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Emergency Care for Children in HUSKY A: 2006

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In comparison to adults, children are relatively healthy and have different health care needs. Children need regular preventive care to maintain good health and care for acute conditions that are often ambulatory-care sensitive, such as conjunctivitis, otitis media, and upper respiratory infections, before they become serious problems. Access to primary care enables children and their families to attend to non-urgent needs, avoid costly emergency room visits and prevent unnecessary hospitalizations.

Research suggests that publicly insured children are more likely to use emergency care services than their uninsured or privately insured counterparts.¹ Other sociodemographic factors such as younger age, African-American race, and urban residence, and maternal factors such as lower education and single marital status have also been reported to be correlated with higher emergency care utilization.² Children's patterns of emergency care utilization have important implications for their well-being and public policy. National data show that children under age 15 made nearly one out of five emergency department visits that occurred in 2005.³ Sixteen percent of visits made by these children were non-urgent, that is visits in which patients were triaged as needing to be seen within 2 to 24 hours rather than more immediately. Utilizing emergency services for non-urgent or preventable conditions may indicate barriers to accessing primary care and other health care services that promote child health. Managed

KEY FINDINGS

- **Nearly two of every five children in HUSKY A had emergency care in 2006, an increase over 2005. Most at risk for emergency care were children under 6, Hispanic children and those living in Spanish-speaking families, and children who were enrolled in CHNCT or changed plans during the year.**
- **Treatment of injury was the leading reason for emergency care, especially for children ages 6 to 20.**
- **Nearly one in four emergency visits was for treatment of a condition that could have been managed or avoided with primary care.**
- **The emergency visit rate was higher among children who had had well-child care than those who did not.**

¹ Simpson L, Owens PL, Zodet MW, Chevarley FM, Dougherty D, Elixhauser A, et al. 2005. Health care for children and youth in the United States: annual report on patterns of coverage, utilization, quality, and expenditures by income. *Ambul Pediatr* 5(1): 6-44.

² Alessandrini EA, Shaw KN, Bilker WB, Perry KA, Baker MD, Schwarz DF. 2001. Effects of Medicaid managed care on health care use: infant emergency department and ambulatory services. *Pediatrics* 108: 103-110.

³ Nawar EN, Niska RW, Xu J. 2007. *National Hospital Ambulatory Medical Care Survey: 2005 emergency department summary*. Advance data from vital and health statistics; no 386. Hyattsville, MD: National Center for Health Statistics.

care is one approach to reducing health care costs, in part by improving access to primary care and decreasing reliance on emergency care.

PURPOSE

This report describes emergency care utilization in HUSKY A, Connecticut's Medicaid managed care program. It is the fifth annual report of emergency care in HUSKY A issued by Connecticut Voices for Children.⁴ Rates for calendar year 2006 are compared with rates for previous years. Specifically, the purpose of this study is:

- To describe emergency department utilization by health plan and by selected factors such as age, diagnosis and day of the week that may affect utilization and access to care in other settings;
- To describe emergency department visits for treatment of ambulatory-care sensitive conditions;
- To evaluate trends in emergency department utilization that indicate improvements or problems with access to primary care;
- To describe children who are high users of emergency department care; and
- To determine whether children who have had well-child care are less likely than children without well-child care to have had emergency department visits.

METHODS

Using HUSKY A enrollment data, children under 21 years of age who were continuously enrolled from January 1 through December 31, 2006 were identified.⁵ Encounter data were searched for records corresponding to emergency department (ED) visits during that one-year period.⁶ The rate of having any ED care among all child enrollees was determined across sociodemographic characteristics (age, gender, race/ethnicity, city of residence, primary language) and health plan (BlueCare Family Plan, Community Health Network or CHNCT, Health Net, Preferred One) by

⁴ Connecticut Voices for Children is a non-profit organization that conducts research and policy analysis on children's issues. This report on emergency care utilization was prepared under a contract between the Connecticut Department of Social Services and the Hartford Foundation for Public Giving, with a grant from the Hartford Foundation to Connecticut Voices. Connecticut Voices for Children contracts with MAXIMUS, Inc. for data management and data analysis. This report was prepared by Mary Alice Lee, Ph.D., Karen M. Sautter, M.P.H., and Amanda Learned, B.A. This publication does not express the views of the Department or the State of Connecticut. The views and opinions expressed are those of the authors.

⁵ This report is based on health services utilization by continuously enrolled v. ever enrolled children for the following reasons: 1) all children had uniform periods of observation, 2) the utilization measure (percentage of children with care) is easy to calculate and easy to communicate to policy makers, 3) HUSKY Program and participating managed care plans can be held accountable for children who were enrolled for one entire calendar year and not those who may have lost coverage for part of the year or changed plans. Utilization rates for continuously enrolled children are likely to be higher than rates for children with part-year coverage, especially those with unintended gaps in coverage.

⁶ Emergency care: CPT-4 codes (99281, 99282, 99283, 99284, 99285), and UB-92 revenue codes (450, 456, 459).

comparing children with any ED visit with all other enrollees. The number of children who had any ED visits for dental care was also tabulated by age and health plan.⁷

ED visits by day of the week were calculated to describe relative differences in the daily volume of ED utilization. Because Medicaid data do not report the time of day a health service is rendered, this study was unable to assess the need for after hours care for ambulatory care sensitive conditions or non-urgent conditions.

The proportion of ED visits made for major diagnostic groups and ambulatory-care sensitive (ACS) conditions were determined for all children by comparing the number of ED visits made by diagnosis or condition and the total number of ED visits.⁸ The rate of having at least one ED visit for ACS conditions among all child enrollees was determined across sociodemographic characteristics (age, gender, race/ethnicity, primary language, residence, and health plan). The association between well-child care and any ED visit was determined by comparing the ED visit rate for children aged 2 to 18 by age group and health plan.

The numbers of children who had one, two, three, or four or more ED visits were determined. Children who had three or more ED visits for emergency care were characterized as “high users” and were described by sociodemographic and enrollment characteristics. The proportion of ED visits made for major diagnostic groups and ACS conditions among high users was determined by comparing the number of ED visits made by diagnosis or condition and the total number of visits made by high users.

Finally, the association between having had well-child care and having had an emergency visits was determined (chi-square) and quantified within age groups (rate ratio).

RESULTS

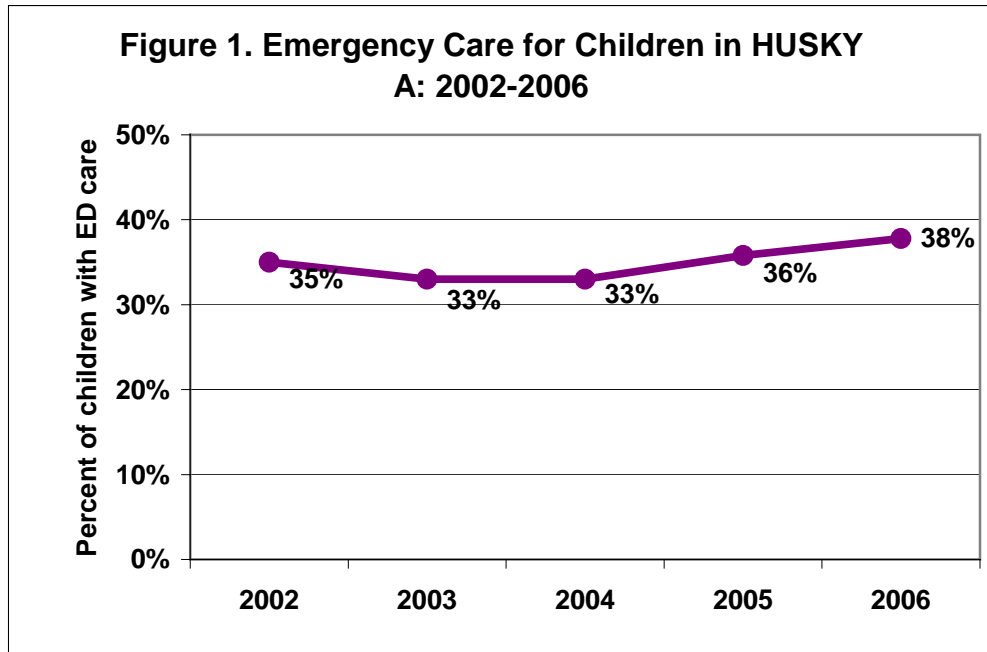
In 2006, there were 157,178 children under 21 years of age who were continuously enrolled in HUSKY A, an 8 percent decrease from the number who were continuously enrolled in 2005 (169,580). The sociodemographic and enrollment characteristics of the 2006 enrollees are described in Table 1.

