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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the health care of the future.

This week Mark and Margaret speak with Dr. Sally Goza, President of the American Academy of Pediatrics. Dr. Goza talks about AAP's recommendations for keeping kids safe during the COVID-19 pandemic. Protocols for ensuring that safety as kids go back into classrooms, daycare and college campuses, including mask, social distancing, reduced contacts, and being aware of the infection rates in your area. She examines the threat to public health as millions of kids had fallen behind in well visits, and vaccinations.

Lori Robertson also checks in, Managing Editor of FactCheck.org, and looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives. If you have comments, please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Dr. Sally Goza here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Sara Goza, President of the American Academy of Pediatrics an organization of 67,000 clinicians committed to the optimal, physical, mental and social health of the nation's infants, children and young adults. Dr. Goza is also a fellow of the American Academy of Pediatrics.

Margaret Flinter: She earned her medical degree at the Medical College of Georgia in Augusta and completed her internship and residency at Cincinnati Children's Hospital and Medical Center, after which she returned to her hometown of Fayetteville, Georgia, eventually joining her uncle's pediatric practice there. Dr. Goza welcome to Conversations on Health Care.

Dr. Sara Goza: Thank you for having me today.

Mark Masselli: You know what, it goes without saying we're in the midst of this incredible public health crisis, and yet like so many things associated with the pandemic, our knowledge of COVID-19 seems to grow with time. First data point suggested that children weren't as affected as older adults. But now we know children are very efficient carriers, spreaders of the virus. It can also have devastating health impact on them. I'm wondering as the nation is about to send its children back to daycare and schools and universities, I know parents and caregivers

are quite anxious. I'm wondering what advice is the American Academy of Pediatrics offering to its own member clinicians, but also to families across the country on what may be the best and safest way to navigate a school year.

Dr. Sara Goza: I think every family is different, and so my message to every family is call your pediatrician, call your family practice doctor, call someone who knows you, your family, and your child to discuss what's going to be in the best interest of your family, especially if you have children with special health care needs, or you have parents in your home or grandparents who might be living there, who may be at higher risk for COVID-19. We know that public health measures work too. We know that we have to get the rate of community spread down, and we can do that. We can have everyone wear a mask, physical distancing, hand washing, and avoiding large gatherings and really staying home if you can. I mean, really not going out and doing a lot of the things that we normally would do to try to get that rate of spread down because if we can get that rate of spread down in communities, our children can go back to school, they can go back to their sports, they will be able to do the things that they're used to doing. But if we don't get that number down, then children will continue to get this virus.

Margaret Flinter: Well, Dr. Goza, getting consistent information about the coronavirus for all of us who are trying to follow that all the time has been challenging. We really appreciate the work of the American Academy of Pediatrics has been gathering child infection data in recent months. That's so important. This summer we certainly saw a spike among children and young adults, we saw some schools, summer camps and now college campuses. I know here in our own state, some opened than closed. What are your data revealing about childhood infection rates and the risk to children and teens and young adults as well as their families as they spread the virus, which they seem quite capable of doing?

Dr. Sara Goza: The rising number of cases in children really corresponds with the overall rise of COVID-19. But we did see a big spike in the summer, and I think that's because children were getting back out and getting around other people again. But also the parents were getting the disease, or getting COVID-19 because they were back at work and getting it, and so they were spreading it as well to their children. We know there's been substantial spread and that children are going to get it. The one thing we do know is that children are not immune to this disease. Children can get COVID. They can get very sick with COVID, and they can be hospitalized with COVID. We know that that is less than with the adult populations, but it's still there, and we have seen those numbers. We think more widespread testing also was partly to account for those increases in numbers, but we also saw rises on hospitalizations and deaths. We know that it was a true

increase in the numbers of children becoming infected. What we have to do is we have to still, just like we said, wear your mask, wash your hands, physical distance, and really, really try to get those numbers down.

Mark Masselli: Dr. Goza, the American Academy of Pediatrics had recommended a couple of months ago that kids be sent back to school, citing the potential of long term impact on mental health educational track and social development. You recommended educators should do their best to ensure that children can come back, but they also needed to keep kids safe with mask, social distancing and other measures that you just walked us through. But it doesn't seem that the nation or parts of the nation have been able to follow those recommendations control the virus to make it safe for children to return to school safely. I'm wondering if you have changed any of your recommendations as, again, I think we're all learning as more data comes in. It sounds like you initially suggested that some of this is hyper local response, call your local pediatrician or family practitioner to get some advice, but how about for the academy itself? Has there been any shift in its position on this?

