

CHCS

Center for
Health Care Strategies, Inc.



CHCS Network Exchange Call

ED Use and its Relationship to Ambulatory Care: Translating Research into Policy and Practice

The presentation will begin shortly

Jane Deane Clark, PhD, Director of Evaluation and Analysis
Moderator

August 2, 2005

A Comparison of ED use between Commercially and Medicaid Enrolled Children

Patrick M. Vivier, MD, PhD

*Associate Professor of Community Health and
Pediatrics*

Brown University/Brown Medical School

Commentary on Study Implications

*Tricia Leddy, MS, RD
Administrator, Center for Child & Family Health
Rhode Island Department of Human Services*

*Christopher Koller, MPPM, MAR
Health Insurance Commissioner
State of Rhode Island*

Inclusion Criteria

- Children under the age of 18 years
- Residents of the same northeastern state
- Enrolled in a single managed care organization (MCO) during calendar years 2001 and 2002
 - Commercial
 - Medicaid
- All enrollments during the study period prior to the 18th birthday were included

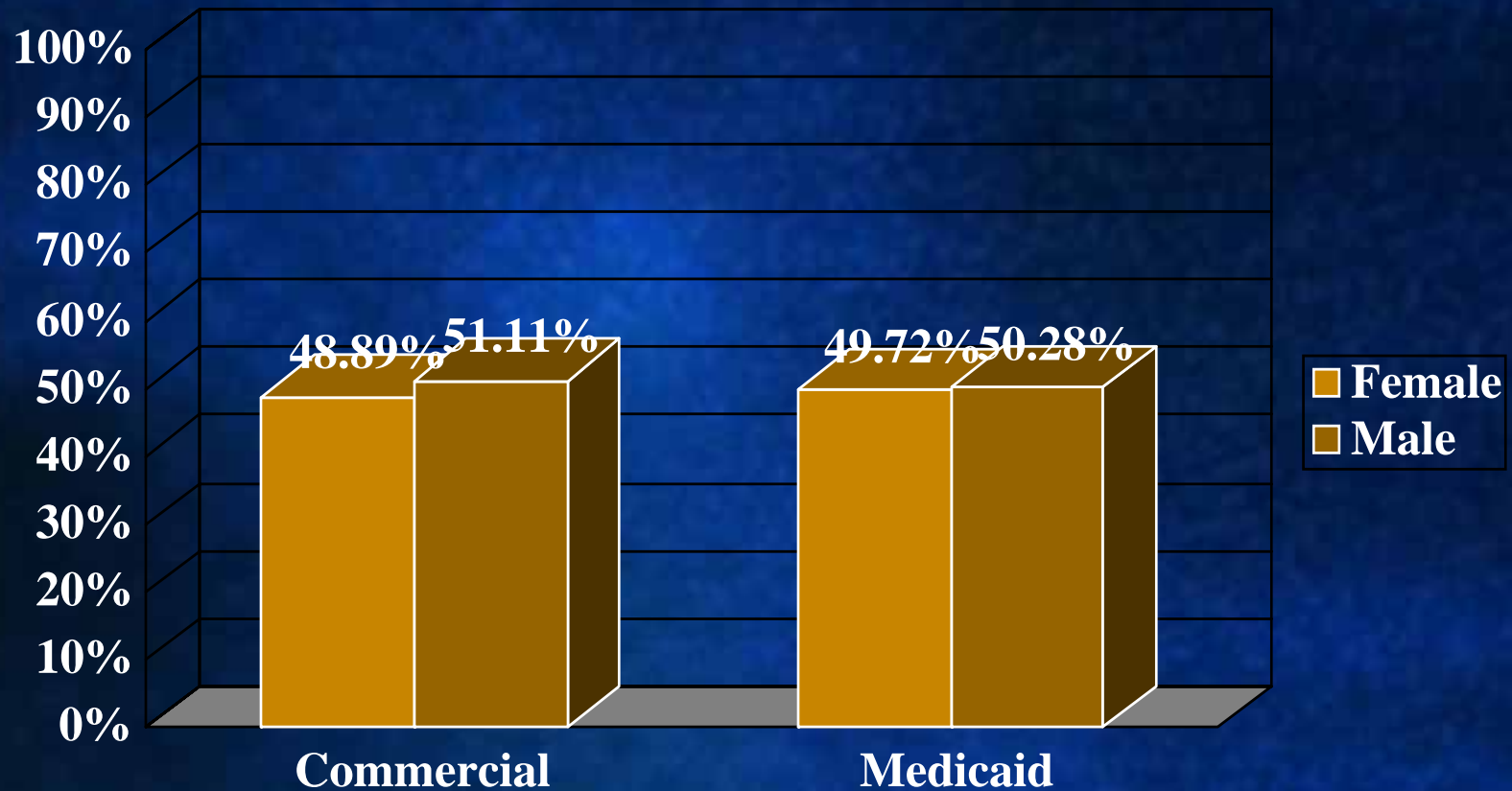
Data Sources

- Administrative data sets from the MCO
 - Enrollment information
 - ED visits
 - Ambulatory use