Among continuously enrolled children in 2006, 38 percent of children (59,436) made at least one ED visit, for a total of 109,188 visits (average: 1.8 ED visits per child with any ED care; range: 1 - 34 visits) (Table 2). The proportion of children with any emergency care is at an all time high since this monitoring began in 2002 (Figure 1). However, by all other measures, utilization in 2006 was

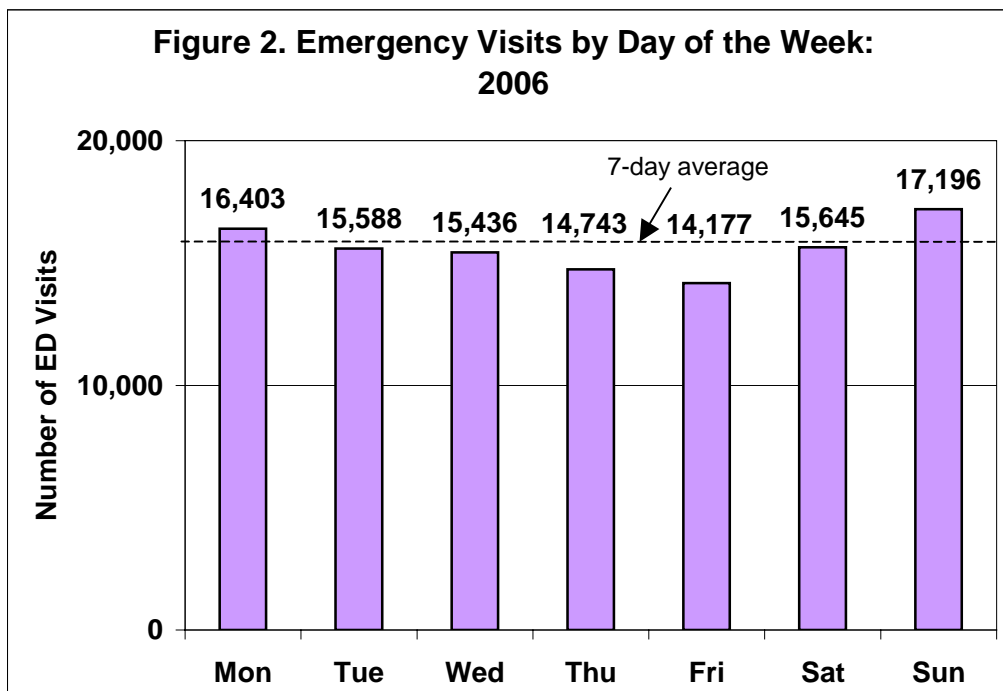
⁷ Emergency dental care: ED visits (UB-92 revenue codes 450, 456, 459) for diagnoses 521.0, 522.x, 525.1 (digestive system); 873.6, 873.7 (dental injury).

⁸ Ambulatory-care sensitive conditions were defined based on a review of the literature, including reports such as: Gadomski A, Jenkins P, Nichols M. 1998, Impact of a Medicaid primary care provider and preventive care on pediatric hospitalization. *Pediatrics* 101(3): E1. For the purposes of this report, conditions counted as ambulatory care sensitive included: ICD-9-CM code 090 (congenital syphilis); 033, 037 (immunization preventable conditions); 345, 780.3 (grand mal status and other epileptic convulsions); 493 (asthma); 382, 462, 463, 465, 472.1, 20.01 (severe ear, nose, and throat infections); 481, 482.2, 482.3, 482.9, 483, 485, 486 (bacterial pneumonia); 011-018 (tuberculosis); 250.0-250.3, 250.8, 250.9 (diabetes A, B, and C); 251.2 (hypoglycemia); 681-683, 686 (cellulitis); 558.9 (gastroenteritis); 590, 599.0, 599.9 (kidney or urinary infection); 276.5 (dehydration); 280.1, 280.8, 280.9 (iron deficiency anemia); 260-262, 268.0, 268.1 (nutritional deficiencies); and 783.4 (failure to thrive).

virtually unchanged from 2005 when 60,728 children (36%) made 107,774 visits (average: 1.8 visits per child with any ED care; range: 1 – 36 visits).



The majority of children who had emergency care in 2006 had one visit (58%) or two visits (23%) (Table 3). One in five children (19%) had three or more ED visits. The number of ED visits was about 8 percent higher on weekends than week days, with the most ED visits on Sundays followed by Monday, as was the case in 2005 (Figure 2).



The relative likelihood of having emergency care varied by sociodemographic and enrollment characteristics (Table 2):

- **Gender:** There was no difference in emergency department utilization between males and females.⁹
- **Age:** Infants and young children were more likely to have emergency care than all other children, a consistent trend over the past five years.¹⁰ Over half (54%) of children under age 1 and almost half (47%) of children aged 1 to 5 years had at least one ED visit. Children 6 to 14 were least likely to have had emergency care. Over the past three years, ED visit rates increased the most among children aged 15 to 20 years (from 33% to 39%; data not shown).
- **Race/ethnicity:** Hispanic children were more likely than all other children to have emergency care: 41 percent had at least one ED visit, compared with just 34 percent of all other children.¹¹
- **Residence:** Differences in emergency care utilization rates by residence were evident but not meaningfully large. Children residing in Hartford were just slightly more likely to use emergency care than children residing in New Haven, Bridgeport, and all other towns (40% vs. 38% of children in other towns).¹² Children residing in New Haven were just slightly less likely to use emergency care than other children (36% versus 38% of children in other towns).
- **Language:** Children from Spanish-speaking families were more likely to use emergency care than children from English-speaking families (46% vs. 37% English speaking families) and other non-English speaking families (34%).¹³
- **Health plan:** In 2006, 41 percent of children in CHNCT had emergency care, slightly more than all other children (37%).¹⁴ Children who changed health plans in 2006 were more likely to have emergency care than children who did not change health plans (44% vs. 37% non-changers). The average number of ED visits per child did not differ across health plan (data not shown).

The increase in emergency care utilization over the previous three years also occurred across health plans. Since 2003, the proportion of children who had any emergency care increased 3 percentage points for children enrolled in BlueCare and Preferred One, while ED utilization increased by 4 percentage points among children in CHNCT and 7 percentage points among children in Health Net (Figure 2). ED utilization among children who changed plans also increased.

⁹ RR_{Girls: boys} = 0.99 (95% CI: 0.98, 1.01).

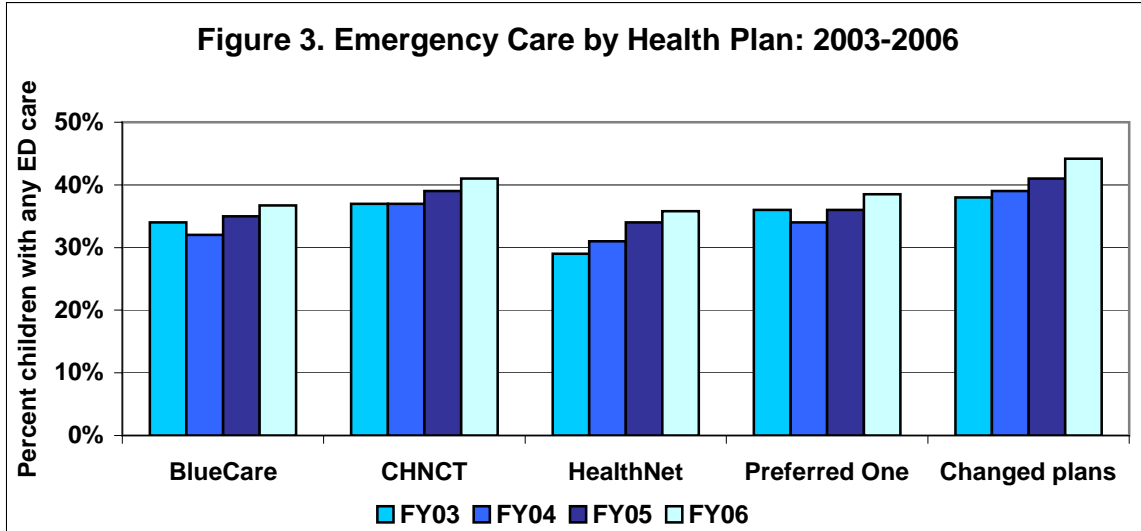
¹⁰ RR_{Age <1: all others} = 1.43 (95% CI: 1.37, 1.50); RR_{Age 1-5: all others} = 1.40 (95% CI: 1.38, 1.42); RR_{Age 6-14: all others} = 0.71 (95% CI: 0.70, 0.72); RR_{Age 15-20: all others} = 1.04 (95% CI: 1.02, 1.05).

¹¹ RR_{Black:all others} = 0.90 (95% CI: 0.88, 0.91); RR_{White: all others} = 0.88 (95% CI: 0.86, 0.89); RR_{Hispanic:all others} = 1.21 (95% CI: 1.20, 1.23); RR_{Other racial/ethnic groups: Black, White, Hispanic} = 0.61 (95% CI: 0.58, 0.65). Note: Racial/ethnic identity was unknown for nearly 6% of children overall, including 45% of 2 year olds and 33% of 3 year olds. These children were not included in analysis of relative differences by race/ethnicity.

¹² RR_{Hartford : all other cities and towns} = 1.07 (95% CI: 1.05, 1.10); RR_{New Haven : all other cities and towns} = 0.94 (95% CI: 0.92, 0.97); RR_{Bridgeport : all other cities and towns} = 1.01 (95% CI: 0.99, 1.03); RR_{All other cities and towns : Bridgeport, Hartford, New Haven} = 0.98 (95% CI: 0.97, 1.00).

