season. The second award was for outstanding overall adolescent immunization coverage.

For flu season 2009-2010, the famous H1N1 winter, Rhode Island also received awards from the Centers for Disease Control for achieving the highest overall H1N1 vaccination rates in the entire country, for achieving the highest H1N1 vaccination rates for people in high risk groups (which includes children aged 6 months to 24 years), and for achieving the highest H1N1 vaccination rates for children aged 6 months to 17 years. Out of the nearly 428,000 doses of H1N1 vaccine administered in this state, more than 50% of these doses were given to children and young adults. In fact, due to our comprehensive statewide vaccination program Rhode Island did not experience the third peak of H1N1 illness that was experienced in other states.

Governor Carcieri and Director of Health Dr. Gifford held a press conference last spring to publicly thank the multitude of agencies, schools and medical professionals who collaborated so well to successfully vaccinate over half of Rhode Island's children against H1N1 influenza. Furthermore, the vaccine delivery successes learned in that unprecedented flu season were applied to this year, resulting in another flu vaccine award winning year.

While UnitedHealthcare's intent to reduce influenza illness in Rhode Island is laudable, to apply this platform to the Affordability Standards is a complete miss for the pediatricians of this state. We already have successful influenza vaccination programs in place in our offices and schools. Diversion of valuable primary care dollars to the endeavor of flu clinic risks disenfranchising pediatrics from this part of UnitedHealthcare's primary care spend. At the very least, this plan will not deliver the return on investment health care savings that the Affordability Standards hope to achieve.

Therefore, the pediatric community respectfully asks that HIAC reject UnitedHealthcare's request to support flu vaccine clinics as part of the primary care spend, at least as it applies to pediatrics. Rather, we ask UnitedHealthcare to re-evaluate the pediatric public comments submitted to OHIC in February 2011. In those comments, many pediatricians spoke eloquently about the issues that most directly affect our ability to deliver quality and cost-effective care to our patients. Specifically, at this time UnitedHealthcare does not value many of the cost-saving Bright Futures' screens and access to care that pediatricians provide to their patients – vision screening, postpartum depression screening, afterhours phone calls, evening office hours, Gardasil vaccine for males, to name a few. In a payment reform sense, UnitedHealthcare could be innovative and support pediatric medical home initiatives, electronic health record acquisition and data reporting systems.

Wherever the final answer lies is truly the plan and expertise of your committee. However, for pediatrics, there are much better uses of the valuable primary care spend than enhancing a flu vaccine delivery system that is already the best in the nation for Rhode Island's children.

Thank you for your time and consideration. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth B. Lange MD". The signature is written in a cursive, slightly slanted style.

Elizabeth B. Lange, MD FAAP  
Pediatrician, Waterman Pediatrics/Coastal Medical, Inc.