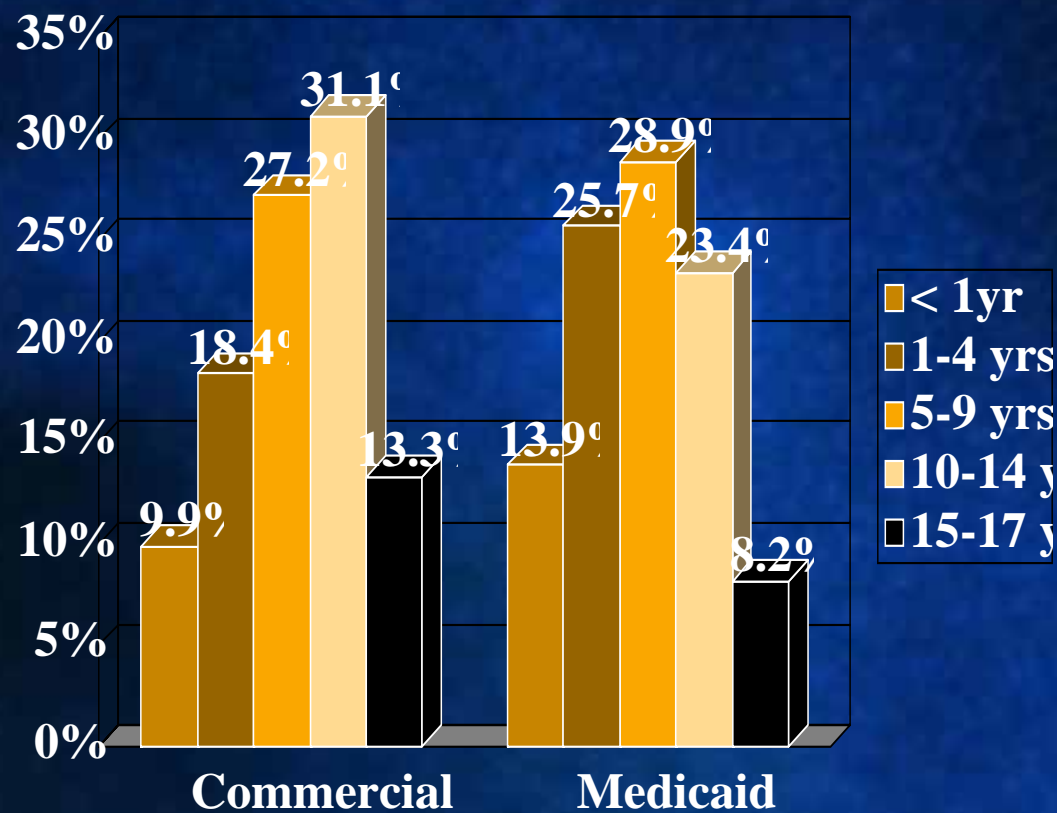
Study subjects

- 30,720 Commercially enrolled children
- 35,465 Medicaid enrolled children

