CONNECTICUT VOICES FOR CHILDREN

Emergency Care for Children in HUSKY A: 2006

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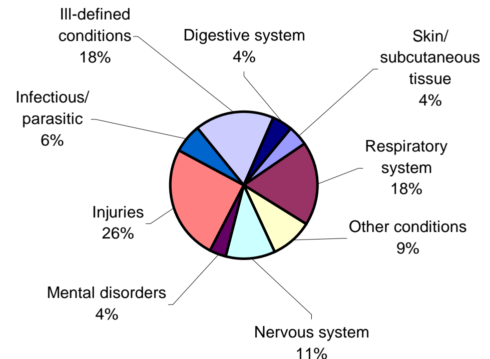
Research suggests that publicly-insured children are more likely to use emergency care services than their uninsured or privately-insured counterparts.[1] National data show that nearly one out of five emergency department visits that occurred in 2004 were made by children under the age of 15, and that 15 percent of all pediatric care sought in emergency departments took place for non-urgent conditions.[2] Utilizing emergency services for non-urgent conditions may indicate barriers to accessing primary care.

The purpose of this study is to describe emergency department (ED) utilization in the HUSKY A program and to determine the association of well-child care with ED use. This report is the fifth annual summary of emergency care in HUSKY A (Medicaid managed care) issued by Connecticut Voices for Children.[3]

RESULTS

In 2006, 38 percent of children (59,436) enrolled in HUSKY A for the entire year made one or more ED visits, for a total of 109,188 visits. The proportion of children with any emergency care increased 5.6 percent over 2005 (36%); however, the number of ED visits increased very little (107,774 visits in 2005). The number of ED visits was about 8 percent higher on weekends than weekdays, and the majority of all ED visits were made on Sunday. It was not possible to determine time of day for the visits.

Among all ED visits in 2006, the leading diagnoses were injuries (25% of all ED visits), respiratory conditions (18%), and ill-defined conditions (18%) (Figure 1). The distribution across diagnostic groups remained relatively unchanged from ED visits in previous years.



The proportion of children with ED visits and the proportion of ED visits by diagnosis varied by age group (Table 1).

Table 1. ED Visits by Age

Age Group (years)	<1	1-5	6-14	15-20
Number with ED visit	1,498	35,697	32,578	19,895
Percent with ED visit	54%	47%	31%	39%
ED visits per child	1.3	1.2	1.2	1.3
Proportion of ED Visits among Top Diagnosis Groups				
Injuries	7%	19%	***31%***	***29%***
Respiratory system	***28%***	***22%***	17%	13%
Ill-defined conditions	***29%***	20%	15%	15%
Nervous system	12%	16%	9%	4%
Infectious/parasitic	8%	8%	6%	3%
Other conditions	16%	15%	22%	36%

Note: Leading reasons in each age group are shown in bold, blue italics.

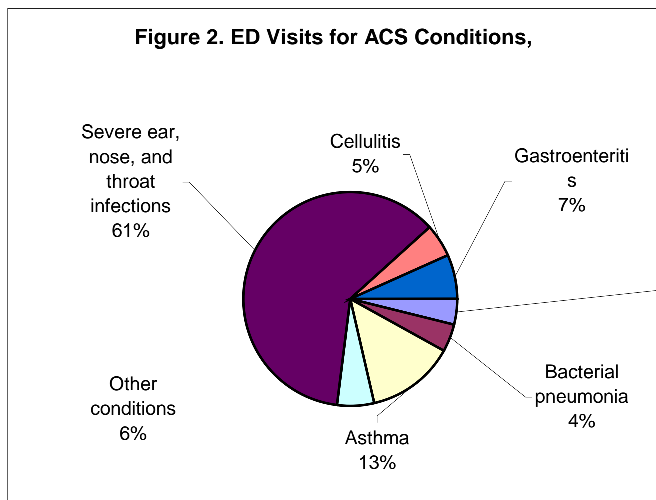
The proportion of children who received any emergency care varied by managed health care plan (Table 2). Children in CHNCT were more likely to have an ED visit while children in BlueCare (BC) and Health Net (HN) were less likely to have an ED visit when compared to all other children. Children in Preferred One (PO) were no more likely to have an ED visit than other children.