Dr. Sara Goza: We still believe that the goal should be for children to be in school in-person, and you know the reasons, the mental health, the social emotional developmental issues, our children are losing. We have an education gap already, and just the children having to do online schooling, there is internet gap where some people have internet and computers and others don't, so that's going to increase that education gap. We have children losing social skills that autism children, some of my patients in my practice of parents call me and say they're losing their ground, and so the goal is still to get children back into in-person school. We have not changed our guidance on that. But we know that you have to look at what's happening in your local communities what your spread is. If the spread is high, you're surging with numbers of COVID-19, it is probably not very safe to open your schools, and public health has to be involved in that decision making process along with the school systems.

We also have some school systems who are not able to do the mitigation that we recommend. They're just not able to do that. There needs to be funding for that from the federal government. We have to have funding, we have to have public health and the school systems working together, and the communities working together to get the community spread down, to do the mitigation that they need to do in the schools because it is so critical for our children, we have food insecurity as well. Children who don't have access to food who are hungry, you can't learn when you're hungry. We know that it's critical to get those goals in sight and to really work towards making that so that children can get back into school. But we have to make

sure it's safe not only for the children, but for the faculty and staff.

Margaret Flinter: You know, Dr. Goza, it wasn't just the schools that were closed, practices were closed across the country. When we look back at the early weeks in March and April and May and with it just a vast reduction in well child routine, health maintenance checkups for children along with that the decrease in vaccinations. I think people have been so creative and so disciplined about bringing up telehealth, coming up with clinics to just do the vaccinations and catch people up. But now we head into flu season. How is the American of Pediatrics addressing this consequence of the pandemic? What are your recommendations to your pediatric community in the field about how to make this catch up happen?

Dr. Sara Goza: I've been very proud of the American Academy of Pediatrics in this time. We have moved very nimbly and very quickly to put out guidance. Our first guidance was to clinics, to practices, to say, prioritize to young children, make sure we're getting those vaccines in. If that's all you can do, do that. Try to rearrange your office so you can have an area where it's only well visits, area that's only sick visits or different times of the day. Moving into telehealth, we had webinars about how to do telehealth, how to get paid for it. We advocated for payment for telehealth through Medicaid and through the other payers.

We started a campaign called #CallYourPediatrician on social media to try to get parents to realize that pediatricians were still open. Then we just recently came out with a guidance on caring for ill children in your practice, and it talks about some of the things you can do to try to make your practice safe, not having a waiting room, bringing people in one at a time, seeing children outside if you think they're truly contagious, doing testing outside in the parking lot or somewhere, and still trying to keep those children up-to-date on their vaccines, get those checkups and get them in -- getting a list of your patients so that are not up-to-date and calling them and getting them to make appointments, continuing to do telehealth as we've talked about.

We also put out guidance on testing with that about what children should be tested. Then it talks about the different tests that are out there when they should be used, what they're good for, what they're not good for. Also, which children you really -- children that are sick, that have been exposed to definitely be tested. Children that you're not sure what's going on, probably should be tested that are symptomatic, and then when to test asymptomatic children if they've had an exposure, so you can do contact tracing.

Margaret Flinter: Right.

Mark Masselli: We're speaking today with Dr. Sally Goza, President of the American

Academy of Pediatrics, an organization of 67,000 members. Dr. Goza, I want to pull the thread on the conversation you're just having with Margaret around telehealth, and I think it's fair to say it's one of those silver linings in this crisis that it allowed providers and patients to really connect with each other pretty much was a fairly swift transition, not so much for the smaller in it, maybe independent practices had a little more difficulty. I'm wondering as you sort of think about it and we know it's complimentary to in-person, you obviously can't give a flu shot over the phone. But it's a hand in glove relationship between telemedicine and in-person visits. As you look forward, how's the association dealing with CMS on the regulatory side? What are you looking for from the government in terms of guidance, because I would imagine for a lot of practices, if this is going to be a long term permission, there are additional investments that are going to need to make. Tell us about advocacy that you're doing on behalf of telehealth and what are the other issues that you're focused in on?

Dr. Sara Goza: We came out with guidance on telehealth very quickly. We had webinars for practices and pediatricians to watch. We will continue. We know telehealth is here to stay and we've been very excited about some of the uses it's had. Our subspecialist and our surgical specialists were really quick to pick up on using telehealth. I mean they had webinars on their own sections about how to use telehealth. This has really been helpful for especially our rural communities where children have to travel two and three hours to get to subspecialist, to be able to see their subspecialist on a telehealth visit.

I had a patient yesterday who would have waited months to get a genetics appointment, because of telehealth was able to get it right away. I think that there are a lot of good reasons to have telehealth. We're going to be advocating to continue the parity and payment, to continue some of the regulations that have been relaxed about whether it can be the origin of it and those kind of things where you can do telehealth from, all of those things we're going to continue to advocate for. Also talking about what does it mean about cross state lines. If you have a patient who's in college in another state, and you see them for something, will it be still okay to see that patient even across state lines without having licensure issues? I think we will continue to look at this as we go forward as to whether the best practice is. We have a section on telehealth who is looking at this very seriously and coming up with recommendations that I haven't seen yet, but that are coming up about how do we move forward as the pandemic goes away, what do we want telehealth to look like going into the future.