Gender Breakdown of Study Subjects

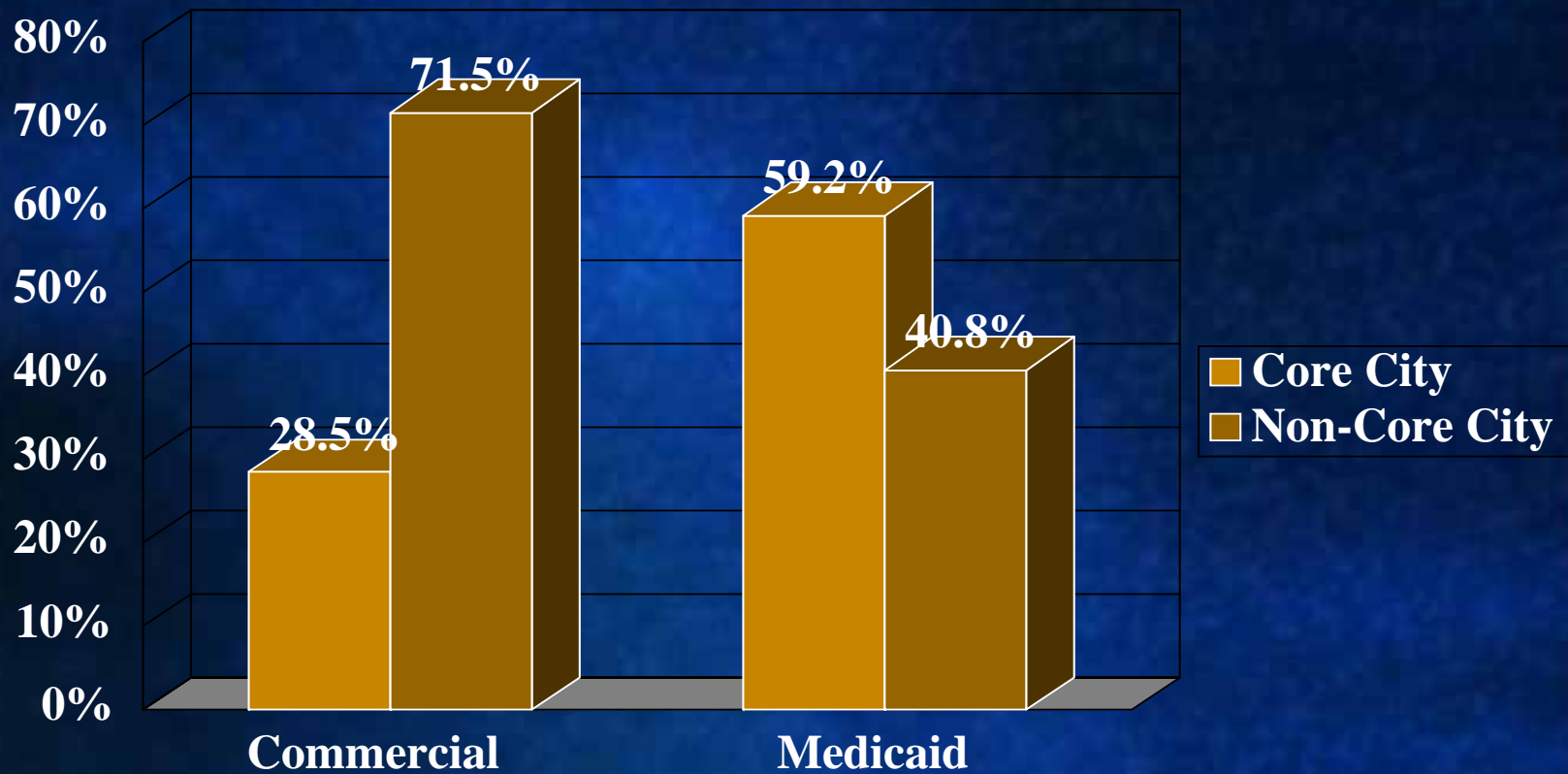


Age at Initial Enrollment

