

Virginia Chapter

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Virginia Chapter
2821 Emerywood Parkway
Suite 200
Richmond, VA 23294
Phone: 804/643-6631
Fax: 804/788-9987
va-aapdirector@ramdocs.org

**Virginia Chapter
Executive Committee**

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Kristina N. Powell, MD, FAAP

Vice President
Natasha K. Sriraman, MD, FAAP

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Percita L. Ellis, MD, FAAP

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Executive Director

Chapter Website
www.virginiapediatrics.org

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Dear Director Roberts:

On behalf of the Virginia Chapter of the American Academy of Pediatrics, our Pediatric Council, and the approximately 1300 pediatricians we represent in Virginia, I am writing to thank you for soliciting feedback from Medicaid providers on the Commonwealth of Virginia 2023-2025 DMAS Quality Strategy. As pediatricians and primary care providers, we believe there are several areas that need to be addressed that will result in better patient outcomes for Virginia's Medicaid population. We would respectfully request, in the descriptors of the Medical Care Advisory Committee that DMAS replace American Academy of Pediatrics with our correct name, the American Academy of Pediatrics - Virginia Chapter.

The American Academy of Pediatrics- Virginia Chapter (AAP-VA) believes that the implementation of pediatric value-based programs needs to support prevention of illness and promotion of health. There must be adequate incentives to support the needed well visits, immunizations, mental and behavioral health care which requires significant time and effort in a busy pediatric office striving to meet the DMAS goal of promoting access to safe, gold-standard patient care.

The AAP appreciates the recognition of Well Baby and Well Child Care and the ability to render well visits at the home, office or other provider location according to the AAP recommended periodicity schedule. We would like to highlight that DMAS included a listing of only procedures in that section, such as hearing screenings and laboratory services but not items such as fluoride varnish and the needed developmental, social, behavioral or mental health screenings that are critically important. In addition, the listing does not include items mandated by Virginia legislation such as CMV testing. Pediatricians work hard to provide gold standard quality of care and that includes maternal depression screening, developmental screening, autism spectrum screening, behavioral/social/emotional screening, depression and suicide screening as well as tobacco/alcohol and drug use screenings at the age-appropriate times. We need DMAS support to ensure there is both adequate payment for the administration and interpretation of all of the needed screenings at the appropriate age intervals and the elimination of any restriction on the number of screens that the pediatrician believes is clinically necessary. We strongly encourage DMAS to include language that supports the American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care annually as updated by the AAP and Bright Futures.

We would encourage the addition of the Childhood Immunization Status (CIS) and the Immunizations for Adolescents to the Timeliness of Care Domains as pediatric immunizations must follow specific timelines to ensure efficacy. For example, if the Rotavirus vaccine is not initiated by 15 weeks of age it cannot be started; in addition, the Rotavirus vaccine series must be completed by eight

months of age or a clinician is unable to complete the series and the CIS 3 measure will not be met. This is an added level of complexity that our pediatricians manage every day when administering vaccines.

We would encourage DMAS to include pediatrics in each of the health disparities sections that you have identified to include: age, race, ethnicity, sex, primary language and disability status disparities. We thank DMAS for the focus on Performance Improvement Projects designed to achieve significant and sustained improvement in clinical and nonclinical areas of care through ongoing measurement and intervention. We would encourage DMAS to emphasize pediatrics in each of the Performance Improvement Projects to ensure that DMAS has an effective strategy to meet its goals for some of its most vulnerable members.

We support the DMAS goal of providing whole-person care for vulnerable populations and we believe the mental health crisis facing our youth qualifies for this goal. We strongly advocate for a unified DMAS approach that provides additional funding to support primary care providers (PCPs) who have completed the additional training in behavioral health through the Virginia Mental Health Access Program (VMAP) or a similar program. Pediatric behavioral health is critically needed to ensure thriving communities, and these PCPs have dedicated their time to provide additional access and high-quality care for members in need which reduces the burden on psychiatric hospitals and emergency departments (EDs). This work should be recognized and incentivized by DMAS. The additional funding could be accomplished through a supplemental per member per month payment to these providers.

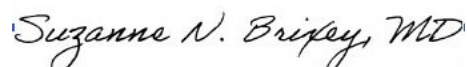
Finally, the AAP-VA requests greater clarity regarding treatment plans for children with special health care needs to ensure pediatric clinician participation, and payment for clinician time in these collaborations is needed if pediatric clinicians are to step away from direct patient care to engage meaningfully in these collaborations. Members will directly benefit from this team-based approach that supports their care.

Thank you again for the opportunity to respond to the DMAS Quality Strategy.

Warm regards,



Kristina Powell, MD
President, Virginia Chapter of the American Academy of Pediatrics



Suzanne Brixey, MD
Co-Chair, Pediatric Council
Virginia Chapter of the American Academy of Pediatrics