

Ambulatory Care Utilization by Children Enrolled in HUSKY A in 2003: Executive Summary

January 2005

This report is the fifth annual summary of ambulatory care in HUSKY A (Medicaid managed care) issued by Children's Health Council through 2003 and by Connecticut Voices for Children in 2005.¹

Purpose

To describe ambulatory care (both well-child care and emergency care) received by children in HUSKY A and to identify trends and factors associated with access to care.

Methods

HUSKY A enrollment and encounter data for January 1 through December 31, 2003 were searched for records corresponding to ambulatory care (office visits, clinic visits, emergency visits) for children ages 2 to 19 years who were continuously enrolled for the entire year.² Utilization rates for well-child care and other types of ambulatory care were determined. The percentage of children who did not receive any ambulatory care was also assessed.³ The EPSDT periodicity schedule calls for annual well-child exams for children ages 2 to 5 and 11 to 19 years, and exams every two years for children ages 6 to 10 years.

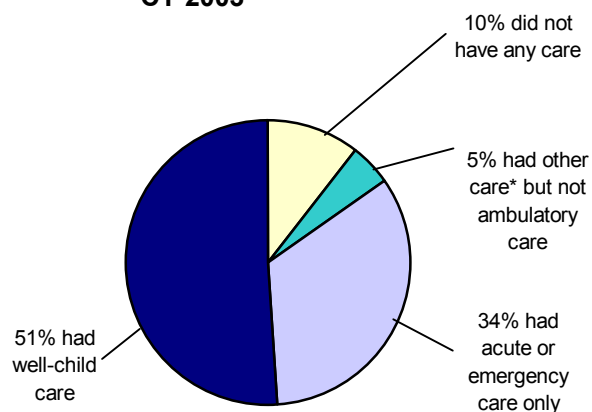
Results

There were 150,843 children ages 2 to 19 years continuously enrolled in HUSKY A in 2003, up 17% from the previous year. Of these children, 85% received ambulatory care (Figure 1), essentially unchanged from the previous year.

Well-Child Care: Just over half of the children (51%) received well-child care in 2003, a significant decline from the year before. This drop marks the end of a steady 4-year increase in well-child care rates, from 45% in 1999 to 53% in 2002.

Age, gender, and race/ethnicity each affected well-child care utilization in 2003 (Table 1). Young children (ages 2 to 5 years) were almost twice as likely to receive well-child care as older adolescents (ages 16 to 19 years). Utilization rates for girls age 15 years and older were higher than those for boys of the same age. Well-child care rates for African American children were significantly less than those for Hispanic or White children. Children enrolled in First Choice were significantly less likely than those enrolled in other Medicaid managed care plans to receive well-child care.

**Figure 1. Ambulatory Care in HUSKY A:
CY 2003**



*Some children without ambulatory care had other care, such as prescriptions, laboratory tests or dental care.

Acute and Emergency Care: One third of the children enrolled in HUSKY A received acute or emergency care for illness, injury or other conditions, but no well-child care. Four percent of children received emergency care only, unchanged from the previous year.

No Ambulatory Care: Fifteen percent of children did not have even one office, clinic or emergency visit in 2003. This rate marks the end of a steady, 4-year decline in the proportion of children in HUSKY A who receive no ambulatory care.

Several factors were associated with receiving no ambulatory care (Table 1). Older children and teens were more than three times more likely than preschool children to go without ambulatory care in 2003. African American children were less likely than White or Hispanic children to receive ambulatory care. Children enrolled in First Choice were less likely than those enrolled in other health plans to have ambulatory care.

Some children who did not have ambulatory care did receive other types of care (dental visit, prescription drugs, laboratory tests). However, more than 10% of the children who were enrolled for the entire year (15,798) had no records for any care at all in 2003.

Conclusions

- Well-child care rates declined in 2003, and continue to fall short of professional recommendations and goals for children in Medicaid.
- Gaps in ambulatory care utilization persist among children of different racial/ethnic backgrounds.
- Health plan performance is not uniform, suggesting the need for additional efforts to improve access to primary care for all children in HUSKY A.

Table 1. Ambulatory Care in HUSKY A: Trends and factors affecting utilization

	CY 2003 (n=150,843)		FY 2002 (n=128,975)	
	Well-child care	No ambulatory care	Well-child care	No ambulatory care
Total:	51%***	15%	53%	15%
Age (years):				
2 to 5	74%***	6%	77%	6%
6 to 10	41%***	18%	43%	18%
11 to 15	47%***	18%**	49%	17%
16 to 19	39%**	21%	40%	20%
Gender:				
Female	52%***	14%	54%	14%
Male	50%***	16%***	53%	16%
Race/ethnicity:				
African American	49%***	20%	50%	20%
Hispanic	52%***	14%	55%	14%
White	52%***	13%***	54%	12%
Other groups	50%	17%	53%	16%
Language:				
English	51%***	15%	53%	15%
Spanish	53%	13%	55%	14%
Other languages	49%	16%	55%	14%
Residence:				
Bridgeport	58%	13%**	58%	12%
Hartford	47%***	17%	52%	17%
New Haven	48%***	19%***	43%	23%
All other towns	51%***	15%***	55%	14%
Health plan:				
BlueCare	49%***	16%***	56%	14%
Community Health Network	51%***	16%**	54%	15%
Health Net	55%	13%***	54%	13%
First Choice	43%	25%**	42%	27%
Changed plans	51%***	13%***	45%	20%

*Utilization rate in 2003 is significantly different than rate for 2002 (*** p<.001 ** p<.01 * p<.05)

¹ Connecticut Voices for Children is a non-profit organization that conducts research and policy analysis on children's issues. This report on ambulatory care utilization was prepared under a contract with the Connecticut Department of Social Services and a grant from the Hartford Foundation for Public Giving. Performance monitoring in HUSKY A builds on work begun by the Children's Health Council, which was created in 1995 and charged with evaluating the impact of Medicaid managed care on children's health services. Connecticut Voices for Children contracts with MAXIMUS, Inc. for data management and data analysis. This report was prepared under the direction of Mary Alice Lee, Ph.D., Senior Policy Fellow.

² In 2003, the time frame for the collection and analysis of HUSKY A data was changed from a fiscal year (FY, October 1 through September 30) to a calendar year (CY, January 1 through December 31).

³ A detailed report on methods and results is available from www.ctkidslink.org.