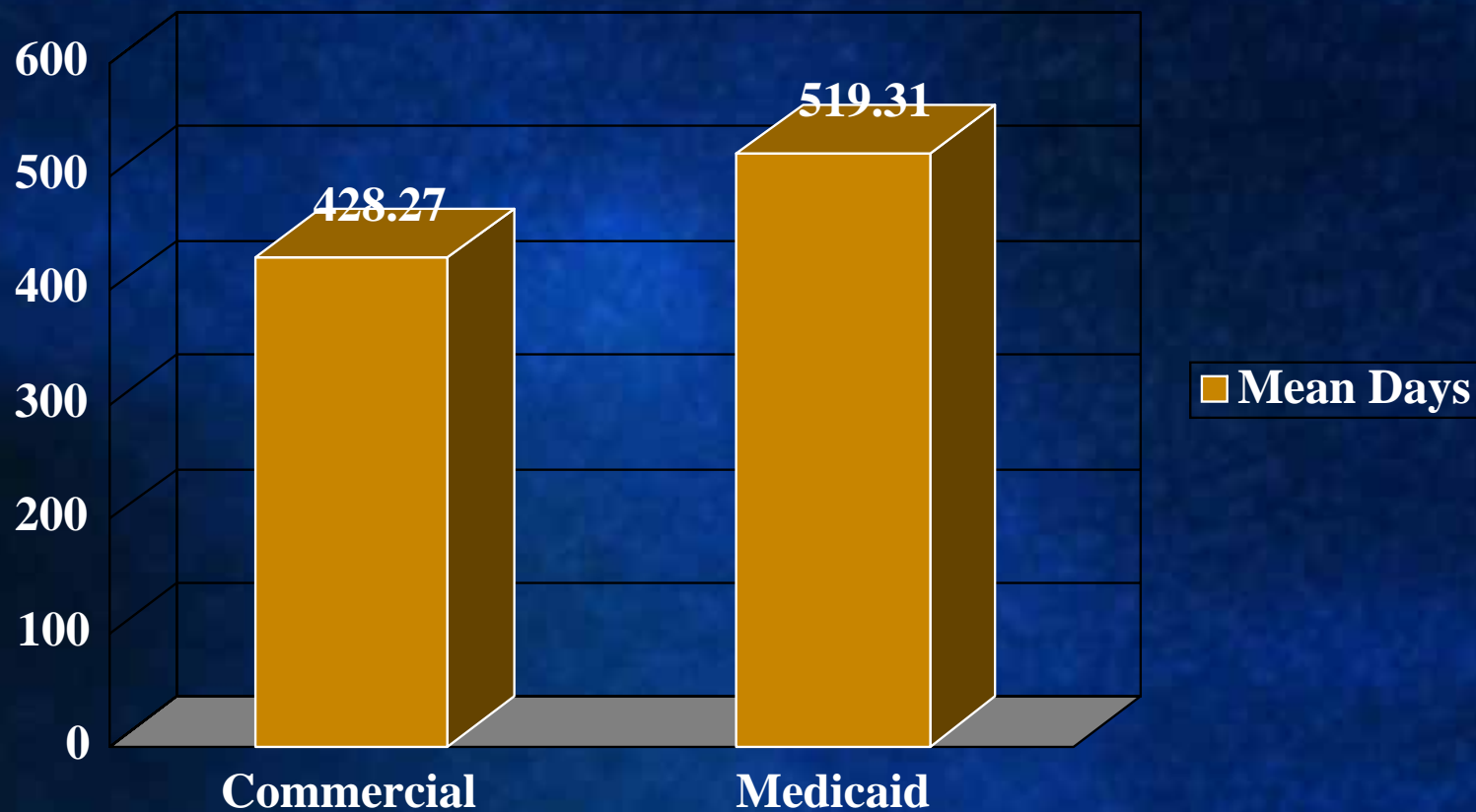


- Range 0-17.99 yrs for both groups
- Mean age
8.69 yrs for Commercial
7.14 yrs for Medicaid