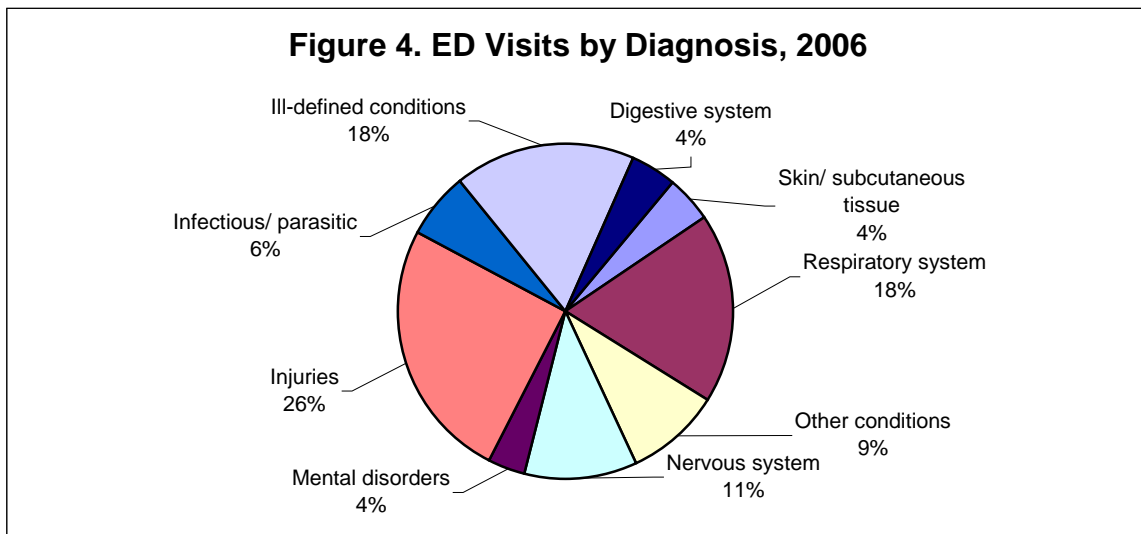
¹³ RR_{English: all others} = 0.88 (95% CI: 0.87, 0.90); RR_{Spanish: all others} = 1.25 (95% CI: 1.23, 1.28); RR_{Other language groups: all others} = 0.89 (95% CI: 0.81, 0.97).

¹⁴ RR_{BlueCare: others} = 0.95 (95% CI: 0.94, 0.96); RR_{CHNCT: others} = 1.10 (95% CI: 1.09, 1.12); RR_{HealthNet: others} = 0.93 (95% CI: 0.91, 0.94); RR_{Preferred One: others} = 1.02 (95% CI: 1.00, 1.04); RR_{Changers: others} = 1.18 (95% CI: 1.15, 1.21).

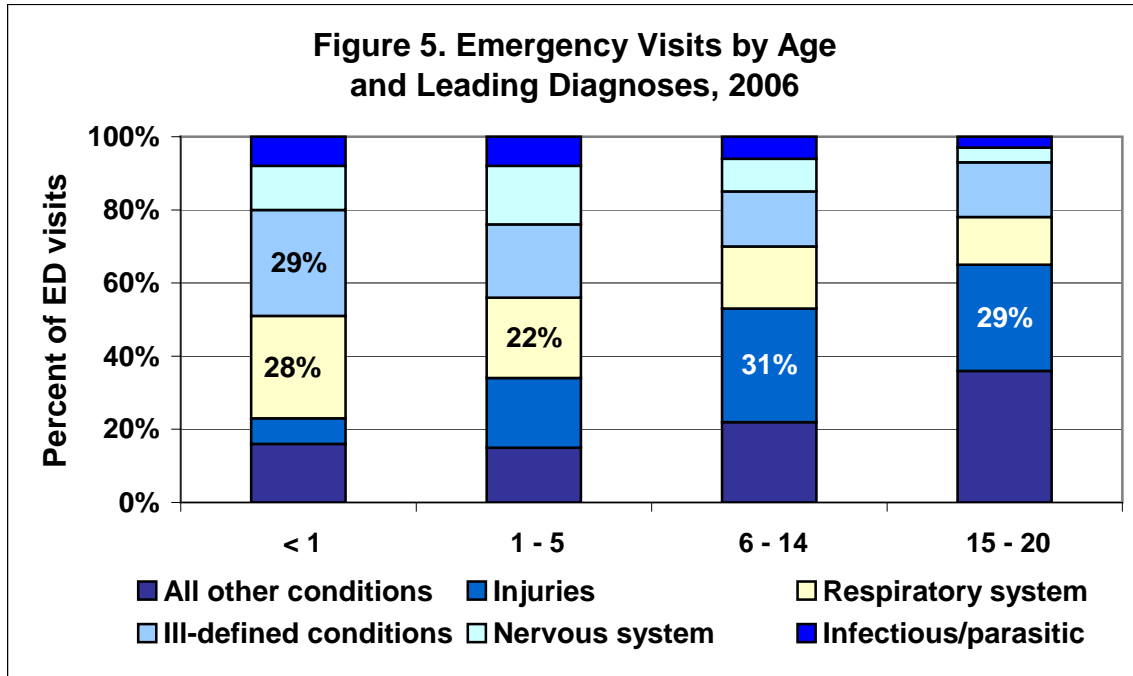


Leading diagnoses: Among all ED visits in 2006, the leading diagnoses were injuries (25% of all ED visits), respiratory conditions (18%), and ill-defined conditions (18%)¹⁵ (Figure 4). The distribution across diagnostic groups remained relatively unchanged from ED visits in previous years.

The proportion of ED visits by diagnosis varied by age group and was virtually identical in distribution in 2005 (Table 4). Injuries were the leading diagnosis for both children aged 6 to 14 years (31%) and children aged 15 to 20 years (29%) (Figure 5). In contrast, the top diagnosis group for children aged 1 to 5 years was respiratory conditions (22%) and for children under 1, ill-defined conditions (29%) and respiratory conditions (28%).



¹⁵ Refers to diagnoses recorded by ICD-9-CM codes 780-799, defined as "symptoms, signs, abnormal results of laboratory or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded." The International Classification of Diseases-9th Revision, Clinical Modification (ICD-9-CM). Ann Arbor, MI, Commission on Professional and Hospital Activities, 1986.



Over 10,000 children made nearly 12,000 visits for diagnoses grouped under the nervous system. More than half these visits (58%) were for treatment of otitis media (suppurative and unspecified), with an additional 16 percent of visits for treatment of disorders of the conjunctiva, including acute conjunctivitis. Both conditions are amenable to treatment in a non-emergency setting if the symptoms are detected and treated early.

ED visits for ACS conditions: Just over one-third of children who had an ED visit sought care for an ambulatory-care sensitive (ACS) condition (21,219 children among 59,436 children with any ED care, or 36%). This represents 14 percent of all continuously enrolled children in 2006 (Table 5). One in four ED visits was made for an ACS condition (29,101 out of 109,188 ED visits, or 27%) (Table 6). Children made 2.1 visits on average for treatment of ACS conditions, compared with 1.4 visits on average for all other ED visits. Utilization rates of emergency care for ACS conditions varied by gender, age, race/ethnicity, residence, language, and health plan:

- **Gender:** Female children had higher utilization of emergency care for ACS conditions than male children.¹⁶
- **Age:** Children aged 5 or younger were more likely to have had emergency care for ACS conditions than older children.¹⁷ Children aged 1 to 5 years were more than twice likely as children in any other age group to have sought emergency care for an ACS condition.
- **Race/ethnicity:** Hispanic children were far more likely than all other children to have emergency care for ambulatory care sensitive conditions: 16 percent of Hispanic children sought

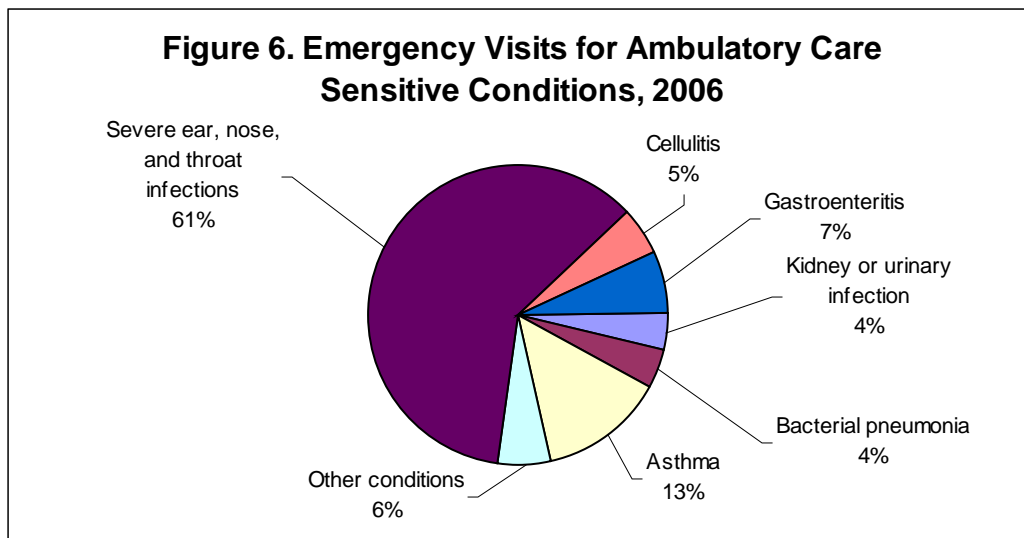
¹⁶ RR_{Girls: boys} = 1.14 (95% CI: 1.11, 1.17).

