

Preventive Care & Emergency Care In HUSKY A: 2006

Presentation to
Medicaid Managed Care Council
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EPSDT Schedule for Preventive Care

- **Well-child visits:** annual exams for children 2-5 and 11-19; exams every other year for children 6-10
- **Developmental assessment:** every visit with testing if indicated by screening results
- **Preventive dental care:** twice yearly beginning with initial exam at age 2

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Methods

- Searched HUSKY A enrollment data to identify continuously enrolled children
- Searched HUSKY A encounter data for records corresponding to primary care, dental care, emergency care

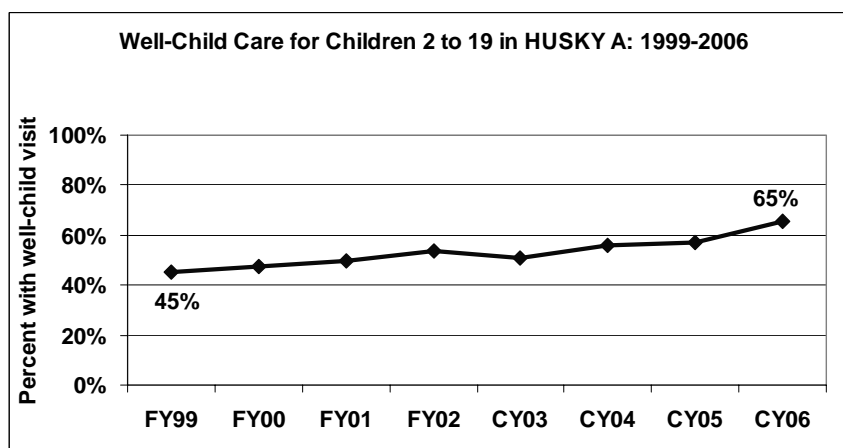
Utilization Rates and Trends

- Primary care: well-child care, no ambulatory care, no care at all, developmental screening
- Dental care: preventive dental care, sealants
- Emergency care: any emergency care, any emergency care for ambulatory-care sensitive conditions, ED care for “high users” (3+ vists), top ED diagnoses, dental emergency care

Enrollment in CY 2006

- **Number and percent of children under 21 who were continuously enrolled were down from 2005**
 - 157,178 (59% of ever-enrolled children) were continuously enrolled for 12 months

Well-Child Care Trends



Most Likely to Have Had Well-Child Care in 2006:

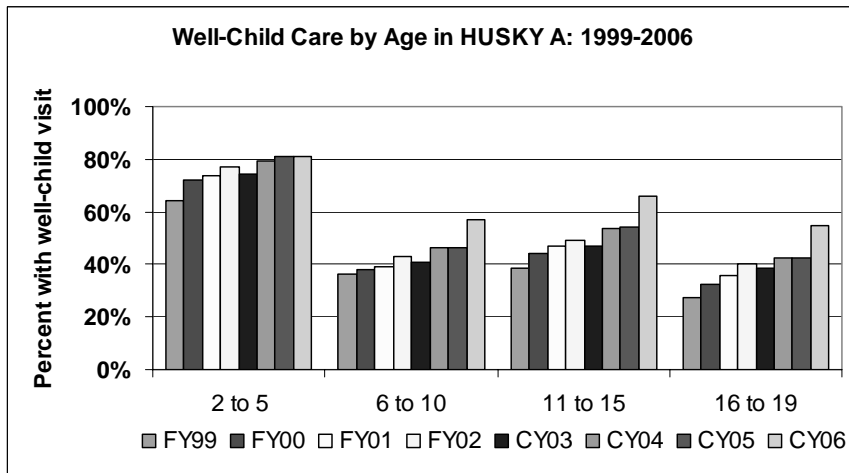


- Younger children aged 2 to 5
- Rates for all MCOs increased and were similar

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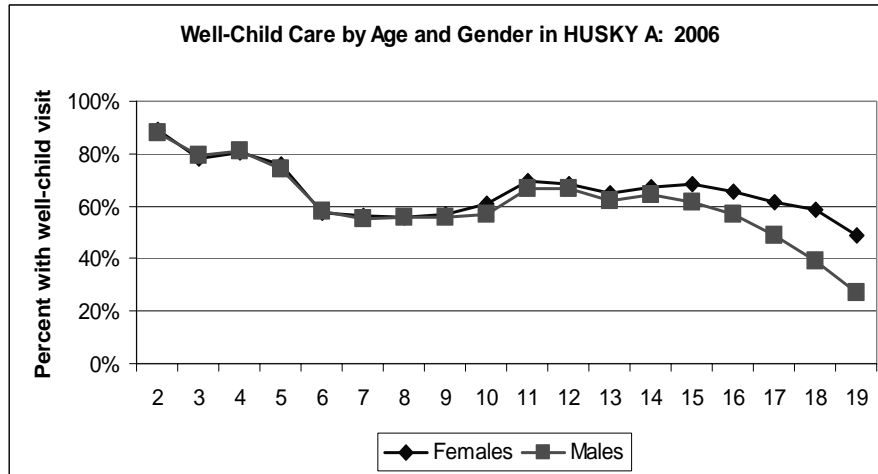
Well-Child Care by Age