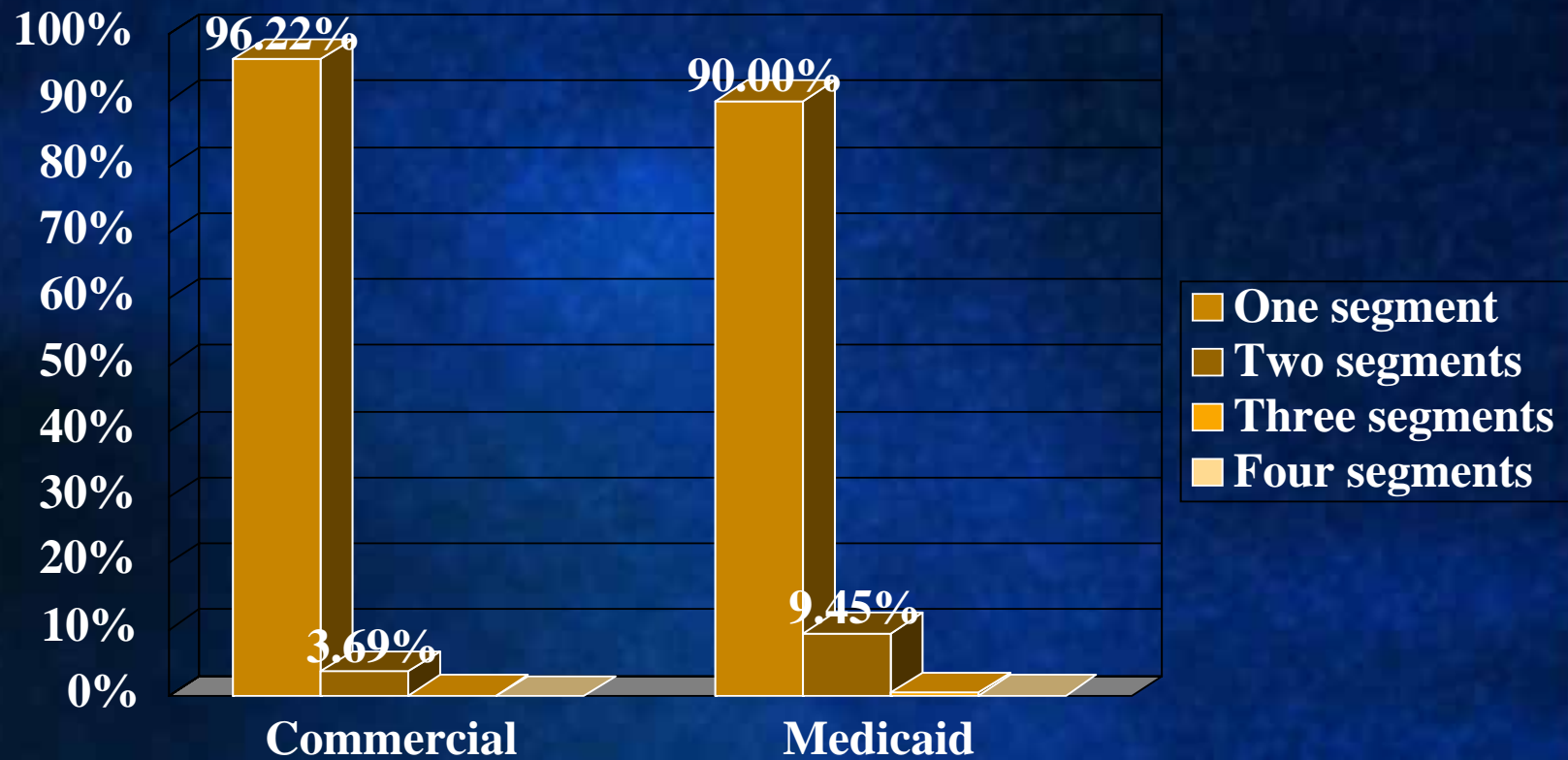
Residence in a Core City



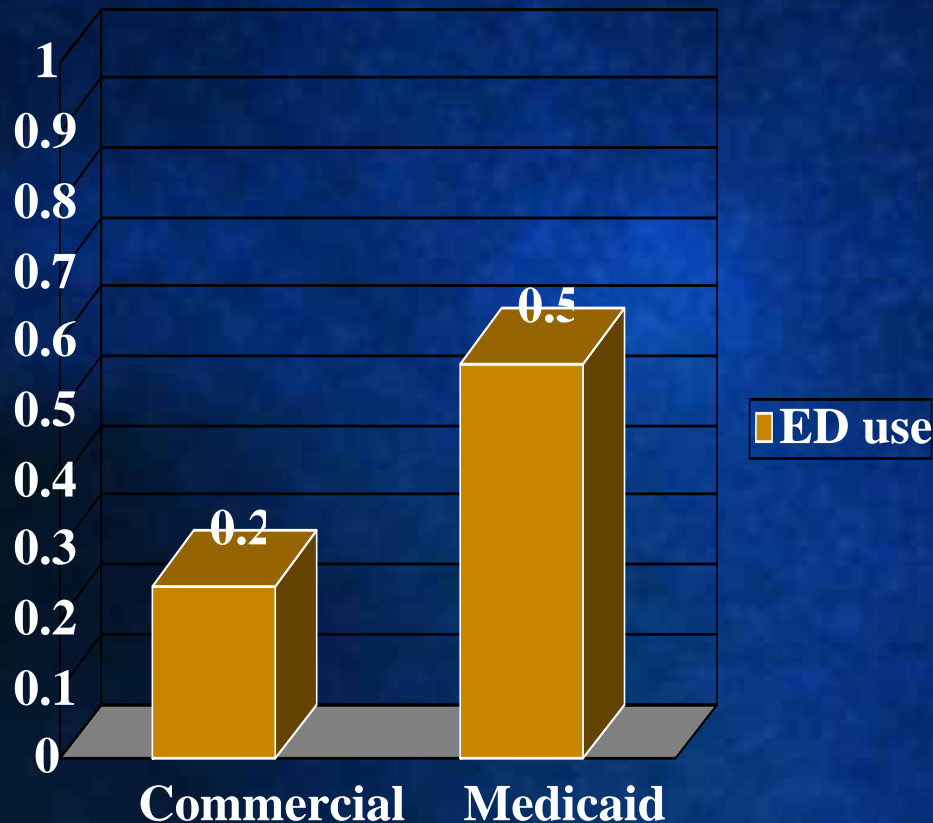
Mean Days of Enrollment (days)