¹⁷ RR_{Age <1: all others} = 2.04 (95% CI: 1.88, 2.22); RR_{Age 1-5: all others} = 2.37 (95% CI: 2.31, 2.43); RR_{Age 6-14: all others} = 0.52 (95% CI: 0.51, 0.54); RR_{Age 15-20: all others} = 0.68 (95% CI: 0.65, 0.70).

emergency care for an ACS condition, compared with just 10 percent of ED visits made for an ACS condition by all other children.¹⁸

- **Residence:** Differences in emergency care utilization rates by residence were evident but not meaningfully large. Children residing in Hartford and Bridgeport were just slightly more likely to use emergency care than children residing in New Haven and all other towns (15% Hartford and Bridgeport vs. 13% of children in other towns).¹⁹ Children residing in New Haven were just slightly less likely to use emergency care than other children (13% versus 14% of children in other towns).
- **Language:** Children from Spanish-speaking families were more likely to use emergency care than children from English-speaking families and families speaking other languages (21% vs. 13% English and other language speaking families).²⁰
- **Health plan:** Children enrolled in CHNCT or who changed plans were more likely than other children to have made ED visits for ACS conditions.²¹

Among ED visits made for ACS conditions, the majority of visits were made for severe ear, nose, and throat infections (61% of all ACSC ED visits and 16% of all ED visits) and asthma (13% of all ACSC ED visits and 4% of all ED visits) (Tables 6 to 8 and Figure 6). The proportion of ED visits made for severe ear, nose, and throat infections and for asthma varied substantially by age group but not race/ethnicity or health plan (Figures 7 to 9).



¹⁸ RR_{Black:all others} = 0.79 (95% CI: 0.77, 0.82); RR_{White:all others} = 0.72 (95% CI: 0.70, 0.74); RR_{Hispanic:all others} = 1.66 (95% CI: 1.62, 1.71); RR_{Other racial/ethnic groups: Black, White, Hispanic} = 0.61 (95% CI: 0.54, 0.68). Note: Racial/ethnic identity was unknown for nearly 6% of children overall, including 45% of 2 year olds and 33% of 3 year olds. These children were not included in analysis of relative differences by race/ethnicity.

¹⁹ RR_{Hartford: all other cities and towns} = 1.09 (95% CI: 1.05, 1.13); RR_{New Haven: all other cities and towns} = 0.93 (95% CI: 0.89, 0.98); RR_{Bridgeport: all other cities and towns} = 1.08 (95% CI: 1.04, 1.13); RR_{All other cities and towns: Bridgeport, Hartford, New Haven} = 0.95 (95% CI: 0.93, 0.98).

²⁰ RR_{English: all others} = 0.79 (95% CI: 0.77, 0.82); RR_{Spanish: all others} = 1.61 (95% CI: 1.55, 1.67); RR_{Other language groups: all others} = 0.99 (95% CI: 0.84, 1.16).

²¹ RR_{BlueCare: all others} = 0.90 (95% CI: 0.88, 0.92); RR_{CHNCT:all others} = 1.26 (95% CI: 1.22, 1.30); RR_{HealthNet:all others} = 0.86 (95% CI: 0.83, 0.88); RR_{Preferred One:all others} = 1.05 (95% CI: 1.01, 1.09); RR_{Changers: all others} = 1.28 (95% CI: 1.22, 1.34).

Figure 7. Emergency Visits for Selected Ambulatory Care Sensitive Conditions by Age, 2006

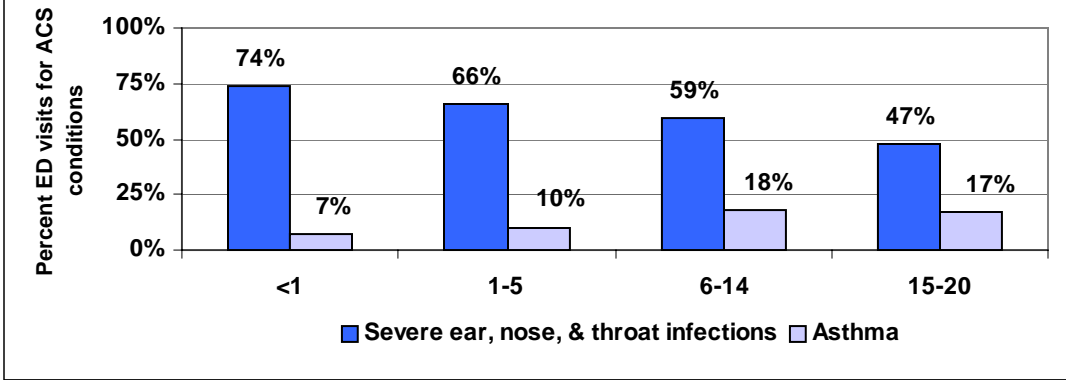


Figure 8. Emergency Visits for Selected Ambulatory Care Sensitive Conditions by Race/Ethnicity, 2006

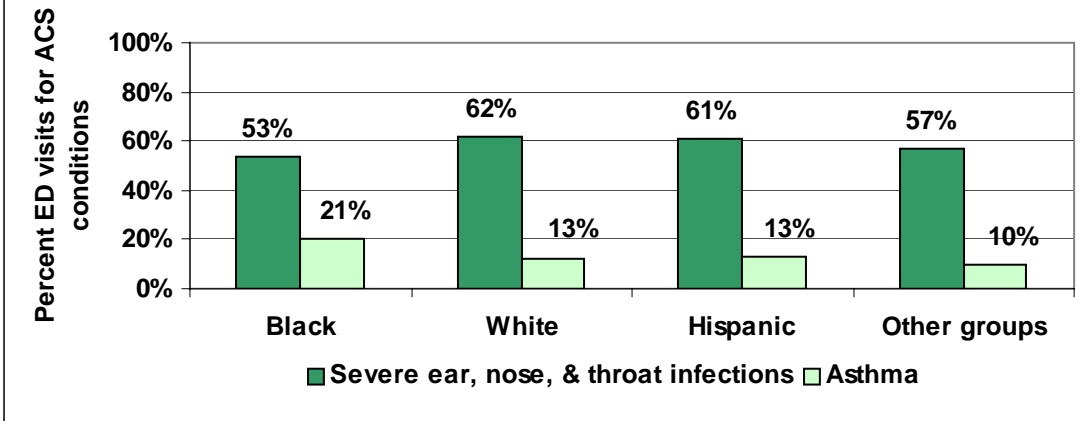
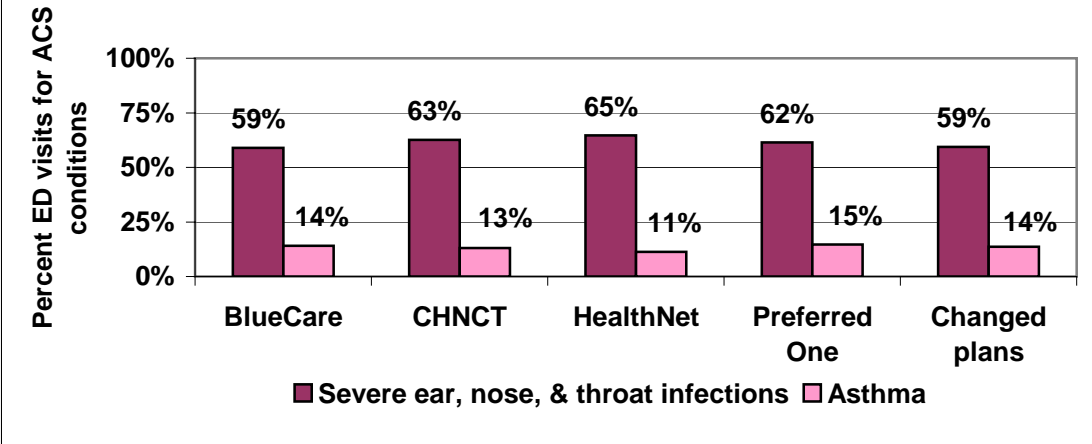


Figure 9. Emergency Visits for Selected Ambulatory Care Sensitive Conditions by Health Plan, 2006



High users of emergency care: One in five children who had emergency care in 2006 had three or more ED visits (11,640 or 20% of children with ED care) (Table 9). These “high users” were disproportionately under age 6, Hispanic, Spanish speaking, and CHNCT enrollees. Two-thirds of the “high users” (64.9%) had at least one ED visit for an ACS condition.

Among ED visits made by “high users” in 2006, the leading diagnostic categories were mental disorders (2.16 visits on average), conditions related to blood and blood organ (1.99 visits), and conditions related to pregnancy, childbirth and the puerperium (1.76 visits) (Table 10). Children who were high users of ED care for ACS conditions had the highest average of visits for grand mal status and other epileptic conditions (2.74 visits) followed by severe ear, nose, and throat conditions (2.28 visits) and asthma (2.28 visits) (Table 11).

Emergency Dental Care: Among all continuously enrolled children aged younger than 21 years, 4 percent (5,944 children) visited an emergency department for dental treatment. ED dental utilization did not vary by health plan in 2006, but did vary by age. Children aged five years and younger were twice as likely as school-aged children and adolescents to have had dental treatment in an emergency department (6.3% of children five years and younger vs. 3.0% of children 6 to 14 year-olds and 2.8% of children 15 to 12 year-olds).

Well-child Care and ED Visits: Almost two-thirds (93,655 or 65%) of the 143,423 children aged 2 to 19 enrolled in HUSKY A in 2006 had well-child visit in 2006.²²

Among enrollees aged 2 to 19 who had at least one emergency visit in 2006, 38 percent also had an annual well-child visit (Table 12). As was the case in 2005, the ED visit rate among children who had well-child care was significantly higher than for children who did not have well-child care (33%). This difference is consistent across all age groups and health plans without exception.

