



# In the Literature

## RETHINKING WELL-CHILD CARE IN THE UNITED STATES: AN INTERNATIONAL COMPARISON

Alice A. Kuo, M.D. Ph.D.  
Moira Inkelas, Ph.D.  
Debra S. Lotstein, M.D., M.P.H.  
Kyra M. Samson, M.D., M.P.H.  
Edward L. Schor, M.D.  
Neal Halfon, M.D., M.P.H.

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For more information about  
this study, contact:

**Alice Kuo, M.D., Ph.D.**  
Department of Pediatrics  
Mattel Children's Hospital  
University of California,  
Los Angeles  
E-MAIL  
akuo@mednet.ucla.edu

or

**Mary Mahon**  
Senior Public Information Officer  
The Commonwealth Fund  
TEL 212-606-3853  
E-MAIL mm@cmwf.org

This summary was prepared  
by Deborah Lorber.

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THE COMMONWEALTH FUND  
ONE EAST 75TH STREET  
NEW YORK, NY 10021-2692  
TEL 212.606.3800  
FAX 212.606.3500  
E-MAIL cmwf@cmwf.org  
<http://www.cmwf.org>

In the United States, providers of pediatric preventive care contend with numerous barriers, including financing and reimbursement issues, lack of time and training, and a shortage of referral options for young children with possible developmental problems. Meanwhile, many parents report dissatisfaction with their child's care, unanswered questions, and unmet needs.

For the Commonwealth Fund-supported study, "[Rethinking Well-Child Care in the United States: An International Comparison](#)" (*Pediatrics*, Oct. 2006), researchers compared well-child care processes across 10 countries to identify practices that might be transferable to the U.S. A key finding is that unlike the U.S, where physicians provide the lion's share of a child's health care, most countries divide responsibilities among several professionals, each with specific training and expertise and funded through a variety of sources.

The research team, led by Alice Kuo, M.D., Ph.D., of UCLA's Mattel Children's Hospital, conducted literature reviews, interviews, and site visits to compare well-child care in Australia, Canada, Denmark, England, France, Germany, Japan, the Netherlands, Spain, and Sweden.

### **Regulation and Financing**

In most of the countries, government is responsible for oversight and planning for key well-child care resources, usually on a local level—a departure from U.S. practice. All the countries, moreover, have universal health care financing for citizens, funded primarily through employer or payroll taxes.

There is no cost-sharing for preventive health examinations and immunizations in any of the countries, except France (where parents may pay a share of costs if they use private physicians) and Japan (where there is variable cost-sharing depending on the scope of employer coverage). In nearly all 10 countries, the provision of well-child care is either divided between physicians and nurses or provided exclusively by maternal and child health (MCH) nurses.

### **Practice-Level Features**

In the U.S., a single, "first-contact" clinician provides health supervision and anticipatory guidance, immunizations, and developmental screening. But in the other 10 countries, the first-contact professional varies depending on the component of care. MCH nurses, public health nurses, or health visitors are the most common first point of contact, with pediatricians serving mainly as specialists for developmental or behavioral issues and chronic conditions.

Most countries, the authors note, assign little value to coordination among care providers, in sharp contrast to the U.S. ideal of a "medical home" for coordinating the spectrum of services provided. Certain countries, like Sweden and Spain, provide an element of coordination through collocation in community-based centers. But in many countries, continuity in care is largely the responsibility of parents, who maintain their child's health record and bring it with them to office visits. In France, each child at birth is issued a health notebook that explains parents' responsibilities, like

compliance with examination and vaccination schedules. Physicians also use them to record observations, diagnoses, and treatments.

Most countries provide some services that address maternal health and family social issues during the postnatal period. In Denmark, general practitioners often care for all members of a family; consequently, they may have greater insight into family functioning. Australia has health centers that cater

to neighborhoods and plan services around the particular needs of specific populations.

### Conclusion

Certain features of well-child care from abroad could be feasibly exported to the U.S., the researchers say. Chief among them are co-location of care and a team-based approach. Other features, meanwhile, may clash with long-held American values of privatization and choice.

Selected Well-Child Practice Features in Five Countries

Country	First Contact— Professional responsible for well-child care and other primary health care	Coordination— Degree of coordination in elements of well-child care and primary care	Longitudinality— Same location and/or provider of care over time	Family Centered— Focus on family and two-generational model of care
Australia	Community-based MCH nurses for well-child care; general-practice physicians for all other primary care	Little coordination between MCH nurses and GPs	Assigned to MCH center; usually the same nurse over time; choice of GP	Community-based MCH nurses provide social support to all families in districts (greater in Victoria than other states)
England	Targeted risk assessment by health visitors or nurses for developmental screening; GP linked to health visitor	Coordination of preventive and primary care between GP and health visitors attached to the general practitioner's office who observe the family setting	Patient choice of general-practice physician	Health visitors linked to general-practice physicians visit families with identified psychosocial needs
France	Nurse at PMI for health supervision; pediatrician for developmental screenings and acute care	Portable medical chart enables physicians and local PMI agency to share information about care and concerns	Patient choice if opt for private sector; same location and usually same provider in PMI	PMI provides prenatal and postnatal care, psychosocial assessment, and support for families
Netherlands	Child health doctors conduct pediatric developmental screenings using a nationally mandated tool	General practitioners and nurses provide preventive health services	Same health center location and nurse; limited use of the same physician	Minimal explicit family orientation
Sweden	Community-based public health nurses provide well-child care; general practitioners provide the rest of primary care services	Public health nurses and general practitioners provide preventive health services, including well-child care	Same health center location and usually the same nurse	A direct two-generational approach for behavioral, developmental, and social issues is used

PMI = Protection Maternelle et Infantile (national agency that covers maternal and child health care); MCH = maternal and child health

Source: Adapted from A. Kuo et al., "Rethinking Well-Child Care in the United States: An International Comparison," *Pediatrics*, Oct. 2006 118(4):1692-1702.