Enrollment Segments

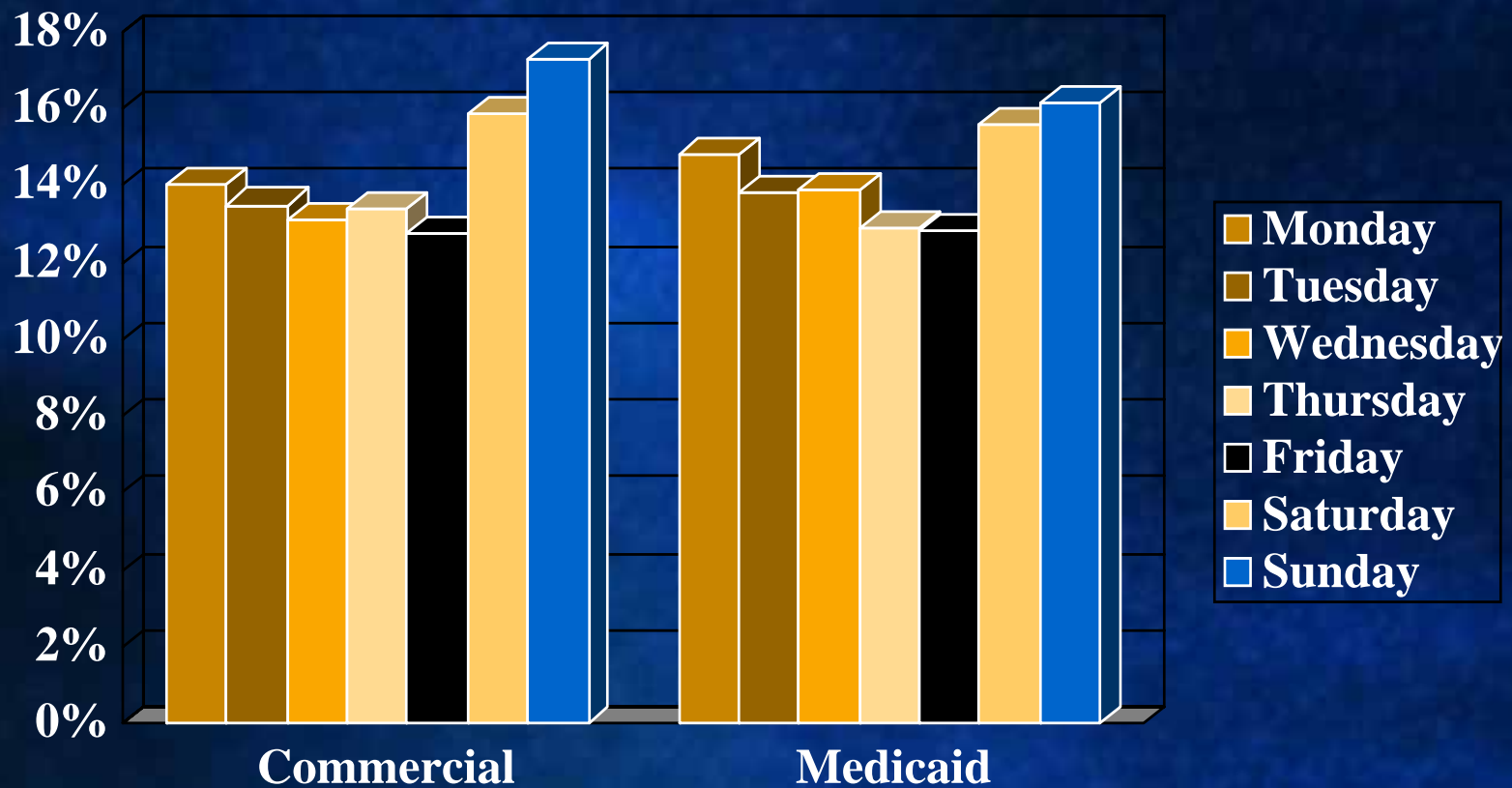


Emergency Department Use (Visits per 1,000 Children per Year)



- ED use rate is 2.15 times greater for Medicaid enrollees when controlling for age and gender

Visits by Day of the Week



Most Common Primary Diagnoses

Category	Commercial ED Visit Rate	Medicaid ED Visit Rate	Rate Ratio
Injury and Poisoning	0.106	0.168	1.59
Respiratory System	0.036	0.113	3.11
Symptoms, Signs, and Ill-Defined Conditions	0.032	0.076	2.39