Among children aged 2 to 19 who had emergency care for an ACS condition in 2006, 71 percent also had well-child care, an 11 percent increase over 2005 (from 64%) (Table 12). Among children who had any emergency care, well-child care users were more likely to have had emergency care for an ACS condition than children who did not have well-child care (12% vs. 9% of children with no well-child care). This difference is consistent across health plans and age groups.

DISCUSSION

This study finds that over a third of continuously enrolled children in HUSKY A used emergency services at least once in 2006—an increase over the past three years. Disparities in emergency care use were found across sociodemographic strata in the HUSKY A program. Children who used emergency care services were more likely to be younger age, Hispanic, from Spanish-speaking families, and residents of Hartford. With the notable exception of Hispanic ethnicity, such disparities are consistent with reports in the scientific literature on risk factors for increased emergency service use. The literature suggests that being of African-American race is a predictor of increased emergency care service utilization.

²² Lee MA, Sautter K, Learned A. Preventive care for children in HUSKY A: CY 2006. New Haven, CT: Connecticut Voices for Children, 2007.

The leading diagnoses for which children in HUSKY A seek and have emergency department treatment was consistent with previous years and indeed with patterns typically seen in the pediatric population nationally. However, the number of children in HUSKY A that have emergency care for injuries, although typical, is a troubling trend. Two in five children (23,223 out of 59,436) who had any emergency care were seen for injuries, representing 15 percent of all continuously enrolled children in 2006.

This report also finds that an alarming number and proportion of children in HUSKY A obtain emergency care for treatment of ACS conditions. Beneficiaries of Medicaid managed care, unlike their privately insured counterparts, are not subject to ED co-payments when an ED visit does not lead to hospital admission. The impact of co-payments on ED utilization has been studied among privately insured, adult populations. For example, a recent study of utilization by a commercially insured adult population demonstrated a reduction in ED use among those subject to a co-payment, with no adverse effects on health.²³ However, such patient cost-sharing measures cannot be studied in the Medicaid population because federal law prohibits requiring co-payments for services obtained by Medicaid beneficiaries.

Finally, this study demonstrates that well-child care does not reduce use of emergency care, suggesting that other factors such as reduced hours of access to primary care, lack of parental knowledge and experience, or preferences for care after hours may factor into seeking emergency care for conditions that might otherwise be treated in primary care setting. Although there was a slight increase in ED visits on weekends, the proportion of weekend compared to weekday visits was not substantial enough to suggest that primary care access was hampered by limited weekend office hours.

CONCLUSIONS

- **Nearly two of every five children in HUSKY A had emergency care in 2006, an increase over 2005. Most at risk for emergency care were children under 6, Hispanic children and those living in Spanish-speaking families, and children who were enrolled in CHNCT or changed plans during the year.**
- **Treatment of injury was the leading reason for emergency care, especially for children ages 6 to 20.**
- **Nearly one in four emergency visits was for treatment of a condition that could have been managed or avoided with primary care.**
- **The emergency visit rate was higher among children who had had well-child care than those who did not.**

²³ Hsu J, Price M, Brand R, et al. 2006. Cost-sharing for emergency care and unfavorable clinical events: findings from the safety and financial ramifications of ED copayments study. *Health Services Research* 41(5): 1801-20.

Table 1. Sociodemographic Characteristics of HUSKY A Enrollees by Health Plan, 2006

	All Enrollees ^a		BlueCare		CHNCT		HealthNet		Preferred One		Changed Plans	
	#	%	#	%	#	%	#	%	#	%	#	%
Total	157,178	100.0%	63,938	40.7%	27,070	17.2%	41,463	26.4%	15,444	9.8%	9,263	5.9%
Age:												
< 1	1,575	1.0%	634	1.0%	280	1.0%	361	0.9%	165	1.1%	135	1.5%
1-5	46,359	29.5%	18,928	29.6%	8,309	30.7%	11,392	27.5%	4,760	30.8%	2,970	32.1%
6-14	76,219	48.5%	31,119	48.7%	12,719	47.0%	20,536	49.5%	7,534	48.8%	4,311	46.5%
15-20	33,025	21.0%	13,257	20.7%	5,762	21.3%	9,174	22.1%	2,985	19.3%	1,847	19.9%
Gender:												
Female	71,381	45.4%	28,854	45.1%	12,423	45.9%	18,848	45.5%	7,046	45.6%	4,210	45.4%
Male	71,507	45.5%	29,114	45.5%	12,148	44.9%	19,183	46.3%	6,909	44.7%	4,153	44.8%
Unknown	14,290		5,970		2,499		3,432		1,489		900	
Race/ethnicity:												
Black	35,984	22.9%	13,202	20.6%	5,922	21.9%	8,370	20.2%	5,816	37.7%	2,674	28.9%
White	51,739	32.9%	22,968	35.9%	5,157	19.1%	18,877	45.5%	2,549	16.5%	2,188	23.6%
Hispanic	51,508	32.8%	20,161	31.5%	12,906	47.7%	9,677	23.3%	5,403	35.0%	3,361	36.3%
Other groups	3,657	2.3%	1,637	2.6%	586	2.2%	1,107	2.7%	187	1.2%	140	1.5%
Unknown	14,290	10.6%	5,970	11.0%	2,499	11.3%	3,432	9.3%	1,489	11.0%	900	11.6%
Primary Language:												
English	134,752	85.7%	54,367	85.0%	22,088	81.6%	37,031	89.3%	13,495	87.4%	7,771	83.9%
Spanish	13,189	8.4%	5,484	8.6%	3,708	13.7%	1,758	4.2%	1,375	8.9%	864	9.3%
Other	979	6.5%	404	23.1%	175	6.4%	245	3.9%	106	3.3%	49	4.4%
Unknown	8,258		3,683		1,099		2,429		468		579	
Residence:												
Bridgeport	15,087	9.6%	1,751	2.7%	2,734	10.1%	6,268	15.1%	3,209	20.8%	1,125	12.1%
Hartford	17,928	11.4%	11,651	18.2%	2,170	8.0%	1,432	3.5%	1,677	10.9%	998	10.8%
New Haven	14,906	9.5%	3,004	4.7%	5,731	21.2%	1,190	2.9%	3,555	23.0%	1,426	15.4%
All other towns	109,257	69.5%	47,532	74.3%	16,435	60.7%	32,573	78.6%	7,003	45.3%	5,714	61.7%

Source: Analysis of HUSKY A enrollment data from the Connecticut Department of Social Services.

^a Children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 2. Children with Any Emergency Care in HUSKY A by Health Plan, 2006

	All Enrollees ^a		BlueCare		CHNCT		HealthNet		Preferred One		Changed Plans	
	#	%	#	%	#	%	#	%	#	%	#	%
Total	59,436	37.8%	23,477	36.7%	11,097	41.0%	14,827	35.8%	5,942	38.5%	4,093	44.2%
Age:												
< 1	849	53.9%	338	53.3%	160	57.1%	185	51.2%	88	53.3%	78	57.8%
1-5	21,973	47.4%	8,644	45.7%	4,293	51.7%	5,099	44.8%	2,393	50.3%	1,544	52.0%
6-14	23,751	31.2%	9,405	30.2%	4,316	33.9%	6,079	29.6%	2,342	31.1%	1,609	37.3%
15-20	12,863	38.9%	5,090	38.4%	2,328	40.4%	3,464	37.8%	1,119	37.5%	862	46.7%
Gender:												
Female	25,864	36.2%	10,221	35.4%	4,883	39.3%	6,462	34.3%	2,519	35.8%	1,779	42.3%
Male	26,068	36.5%	10,292	35.4%	4,736	39.0%	6,641	34.6%	2,611	37.8%	1,788	43.1%
Unknown	7,504	52.5%	2,964	49.6%	1,478	59.1%	1,724	50.2%	812	54.5%	526	58.4%
Race/ethnicity:												
Black	12,049	33.5%	4,181	31.7%	2,059	34.8%	2,763	33.0%	2,018	34.7%	1,028	38.4%
White	17,252	33.3%	7,378	32.1%	1,950	37.8%	6,189	32.8%	850	33.3%	885	40.4%
Hispanic	21,807	42.3%	8,605	42.7%	5,465	42.3%	3,900	40.3%	2,221	41.1%	1,616	48.1%
Other groups	824	22.5%	349	21.3%	145	24.7%	251	22.7%	41	21.9%	38	27.1%
Unknown	7504	52.5%	2964	49.6%	1478	59.1%	1724	50.2%	812	54.5%	526	58.4%
Primary Language:												
English	50,016	37.1%	19,461	35.8%	8,895	40.3%	13,196	35.6%	5,126	38.0%	3,338	43.0%
Spanish	6,116	46.4%	2,580	47.0%	1,680	45.3%	804	45.7%	615	44.7%	437	50.6%
Other	329	33.6%	132	32.7%	61	34.9%	86	35.1%	36	34.0%	14	28.6%
Unknown	2,975	36.0%	1,304	35.4%	461	41.9%	741	30.5%	165	35.3%	304	52.5%
Residence:												
Bridgeport	5,755	38.1%	643	36.7%	1,012	37.0%	2,350	37.5%	1,263	39.4%	487	43.3%
Hartford	7,222	40.3%	4,773	41.0%	898	41.4%	493	34.4%	600	35.8%	458	45.9%
New Haven	5,351	35.9%	968	32.2%	2,070	36.1%	417	35.0%	1,336	37.6%	560	39.3%
All other towns	41,108	37.6%	17,093	36.0%	7,117	43.3%	11,567	35.5%	2,743	39.2%	2,588	45.3%

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 3. Emergency Department Visitation Rate in HUSKY A, 2006

Number of ED Visits	All Conditions				Ambulatory-Care Sensitive Conditions			
	# children with any ED care ^a	% children with any ED care	# ED visits	% ED visits	# children with an ACSC ^b ED visit	% children with an ACSC ED visit	# ACSC ED visits	% ED visits for ACSC
One visit	34,175	57.5%	34,175	31.3%	15,994	75.4%	15,994	55.0%
Two visits	13,621	22.9%	27,242	24.9%	3,609	17.0%	7,218	24.8%
Three visits	6,006	10.1%	18,018	16.5%	1,056	5.0%	3,168	10.9%
Four or more visits	5,634	9.5%	29,753	27.2%	560	2.6%	2,721	9.4%
Total	59,436	100.0%	109,188	100.0%	21,219	100.0%	29,101	100.0%

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

^b ACSC = ambulatory-care sensitive conditions.