Margaret Flinter: Dr. Goza, I wonder if I could talk about something other than COVID, which is hard to find these days. We're all very concerned with

workforce issues and workforce in primary care. In our organization, we're very proud to be home to training for a large group of pediatric residents. We host a postgraduate nurse practitioner residency program. We have postdoctoral clinical psychologists. Still we know we have a distribution problem, and we actually have a pipeline problem as well. Primary care struggles as people are pulled to some of the specialties. I wonder from your vantage point at the American Academy of Pediatrics, if you would speak a little bit to how you are inspiring the next generation of medical students, or just children coming up in the pipeline to think about pediatric primary care.

Dr. Sara Goza:

I just like to say first in my own practice, when I have children tell me they're interested in medicine, I'm always talking to them about pediatrics when they're there. I was like pediatrics is the best thing. Well, I'll come back and work with you Dr. Goza, I'm like fine you just - do it. I also try to encourage patients when they're talking about going into medicine, not to get discouraged in those first years in college. Sometimes you stumble when you first go to college, there are other things that entice you to do, and to continue to be committed to it and to realize that they can make it.

The AAP is very interested in the pipeline. We are starting to look at ways that we can address pre-college even, if there's a place to do that. But also we now have a medical student section on trainees, and the medical students can join that. I saw that one of our fastest growing sections is because of the medical students have been joining and joining in, and they can come to our meetings, they can be involved in activities at the academy. I think once they see what the academy does, and what pediatricians do that pediatricians aren't, especially primary care, pediatricians aren't just in an office seeing patients that we work outside the office, that our goal is to work on everything that affects children. We know what happens to children is very little of what happens in the exam rooms. It's really what's happening to them outside in the world. Addressing those social determinants of health, those public health issues, and things like that.

Encouraging people to understand that going into pediatrics means that you're really looking at the future of this world because we're taking care of our future and trying to make sure that they're healthy and that they grow up to lead the best lives they can. I think that's part of it is that motivation that this is really more than just being a pediatrician in the exam room taking care of sore throats and [inaudible 00:15:41], it's really taking care of a child.

We also look at team based care. We have a team based care policy, and we believe that that's the best way to do it. Everyone should work up to the top of their license and what they're trying to do

because that's how we're going to be able to spread out and do the work that needs to be done. You look at mental health now, I mean, we need -- that takes up so much time in a primary care office, and we need to be able to do that it's so critical to do it. We all need to be working to the top of our licenses. Also, nurse practitioners and PAs can also be members of the National Academy as well. We have area for them too.

Mark Masselli: Well, I'd like so much your thought that health care is not only what's inside the four walls, but it's outside. I know the AAP has really a robust policy agenda, really thinking about the social determinants of health, which in many ways I think this younger generation is very focused in on as well, animated about it. You talked earlier about food insecurity, maybe walkthrough the work in policy and advocacy around social determinants, whether it's gun violence or substance use disorder, or as we've discussed earlier, the impact that poverty has on adverse childhood events on health outcomes. What's driving your policy initiatives right now? How does the public get engaged with the work that you're doing and better understand the work that you're doing?

Dr. Sara Goza: You know right now, our major focus is actually on health equity and the disparities that exist in this world, and that includes all of those things, that includes poverty, food insecurity, racism, gun violence. You name the disparity that's out there, and we know that a lot of it is based on racism and poverty. I mean, our black children and our American Indian, Alaskan natives, and our Hispanic children are much more disparate, just proportionately affected by all of these things. It is a broad umbrella to look at all of that, and I think racism has kind of risen to the top this year, is one of the things that because we know that black and Hispanic children are more likely to get COVID and more likely to be sick with it. We know that they are the number one group of children that are being admitted to the hospital with a multi-inflammatory system disorder. We are really trying to look at how can we affect change in the health equity and the disparities, and we know that we have to address racism as one of the top things.

Poverty is still there. We've been trying to address poverty for years, and we're going to continue to address the issues with poverty. We're still working on gun violence. We're still working on substance use disorder. All of those things are still being worked. Mental health is another one. It's really a village, I mean, one thing is not disconnected from the other, and so it's all just this big thing of how do we make sure and decrease those disparities and have health equity and have children have the equal chances in this world, have the same ability to succeed in this world because we know right now they do not.

Margaret Flinter: But I'll tell you, I really respect the chapter levels of AAP and I know

here in Connecticut, I don't know if you've met up with any of Connecticut people Dr. Dudley and others who works for us. They are in the legislature every year, every year advocating on behalf of children there in the schools. They really are, as you say, very seriously engaged in the environment and the community in which children's health takes place, so thank you so much to the academy for really being out there. We've had a lot of great projects through Healthy Tomorrows.