CNS and Sense Organs	0.016	0.057	3.56
Infectious and Parasitic	0.012	0.043	3.65

Most Common Primary Diagnoses

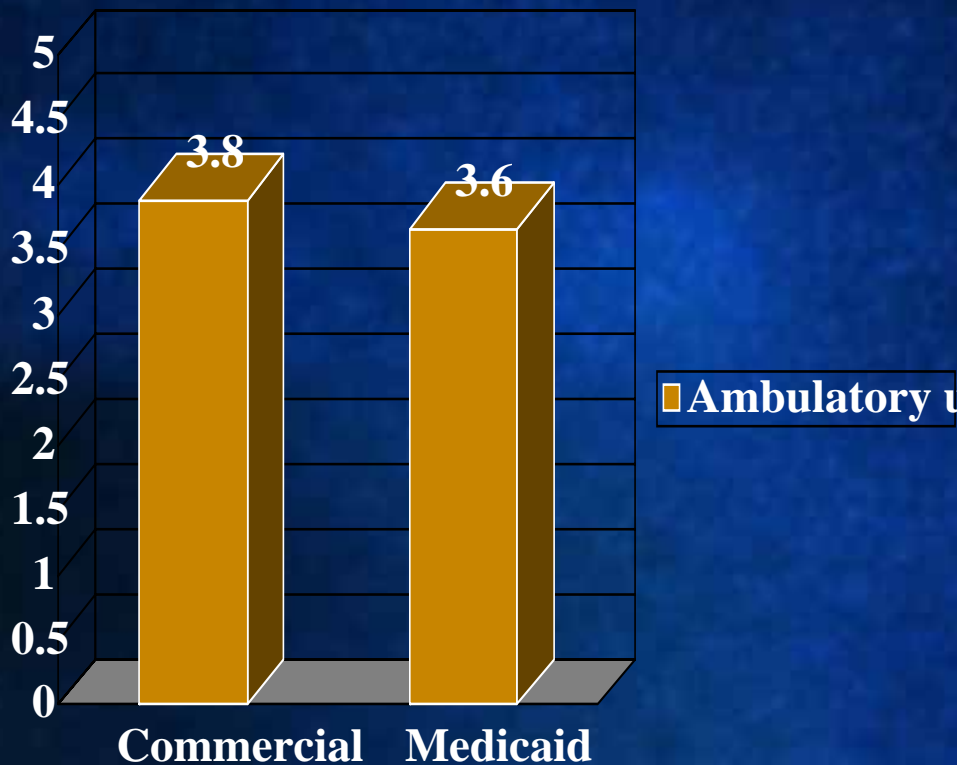
(Continued)

Category	Commercial ED Visit Rate	Medicaid ED Visit Rate	Rate Ratio
Digestive System	0.012	0.028	2.45
Skin and Subcutaneous Tissue	0.006	0.019	2.92
Mental Disorders	0.006	0.011	1.75
Musculoskeletal System/Connective Tissue	0.005	0.010	2.03
Genitourinary System	0.005	0.010	2.04