Table 4. Emergency Department Visits by Diagnosis Group and Age in HUSKY A, 2006

Diagnosis group	Total			< 1			1-5			6-14			15-20		
	# ED visits ^a	% all ED visits	ED visits per child	# ED visits ^a	% all ED visits	ED visits per child	# ED visits ^a	% all ED visits	ED visits per child	# ED visits ^a	% all ED visits	ED visits per child	# ED visits ^a	% all ED visits	ED visits per child
Total ED visits	109,188	100.0%	1.22	1,966	1.8%	1.31	43,779	40.1%	1.23	38,559	35.3%	1.18	24,884	22.8%	1.25
Blood/Blood Organs	437	0.4%	1.61	0	0.0%	0.00	115	0.3%	1.32	192	0.5%	1.54	130	0.5%	2.20
Cancer (Neoplasms)	30	0.0%	1.15	1	0.1%	1.00	14	0.0%	1.40	8	0.0%	1.00	7	0.0%	1.00
Circulatory System	132	0.1%	1.04	2	0.1%	1.00	21	0.0%	1.05	48	0.1%	1.07	61	0.2%	1.02
Congenital Anomalies	52	0.0%	1.02	10	0.5%	1.00	23	0.1%	1.00	9	0.0%	1.00	10	0.0%	1.11
Digestive System	4,690	4.3%	1.10	86	4.4%	1.13	2,115	4.8%	1.09	1,352	3.5%	1.06	1,137	4.6%	1.16
Genitourinary System	2,586	2.4%	1.17	28	1.4%	1.12	508	1.2%	1.10	626	1.6%	1.07	1,424	5.7%	1.25
Infectious/Parasitic	6,919	6.3%	1.10	160	8.1%	1.17	3,501	8.0%	1.11	2,404	6.2%	1.08	854	3.4%	1.08
Injuries	27,711	25.4%	1.19	135	6.9%	1.13	8,322	19.0%	1.18	12,022	31.2%	1.18	7,232	29.1%	1.24
Mental Disorders	3,907	3.6%	1.56	4	0.2%	1.33	86	0.2%	1.21	1,985	5.1%	1.66	1,832	7.4%	1.49
Metabolic/Immunity	864	0.8%	1.10	19	1.0%	1.06	463	1.1%	1.06	212	0.5%	1.09	170	0.7%	1.26
Musculoskeletal/Connective Tissue	2,432	2.2%	1.09	3	0.2%	1.00	348	0.8%	1.02	1,037	2.7%	1.07	1,044	4.2%	1.14
Nervous System/Sense Organs	11,814	10.8%	1.20	231	11.7%	1.27	6,992	16.0%	1.25	3,498	9.1%	1.13	1,093	4.4%	1.13
Perinatal Conditions	47	0.0%	1.07	39	2.0%	1.08	3	0.0%	1.00	1	0.0%	1.00	4	0.0%	1.00
Pregnancy, Childbirth, and the Puerperium	1,066	1.0%	1.43		0.0%	0.00	2	0.0%	1.00	15	0.0%	1.36	1,049	4.2%	1.44
Respiratory System	20,108	18.4%	1.31	550	28.0%	1.49	9,712	22.2%	1.35	6,587	17.1%	1.25	3,259	13.1%	1.28
Skin/Subcutaneous Tissue Symptoms, Signs and Ill-Defined Conditions	4,738	4.3%	1.14	66	3.4%	1.16	1,726	3.9%	1.13	1,857	4.8%	1.11	1,089	4.4%	1.19
V Codes	19,087	17.5%	1.25	575	29.2%	1.42	8,860	20.2%	1.29	5,837	15.1%	1.18	3,815	15.3%	1.27
	2,568	2.4%	1.12	57	2.9%	1.04	968	2.2%	1.07	869	2.3%	1.13	674	2.7%	1.18

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

Note: Leading diagnosis group for all children and in each age group are shown in bold, blue italics.

^a Emergency department visits made by children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 5. Children with Any Emergency Care for Ambulatory-Care Sensitive Conditions in HUSKY A by Health Plan, 2006

	All Enrollees ^a		BlueCare		CHNCT		HealthNet		Preferred One		Changed Plans	
	#	%	#	%	#	%	#	%	#	%	#	%
Total	21,219	13.5%	8,090	12.7%	4,398	16.2%	4,981	12.0%	2,177	14.1%	1,573	17.0%
Age:												
< 1	430	27.3%	155	24.4%	90	32.1%	91	25.2%	52	31.5%	42	31.1%
1-5	10,569	22.8%	4,046	21.4%	2,225	26.8%	2,337	20.5%	1,165	24.5%	796	26.8%
6-14	6,984	9.2%	2,638	8.5%	1,468	11.5%	1,733	8.4%	655	8.7%	490	11.4%
15-20	3,236	9.8%	1,251	9.4%	615	10.7%	820	8.9%	305	10.2%	245	13.3%
Gender:												
Female	9,301	13.0%	3,531	12.2%	1,880	15.1%	2,234	11.9%	939	13.3%	717	17.0%
Male	8,170	11.4%	3,113	10.7%	1,713	14.1%	1,939	10.1%	829	12.0%	576	13.9%
Unknown	3,748	26.2%	1,446	24.2%	805	32.2%	808	23.5%	409	27.5%	280	31.1%
Race/ethnicity:												
Black	3,680	10.2%	1,249	9.5%	629	10.6%	881	10.5%	623	10.7%	298	11.1%
White	5,061	9.8%	2,089	9.1%	690	13.4%	1,696	9.0%	272	10.7%	314	14.4%
Hispanic	8,455	16.4%	3,190	15.8%	2,214	17.2%	1,524	15.7%	856	15.8%	671	20.0%
Other groups	275	7.5%	116	7.1%	60	10.2%	72	6.5%	17	9.1%	10	7.1%
Unknown	3,748	26.2%	1,446	24.2%	805	32.2%	808	23.5%	409	27.5%	280	31.1%
Primary Language:												
English	17,541	13.0%	6,595	12.1%	3,420	15.5%	4,369	11.8%	1,855	13.7%	1,302	16.8%
Spanish	2,729	20.7%	1,080	19.7%	806	21.7%	383	21.8%	268	19.5%	192	22.2%
Other	131	13.4%	53	13.1%	27	15.4%	34	13.9%	11	10.4%	6	12.2%
Unknown	818	9.9%	362	9.8%	145	13.2%	195	8.0%	43	9.2%	73	12.6%
Residence:												
Bridgeport	2,191	14.5%	246	14.0%	373	13.6%	876	14.0%	501	15.6%	195	17.3%
Hartford	2,603	14.5%	1,741	14.9%	323	14.9%	168	11.7%	196	11.7%	175	17.5%
New Haven	1,891	12.7%	322	10.7%	757	13.2%	156	13.1%	460	12.9%	196	13.7%
All other towns	14,534	13.3%	5,781	12.2%	2,945	17.9%	3,781	11.6%	1,020	14.6%	1,007	17.6%

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 6. Emergency Care for Ambulatory-Care Sensitive Conditions by Age in HUSKY A, 2006

Diagnosis group	Total			< 1			1-5			6-14			15-20		
	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child
Total ED for ACSC	29,101	100.0%	1.17	631	100.0%	1.19	15,314	100.0%	1.18	8,882	100.0%	1.14	4,274	100.0%	1.17
Asthma	3,867	13.3%	1.31	43	6.8%	1.26	1,542	10.1%	1.29	1,566	17.6%	1.32	716	16.8%	1.36
Bacterial pneumonia	1,183	4.1%	1.08	28	4.4%	1.04	816	5.3%	1.09	283	3.2%	1.05	56	1.3%	1.08
Cellulitis	1,385	4.8%	1.15	5	0.8%	1.00	445	2.9%	1.18	496	5.6%	1.09	439	10.3%	1.20
Dehydration	644	2.2%	1.04	16	2.5%	1.07	428	2.8%	1.04	130	1.5%	1.02	70	1.6%	1.01
Diabetes A, B, and C	161	0.6%	1.29	1	0.2%	1.00	15	0.1%	1.25	70	0.8%	1.23	75	1.8%	1.36
Failure to thrive	3	0.0%	1.00	0	0.0%	0.00	3	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00
Gastroenteritis	1,968	6.8%	1.05	27	4.3%	1.00	1,228	8.0%	1.07	491	5.5%	1.01	222	5.2%	1.02
Grand mal status and other epileptic convulsions	872	3.0%	1.42	25	4.0%	1.39	461	3.0%	1.28	249	2.8%	1.60	137	3.2%	1.69
Hypoglycemia	13	0.0%	1.00	0	0.0%	0.00	5	0.0%	1.00	4	0.0%	1.00	4	0.1%	1.00
Immunization preventable conditions	3	0.0%	1.00	0	0.0%	0.00	3	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00
Iron deficiency anemia	5	0.0%	1.00	0	0.0%	0.00	3	0.0%	1.00	0	0.0%	0.00	2	0.0%	1.00
Kidney or urinary infection	1,138	3.9%	1.12	17	2.7%	1.21	280	1.8%	1.13	316	3.6%	1.09	525	12.3%	1.14
Severe ear, nose, and throat infections	17,858	61.4%	1.16	469	74.3%	1.20	10,085	65.9%	1.19	5,277	59.4%	1.11	2,027	47.4%	1.12
Tuberculosis	1	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00	1	0.0%	1.00