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Well-Child Care by Gender



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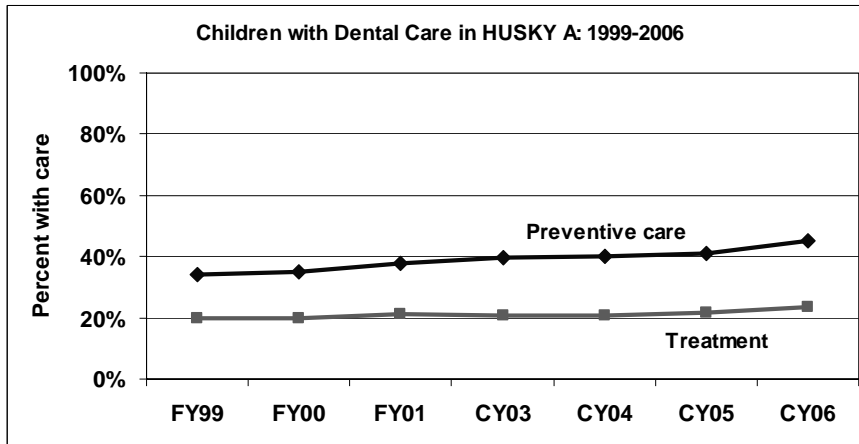
Had Encounter Record for Developmental Testing

Age of Child	Had a screen	
	Count	Percentage
Total	1,140	0.7%
Under 1	58	3.7%
1 to 5	931	2.0%
6 to 14	139	0.2%
15 to 20	12	<0.1%

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Dental Care in HUSKY A



Preventive Dental Care



- **45% children 3-19 had preventive dental care**
- **Only 36% of children with any preventive visits had 2 or more visits**

Most Likely to Have Preventive Dental Care

- School-aged children 6 to 11
- Hispanic children and children from Spanish-speaking households
- Children residing in Hartford
- Preventive care rate for children in BlueCare has increased the most (51%) since monitoring began

Dental Sealants

	Children with at least one sealant placed	
Age	CY 2005	CY 2006
3 to 5	0.4%	0.4%
6 to 8	13.3%	15.7%
9 to 11	10.9%	12.8%
12 to 14	9.6%	11.3%
15 to 19	2.3%	2.9%
Total	7.0%	8.3%

Well-Child Care & Dental Care

Children who had well-child care were more likely than children without well-child care to have had preventive dental care

Emergency Care: 2006



- 38% of children under 21 had one or more emergency department visits
- Rate increased from low of 33% in 2003

Ambulatory-Care Sensitive Conditions

- 36% of children who received any ED care sought care for an ACS Condition
- 1 in 4 ED visits were made for an ACS Condition
- Children with ED for ACS Condition disproportionately under age 6, Hispanic or from other/racial groups, enrollees in CHNCT or Preferred One

Leading Diagnoses for All ED Visits

- **Injuries (26%)**
- **Respiratory conditions (18%)**
- **Ill-defined conditions (18%)**
- **Nervous system conditions (11%)**

Leading Diagnoses for ACSC Diagnoses

- **Severe ear, nose and throat infections (61%)**
- **Asthma (13%)**
- **Gastroenteritis (7%)**
- **Cellulitis (5%)**
- **Bacterial pneumonia (4%)**
- **Kidney or urinary infection (4%)**

Frequent Users of ED Care

- **19% children with any ED care had 3 or more visits**
- **Frequent users were likely to be under 6, Hispanic, from Spanish-speaking household , CHNCT members**

Well-Care and ED Use

- ED visit rate was significantly higher for children 2 to 19 who had well-child care (38%) than for those who did not (33%)
- ED visit rate for ACS conditions was significantly higher for children 2 to 19 who had well-child care (12%) than for those who did not (9%)

No Ambulatory Care

Total children 2 to 19	143,423	100.0%
Did not have any ambulatory care (office/clinic or ED visit)	15,638	10.9%
Did have other care (dental, vision, RX)	2,535	1.8%
Did not have any care at all	13,103	9.1%

Conclusions

- **Well-child care and preventive dental care rates have improved but continue to fall short of professional recommendations, federal goals, and HUSKY A contract requirements**

Conclusions

- **Many children in HUSKY A, especially very young children, use emergency care, including visits for treatment of conditions that could have been managed or avoided with primary care**
- **Emergency care utilization is not reduced by well-child care**

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