



# In the Literature

## SHOULD CHILDREN WITH SPECIAL HEALTH CARE NEEDS HAVE SEPARATE PREVENTIVE CARE VISITS?

Edward L. Schor, M.D.

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For more information about this study, contact:

**Edward L. Schor, M.D.**

Vice President, Child Development and Preventive Care  
The Commonwealth Fund  
els@cmwf.org

or

**Mary Mahon**

Senior Public Information Officer  
The Commonwealth Fund  
212-606-3853  
mm@cmwf.org

This summary was prepared by Betsy Rubiner and 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 [info@cmwf.org](mailto:info@cmwf.org)  
[www.commonwealthfund.org](http://www.commonwealthfund.org)

Children with special health care needs (CSHCN) may require intensive health care services and visit their physicians frequently. Because of the time providers spend managing their ongoing and sometimes life-threatening chronic health conditions, many of these children do not receive sufficient routine well-child care.

In an editorial in the *Archives of Pediatrics and Adolescent Medicine*, Commonwealth Fund vice president Edward L. Schor, M.D., argues that all children—including those with special needs—need a tailored health care service plan that combines a generic schedule of preventive care with individualized services to meet unique needs. An effective, responsive health care system should “address acute and chronic health care problems and preventive care in a planned way,” Schor writes in “[Should Children with Special Health Care Needs Have Separate Preventive Care Visits?](#)”

Although there has been little research on primary preventive care for CSHCN, anecdotal evidence suggests these children are under-immunized and fail to receive other routine well-child care. Parents of CSHCN often use preventive care visits as additional opportunities to discuss their child’s chronic health care problems—time that would otherwise be used, Schor notes, for important health assessments and for conveying preventive information.

“In practice, a clear distinction between acute illness care, chronic disease management and well-child care visits is not adhered to,” says Schor. “Whether children’s

health and well-being would be better served by separating these various aspects of pediatric care is unknown.”

Instead, Schor recommends that physicians develop individual health care plans based on mutually agreed-upon long- and short-term goals that factor in the particulars of each child and family. Some plan components would apply to all children, drawing on standard preventive care recommendations from such authorities as the American Academy of Pediatrics. Other plan aspects would be individually tailored. For children with special needs, the care plan would need to include a set of essential family-centered, chronic care management services.

For all children, the care plan ideally would be a long-term strategy carried out during both scheduled and unscheduled visits and structured jointly by the pediatrician and the family. The health care provider would be responsible for ensuring that the plan’s entire agenda is met—something that would require advances in care coordination, patient reminder systems and patient registries for immunizations and chronic care, and standardized data collection.

“Planned and individualized pediatric care can successfully integrate acute, chronic and preventive care, while still meeting families’ expectations without sacrificing quality,” the author concludes. In the absence of such care, children are likely to require separate well-child care visits to ensure their preventive health care needs are met.