Table 2. ED Visits by Managed Care Plan

Plan	BC	CHN	HN	Pref O
Number with ED visit	23,477	11,097	14,827	5,942
Percent with ED visit	37%	41%	36%	39%

Ambulatory-Care Sensitive Conditions: Just over a 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%). One in four ED visits was made for an ACS condition (29,101 out of 109,188 ED visits, or 27%). As in 2005, ED visits for an ACS condition were more likely to have been made by children who were under age 5, Hispanic, or enrolled in CHNCT.

The majority of ED visits for ACS conditions were for treatment of 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) (Figure 2). 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.



Emergency Dental Care: Just 4 percent of all children (5,944) visited an emergency department for dental treatment in 2006. While dental ED care did not vary by health plan, it varied by age. Children aged 5 years and younger were twice as likely as other children to have had emergency dental treatment.

High Users: One in five children who had emergency care in 2006 had 3 or more ED visits (11,640 or 20% of children with ED care). "High users" of any ED care and ED for ACS conditions were disproportionately under age 6, Hispanic, Spanish speaking, and CHNCT enrollees. Among the children with three or more ED visits, two-thirds (65%) had at least one ED visit for an ACS condition.

Well-child Care and ED Visits: Two-thirds (65%) of the 143,423 children aged 2 to 19 enrolled in HUSKY A in 2006 had well-child care. Contrary to expectations, the ED visit rate among children who had well-child care (38%) was significantly higher than the rate for children who did not have well-child care (33%). This difference is consistent across all age groups and health plans without exception.

Among enrollees aged 2 to 19 who had emergency care for an ACS condition in 2006, 71 percent also had well-child care. Among children who had an ED visit, those with well-child care were more likely to have had an ED visit for an ACS condition than children who did not have well-child care (12% vs. 9% of children with no well-child care).

DISCUSSION

A significant number and proportion of children in HUSKY A obtained emergency care for treatment of ACS conditions. Further, well-child care did not appear to reduce use of emergency care, suggesting that other factors such as reduced hours of access to primary care or parental knowledge and judgment may be involved in the seeking of emergency care for conditions that can be treated in primary care setting.

CONCLUSIONS

- **Almost two in five children in HUSKY A are seen in emergency care settings each year.**
- **One in three children who had an ED visit sought care for an ACS condition.**
- **Emergency care utilization is not reduced by well-child care.**

Connecticut Voices for Children is a non-profit organization that conducts research and policy analysis on children's issues. This report on emergency care was prepared under a contract between the Connecticut Department of Social Services and the Hartford Foundation for Public Giving, with a grant to Connecticut Voices from the Hartford Foundation. Data for HUSKY B are not available for performance monitoring. Connecticut Voices for Children contracts with MAXIMUS, Inc. for data management and data analysis. This report was prepared by Karen Sautter, M.P.H., and Amanda Learned, B.A., under the direction of Mary Alice Lee, Ph.D., Senior Policy Fellow.

[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] McCaig LF, Nawar EN. 2006. *National Hospital Ambulatory Medical Care Survey: 2004 emergency department summary.* Advance data from vital and health statistics; no 372. Hyattsville, MD: National Center for Health Statistics.
[3] 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 (n=157,178). Encounter data were searched for records corresponding to emergency care visits. The rate of emergency visits was determined overall and compared for children of different sociodemographic and enrollment characteristics (rate ratios). Children with three or more ED visits were defined as "high users" of emergency care and compared sociodemographically to children with fewer than 3 ED visits. Emergency visits for ambulatory care sensitive conditions were identified and rates compared for children of different sociodemographic and enrollment characteristics (rate ratios). The association between well-child care and any emergency care was determined (chi-square). A detailed report on methods and results is available at www.ctkidslink.org