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Emergency department visits made for ambulatory-care sensitive conditions (ACSC) by children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 7. Emergency Care for Ambulatory-Care Sensitive Conditions by Race/Ethnicity in HUSKY A, 2006

Diagnosis group	Total			Black			White			Hispanic			Other		
	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child
Total ED for ACSC	29,101	100.0%	1.17	4,816	100.0%	1.17	6,634	100.0%	1.15	11,680	100.0%	1.16	352	100.0%	1.14
Asthma	3,867	13.3%	1.31	986	20.5%	1.37	838	12.6%	1.30	1,495	12.8%	1.30	34	9.7%	1.06
Bacterial pneumonia	1,183	4.1%	1.08	174	3.6%	1.06	244	3.7%	1.07	472	4.0%	1.09	23	6.5%	1.05
Cellulitis	1,385	4.8%	1.15	295	6.1%	1.11	354	5.3%	1.13	606	5.2%	1.17	11	3.1%	1.00
Dehydration	644	2.2%	1.04	74	1.5%	1.03	163	2.5%	1.04	227	1.9%	1.03	18	5.1%	1.06
Diabetes A, B, and C	161	0.6%	1.29	42	0.9%	1.27	58	0.9%	1.29	56	0.5%	1.30	1	0.3%	1.00
Failure to thrive	3	0.0%	1.00	2	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
Gastroenteritis	1,968	6.8%	1.05	266	5.5%	1.03	322	4.9%	1.04	913	7.8%	1.04	33	9.4%	1.06
Grand mal status and other epileptic convulsions	872	3.0%	1.42	194	4.0%	1.63	201	3.0%	1.31	256	2.2%	1.46	17	4.8%	1.31
Hypoglycemia	13	0.0%	1.00	2	0.0%	1.00	5	0.1%	1.00	5	0.0%	1.00	0	0.0%	0.00
Immunization preventable conditions	3	0.0%	1.00	0	0.0%	0.00	1	0.0%	1.00	1	0.0%	1.00	0	0.0%	0.00
Iron deficiency anemia	5	0.0%	1.00	1	0.0%	1.00	0	0.0%	0.00	3	0.0%	1.00	0	0.0%	0.00
Kidney or urinary infection	1,138	3.9%	1.12	206	4.3%	1.07	346	5.2%	1.14	493	4.2%	1.14	15	4.3%	1.25
Severe ear, nose, and throat infections	17,858	61.4%	1.16	2,573	53.4%	1.12	4,102	61.8%	1.13	7,153	61.2%	1.16	200	56.8%	1.16
Tuberculosis	1	0.0%	1.00	1	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Emergency department visits made for ambulatory-care sensitive conditions (ACSC) by children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 8. Emergency Care for Ambulatory-Care Sensitive Conditions by Health Plan in HUSKY A, 2006

Diagnosis group	Total			BlueCare			CHNCT			HealthNet			Preferred One			Changed Plans		
	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child	# ED visits for ACSC ^a	% all ED visits for ACSC	ACSC ED visits per child
Total ED for ACSC	29,101	100.0%	1.17	10,920	100.0%	1.16	6,226	100.0%	1.18	6,688	100.0%	1.16	3,026	100.0%	1.18	2,241	100.0%	1.19
Asthma	3,867	13.3%	1.31	1,545	14.1%	1.31	814	13.1%	1.36	755	11.3%	1.24	446	14.7%	1.35	307	13.7%	1.32
Bacterial pneumonia	1,183	4.1%	1.08	488	4.5%	1.06	256	4.1%	1.11	259	3.9%	1.07	95	3.1%	1.07	85	3.8%	1.10
Cellulitis	1,385	4.8%	1.15	547	5.0%	1.16	261	4.2%	1.18	318	4.8%	1.11	144	4.8%	1.14	115	5.1%	1.19
Dehydration	644	2.2%	1.04	251	2.3%	1.03	99	1.6%	1.00	181	2.7%	1.05	61	2.0%	1.05	52	2.3%	1.04
Diabetes A, B, and C	161	0.6%	1.29	70	0.6%	1.27	27	0.4%	1.42	40	0.6%	1.21	11	0.4%	1.22	13	0.6%	1.44
Failure to thrive	3	0.0%	1.00	1	0.0%	1.00	2	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
Gastroenteritis	1,968	6.8%	1.05	757	6.9%	1.05	492	7.9%	1.05	353	5.3%	1.05	216	7.1%	1.03	150	6.7%	1.03
Grand mal status and other epileptic convulsions	872	3.0%	1.42	363	3.3%	1.40	167	2.7%	1.35	180	2.7%	1.44	80	2.6%	1.43	82	3.7%	1.64
Hypoglycemia	13	0.0%	1.00	4	0.0%	1.00	4	0.1%	1.00	2	0.0%	1.00	1	0.0%	1.00	2	0.1%	1.00
Immunization preventable conditions	3	0.0%	1.00	2	0.0%	1.00	1	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00
Iron deficiency anemia	5	0.0%	1.00	1	0.0%	1.00	0	0.0%	0.00	2	0.0%	1.00	1	0.0%	1.00	1	0.0%	1.00
Kidney or urinary	1,138	3.9%	1.12	444	4.1%	1.12	206	3.3%	1.11	276	4.1%	1.14	111	3.7%	1.10	101	4.5%	1.16
Severe ear, nose, and throat infections	17,858	61.4%	1.16	6,447	59.0%	1.14	3,897	62.6%	1.17	4,322	64.6%	1.16	1,860	61.5%	1.18	1,332	59.4%	1.17
Tuberculosis	1	0.0%	1.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00	0	0.0%	0.00	1	0.0%	1.00

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Emergency department visits made for ambulatory-care sensitive conditions (ACSC) by children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 9. Sociodemographic Characteristics of High Emergency Care Users in HUSKY A, 2006

	All Enrollees ^a	Any Emergency Care						Emergency Care for Ambulatory-Care Sensitive Conditions					
		No Emergency Care		Fewer than 3 ED visits		Three or more ED visits		No Emergency Care for ACS Conditions		Fewer than 3 ED visits		Three or more ED visits	
		#	%	#	%	#	%	#	%	#	%	#	%
Total	157,178	97,742	62.2%	47,796	30.4%	11,640	7.4%	135,959	86.5%	19,603	12.5%	1,616	1.0%
Age:													
< 1	1,575	726	46.1%	589	37.4%	260	16.5%	1,145	72.7%	378	24.0%	52	3.3%
1-5	46,359	24,386	52.6%	16,685	36.0%	5,288	11.4%	35,790	77.2%	9,553	20.6%	1,016	2.2%
6-14	76,219	52,468	68.8%	20,389	26.8%	3,362	4.4%	69,235	90.8%	6,629	8.7%	355	0.5%
15-20	33,025	20,162	61.1%	10,133	30.7%	2,730	8.3%	29,789	90.2%	3,043	9.2%	193	0.6%
Gender:													
Female	71,381	45,517	63.8%	20,818	29.2%	5,046	7.1%	62,080	87.0%	8,721	12.2%	580	0.8%
Male	71,507	45,439	63.5%	21,595	30.2%	4,473	6.3%	63,337	88.6%	7,553	10.6%	617	0.9%
Unknown	14,290	6,786	47.5%	5,383	37.7%	2,121	14.8%	10,542	73.8%	3,329	23.3%	419	2.9%
Race/ethnicity:													
Black	35,984	23,935	66.5%	10,216	28.4%	1,833	5.1%	32,304	89.8%	3,470	9.6%	210	0.6%
White	51,739	34,487	66.7%	14,138	27.3%	3,114	6.0%	46,678	90.2%	4,766	9.2%	295	0.6%
Hispanic	51,508	29,701	57.7%	17,344	33.7%	4,463	8.7%	43,053	83.6%	7,772	15.1%	683	1.3%
Other groups	3,657	2,833	77.5%	715	19.6%	109	3.0%	3,382	92.5%	266	7.3%	9	0.2%
Unknown	14,290	6,786	47.5%	5,383	37.7%	2,121	14.8%	10,542	73.8%	3,329	23.3%	419	2.9%
Primary Language:													
English	134,752	84,736	62.9%	40,550	30.1%	9,466	7.0%	117,211	87.0%	16,262	12.1%	1,279	0.9%
Spanish	13,189	7,073	53.6%	4,665	35.4%	1,451	11.0%	10,460	79.3%	2,451	18.6%	278	2.1%
Other	979	650	66.4%	268	27.4%	61	6.2%	848	86.6%	122	12.5%	9	0.9%
Unknown	8,258	5,283	64.0%	2,313	28.0%	662	8.0%	7,440	90.1%	768	9.3%	50	0.6%
Residence:													
Bridgeport	15,087	9,332	61.9%	4,702	31.2%	1,053	7.0%	12,896	85.5%	2,032	13.5%	159	1.1%
Hartford	17,928	10,706	59.7%	5,767	32.2%	1,455	8.1%	15,325	85.5%	2,400	13.4%	203	1.1%
New Haven	14,906	9,555	64.1%	4,489	30.1%	862	5.8%	13,015	87.3%	1,741	11.7%	150	1.0%
All other towns	109,257	68,149	62.4%	32,838	30.1%	8,270	7.6%	94,723	86.7%	13,430	12.3%	1,104	1.0%
Health Plan:													
BlueCare	63,938	40,461	63.3%	18,986	29.7%	4,491	7.0%	55,848	87.3%	7,533	11.8%	557	0.9%
CHNCT	27,070	15,973	59.0%	8,757	32.3%	2,340	8.6%	22,672	83.8%	4,013	14.8%	385	1.4%
HealthNet	41,463	26,636	64.2%	12,081	29.1%	2,746	6.6%	36,482	88.0%	4,638	11.2%	343	0.8%
Preferred One	15,444	9,502	61.5%	4,818	31.2%	1,124	7.3%	13,267	85.9%	1,989	12.9%	188	1.2%
Changed plans	9,263	5,170	55.8%	3,154	34.0%	939	10.1%	7,690	83.0%	1,430	15.4%	143	1.5%