I think we have all counted on them for their leadership during the COVID pandemic. They were right there recognizing that offices probably needed to close for a period of time and right there really helping offices open up again in pediatrics to make sure that those very important well child visits, vaccinations, immunization screenings, what could be done online would be done online via telehealth or what had to be done in-person would happen in telehealth. I think the health care community is really counted on them.

We've been speaking today with Dr. Sally Goza, President of the American Academy of Pediatrics, an organization of 67,000 members. You can learn more about their work by going to www.aap.org or follow them on Twitter @AmerAcadPeds, and you can follow Dr. Goza on twitter @AAPPres. Dr. Goza, we want to thank you for your tireless advocacy for America's children, for the frontline clinicians who are dedicated to protecting and safeguarding their health and their future and for joining us today on Conversations on Health Care.

Dr. Sara Goza: Well, thank you for all you do and thank you for having me today.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson: In his speech at the Republican National Convention, President Donald Trump claimed that his administration will “further reduce the cost of prescription drugs and health insurance premiums.” He added “they're coming way down.” But insurance premiums for those with employer based plans where nearly half of Americans get their coverage have gone up as they normally do. While there's not one standard measure of prescription drug cost, the metric Trump has used in the past of evidence of a decrease now shows a year over year increase.

The Kaiser Family Foundation's latest annual survey found premiums in the employer market for single coverage went up 4% from 2018 to 2019, and family coverage premiums rose 5%. Employer sponsored insurance premiums have risen each year, dating back to at least 1999. For those who buy their own coverage on what's called the individual market, that's 6% of the US population, the story in the past few years has been different.

On the Affordable Care Act exchanges, premiums on average have gone down in 2020 by 3.5%, for the lowest cost silver level plan, and in 2019 by 0.4%, but that was after a double digit increase for 2018 plans, which rose by nearly 30% on average, that hike was driven by the Trump Administration's elimination of cost sharing subsidies and ensure uncertainty over the ACA's future. The Urban Institute says that many insurers have overreacted to that uncertainty pricing 2018 plans higher than necessary. As for prescription drugs, Trump has been using the Bureau of Labor Statistics, Consumer Price Index for prescription drugs to claim drug prices decreased last year. But that talking point is now outdated. The measure of drug price inflation aims to capture what consumers along with their insurance companies or other payers are paying for a basket of retail prescriptions. It now shows a year over year increase for 10 months straight.

The President also touted recent executive orders he signed concerning drug prices, saying they “will massively lower the cost of your prescription drugs”. But it's uncertain what the impact of those orders will be. They largely revived past administration proposals and require moving through the federal rulemaking process. That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Mark Masselli: Each week Conversation highlights a bright idea about how to make wellness a part of our communities and everyday lives. Over the past few decades, kids have been getting less and less physical activity throughout the school day. Phys Ed has become less prevalent in many schools. The University of Michigan Researchers wanted to find a creative and effective solution that would increase kids' movement

without disrupting the school day.

Dr. Rebecca Hasson: We looked at the scientific literature in terms of prolonged sitting, if you just do two minutes of activity, a small burst get up do some movements, activity in that small of a dose can have dramatic improvements on health on cognition, on learning. We decided to develop an intervention, a program, that would allow children to get these small burst of activity throughout the day.

Mark Masselli: Dr. Rebecca Hasson is Principal Investigator for Impact, interruption of prolonged sitting with activity.

Dr. Rebecca Hasson: We typically see in PE or recess lower participation in girls compared to boys. But in classroom activity breaks, you actually see similar rates of participation, if not higher rates of participation in girls. We also saw that for children who are carrying few extra pounds, if those children also were exercising at a high intensity, even children with asthma.

Mark Masselli: They wanted to design the intervention that would be easy for teachers to adopt and manage. They created videos designed to get kids moving quickly.

Dr. Rebecca Hasson: We created a compendium of 200 activity breaks that are just three minutes long, so the teachers had a variety of different types of activities whether it was jumping jacks, leap frogs, something that will get their heart rate in a target heart zones.

Mark Masselli: Kids burned on average about 150 more calories per day, and at the end of the week, had accrued a significant amount of physical activity.

Dr. Rebecca Hasson: We had these little accelerometers. They measure movement at the hip, and so it tells us how many calories were they kids burning away from the laboratory, and how much physical activity were they getting.

Mark Masselli: A low cost easily adoptable fitness intervention for kids, allowing short burst of physical activity throughout the school day, enhancing fitness positively impacting the learning experience. Now that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan

Dr. Sara Goza – American Academy of Pediatrics

University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcast. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. The show is brought to you by the Community Health Center.

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