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 10. Children with Three or More Emergency Department Visits by Diagnosis Group and Age in HUSKY A, 2006

Diagnosis group	Total			< 1			1-5			6-14			15-20		
	# children	# visits	visits per child	# children	# visits	visits per child	# children	# visits	visits per child	# children	# visits	visits per child	# children	# visits	visits per child
Total ED visits	11,640	47,771	4.10	260	1,160	4.46	5,288	21,771	4.12	3,362	13,043	3.88	2,730	11,797	4.32
Blood/Blood Organs	156	311	1.99	0	0	0.00	52	75	1.44	63	126	2.00	41	110	2.68
Cancer (Neoplasms)	14	18	1.29	0	0	0.00	8	12	1.50	3	3	1.00	3	3	1.00
Circulatory System	60	64	1.07	1	1	1.00	11	12	1.09	18	20	1.11	30	31	1.03
Congenital Anomalies	23	24	1.04	7	7	1.00	9	9	1.00	3	3	1.00	4	5	1.25
Digestive System	1,858	2,132	1.15	46	50	1.09	983	1,094	1.11	381	422	1.11	448	566	1.26
Genitourinary System	1,050	1,298	1.24	11	14	1.27	207	243	1.17	203	232	1.14	629	809	1.29
Infectious/Parasitic	2,614	3,130	1.20	76	98	1.29	1,500	1,815	1.21	700	825	1.18	338	392	1.16
Injuries	5,701	8,727	1.53	54	65	1.20	2,234	3,130	1.40	1,877	3,029	1.61	1,536	2,503	1.63
Mental Disorders	1,063	2,293	2.16	3	4	1.33	35	44	1.26	454	1,129	2.49	571	1,116	1.95
Metabolic/Immunity	386	445	1.15	11	12	1.09	228	249	1.09	73	85	1.16	74	99	1.34
Musculoskeletal/Connective Tissue	851	1,019	1.20	1	1	1.00	135	140	1.04	305	356	1.17	410	522	1.27
Nervous System/Sense Organs	4,224	5,388	1.28	115	142	1.23	2,750	3,589	1.31	940	1,156	1.23	419	501	1.20
Perinatal Conditions	26	29	1.12	21	24	1.14	1	1	1.00	1	1	1.00	3	3	1.00
Pregnancy, Childbirth, and the Puerperium	373	656	1.76	0	0	0.00	0	0	0.00	6	10	1.67	367	646	1.76
Respiratory System	7,408	9,841	1.33	252	335	1.33	4,058	5,337	1.32	1,871	2,555	1.37	1,227	1,614	1.32
Skin/Subcutaneous Tissue	1,714	2,079	1.21	40	46	1.15	727	873	1.20	517	615	1.19	430	545	1.27
Symptoms, Signs and Ill-Defined Conditions	5,945	9,052	1.52	191	333	1.74	3,061	4,686	1.53	1,446	2,108	1.46	1,247	1,925	1.54
V Codes	1,002	1,265	1.26	26	28	1.08	397	462	1.16	270	368	1.36	309	407	1.32

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Emergency department visits made by children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 11. Emergency Care for Ambulatory-Care Sensitive Conditions by Children with Three or More ED Visits by Diagnosis Group and Age in HUSKY A, 2006

Diagnosis group	Total			< 1			1-5			6-14			15-20		
	# children	# visits	visits per child	# children	# visits	visits per child	# children	# visits	visits per child	# children	# visits	visits per child	# children	# visits	visits per child
Total ED for ACSC	1,616	5,889	3.64	52	179	3.44	1,016	3,693	3.63	355	1,276	3.59	193	741	3.84
Asthma	498	1,135	2.28	10	16	1.60	255	493	1.93	147	391	2.66	86	235	2.73
Bacterial pneumonia	223	284	1.27	8	9	1.13	171	219	1.28	33	43	1.30	11	13	1.18
Cellulitis	147	243	1.65	0	0	0.00	72	117	1.63	34	49	1.44	41	77	1.88
Dehydration	100	111	1.11	2	3	1.50	81	90	1.11	12	12	1.00	5	6	1.20
Diabetes A, B, and C	20	44	2.20	0	0	0.00	3	5	1.67	7	16	2.29	10	23	2.30
Failure to thrive	2	2	1.00	0	0	0.00	2	2	1.00	0	0	0.00	0	0	0.00
Gastroenteritis	279	322	1.15	5	5	1.00	211	250	1.18	44	45	1.02	19	22	1.16
Grand mal status and other epileptic convulsions	119	326	2.74	4	11	2.75	65	132	2.03	35	119	3.40	15	64	4.27
Hypoglycemia	3	3	1.00	0	0	0.00	1	1	1.00	0	0	0.00	2	2	1.00
Iron deficiency anemia	1	1	1.00	0	0	0.00	1	1	1.00	0	0	0.00	0	0	0.00
Kidney or urinary infection	118	181	1.53	3	4	1.33	38	57	1.50	28	35	1.25	49	85	1.73
Severe ear, nose, and throat	1,315	3,237	2.46	50	131	2.62	902	2,326	2.58	248	566	2.28	115	214	1.86

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

^a Emergency department visits made by children aged under 21 years and continuously enrolled in HUSKY A in CY 2006.

Table 12. Emergency Department Utilization Rates by Well-child Care Utilization, Age, and Health Plan in HUSKY A, 2006

	Had Emergency Care			Had Emergency Care for ACSC ^b		
	Yes WCC ^a	No WCC	Relative Risk (95% CI)	Yes WCC	No WCC	Relative Risk (95% CI)
Overall	37.6%	32.7%	1.15 (1.13, 1.17)^c	12.9%	10.1%	1.28 (1.24, 1.32)^c
Age:	Age-adjusted Relative Risk→		1.10 (1.08, 1.12)^d	Age-adjusted Relative Risk→		1.11 (1.08, 1.15)^d
2 to 5	45.1%	40.1%	1.13 (1.09, 1.16)	20.6%	17.9%	1.15 (1.09, 1.22)
6 to 10	32.6%	29.9%	1.09 (1.06, 1.16)	10.9%	9.9%	1.09 (1.03, 1.16)
11 to 15	32.7%	29.5%	1.11 (1.08, 1.14)	7.7%	7.2%	1.08 (1.00, 1.16)
16 to 19	40.4%	37.3%	1.08 (1.05, 1.12)	10.3%	9.3%	1.10 (1.02, 1.19)
Health Plan:	Health plan-adjusted Relative Risk→		1.15 (1.13, 1.17)	Health plan-adjusted Relative Risk→		1.28 (1.24, 1.32)
BlueCare	36.4%	31.9%	1.14 (1.11, 1.17)	12.0%	9.6%	1.25 (1.19, 1.31)
CHNCT	40.8%	35.2%	1.16 (1.12, 1.20)	15.9%	11.9%	1.33 (1.24, 1.43)
HealthNet	35.9%	30.6%	1.17 (1.14, 1.21)	11.6%	8.9%	1.31 (1.23, 1.40)
Preferred One	37.8%	34.0%	1.11 (1.06, 1.16)	13.1%	11.0%	1.18 (1.08, 1.30)
Changed plans	44.2%	39.0%	1.13 (1.07, 1.20)	16.7%	12.5%	1.34 (1.19, 1.50)

Source: Analysis of HUSKY A enrollment and encounter data from the Connecticut Department of Social Services.

Note: Statistically significant associations at the p>0.05 level are **bolded**.

^a WCC refers to “well-child care.”

^b Emergency department visits made for ambulatory-care sensitive conditions (ACSC) by children aged 2 to 18 years and continuously enrolled in HUSKY A in CY 2006.

^c Crude (unadjusted) relative risk.

^d Age-adjusted relative risk is considerably lower than the crude relative risk, suggesting that age modifies the effect well-child care has on emergency care.

^e Health plan-adjusted relative risk is roughly equal to the crude relative risk, suggesting that the effect of well-child care on emergency care is similar across health plans.