Ambulatory Care Sensitive (ACS) Conditions

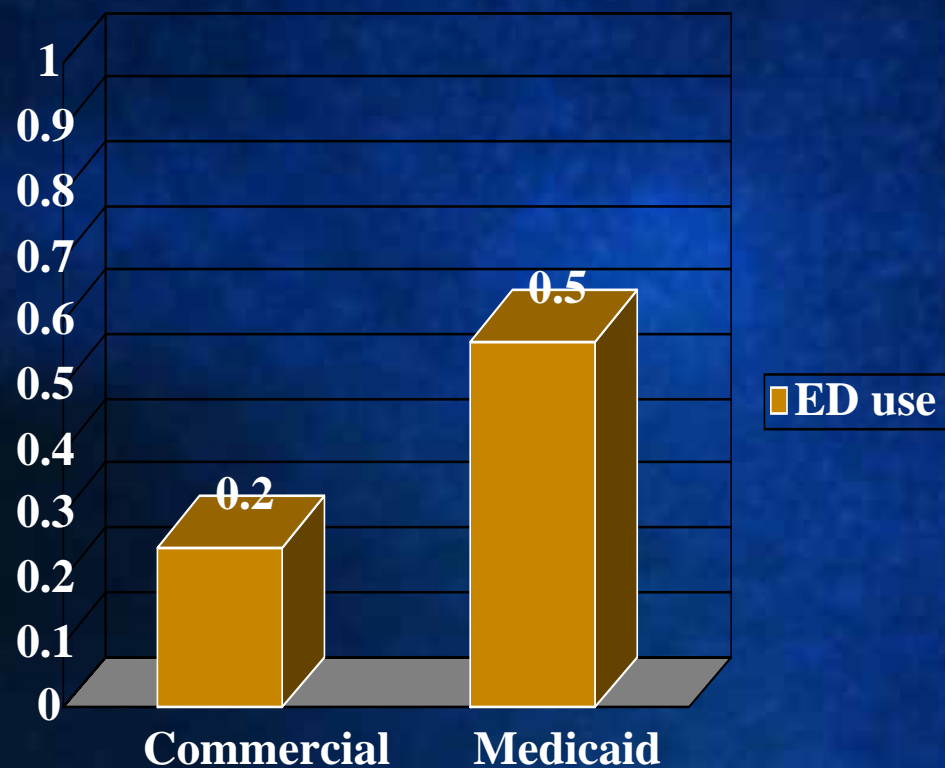
Category	Commercial ED Visit rates	Medicaid Visit rates	Rate Ratios
Not an ACS Condition	0.189	0.375	1.99
Asthma	0.008	0.023	2.94
Seizures	0.003	0.004	1.74
pneumonia	0.003	0.009	3.17
Upper airway conditions	0.010	0.039	3.73
Upper airway conditions	0.026	0.090	3.44
Gastroenteritis	0.009	0.021	2.40
Cellulitis	0.003	0.007	2.66

Ambulatory Use (Visits per Person per Year)



- Ambulatory use rate is 1.06 times greater for Commercial enrollees when controlling for age and gender

Emergency Department Use (Visits per Person Year)



- ED use rate is 2.15 times greater for Medicaid enrollees when controlling for age and gender
- ED use rate is 2.30 times greater for Medicaid enrollees when controlling for age, gender and ambulatory use rate

Conclusions

- ED use is substantially greater among Medicaid enrolled children
 - Enrolled in the same MCO
 - Theoretically the access to the same panel of primary care providers
 - Live in the same state
 - Controlling for age and gender differences
 - Controlling for ambulatory care use
 - Across the top 10 ICD9 diagnostic categories
 - Most pronounced for ambulatory care sensitive conditions (ACS), but still substantial for other conditions

Discussion

Tricia Leddy

- Medicaid managed care has resulted in increased access to primary care
 - Improved use of preventive services
 - Improved immunization rates
 - Decreased hospitalization rates
 - Decreased ED use

Discussion

Tricia Leddy

- Despite improvements, ED use remains higher than in similar commercial populations
 - Continuity
 - Quality of care
 - Access to care

Discussion

Tricia Leddy

- Current policy approaches to high ED use rates
 - Member education
 - Provider incentives to expand after hours access
 - “Open access” model of care
 - Research is critical:
 - Identifies specific populations, geography, access issues
 - Can provide critical information for development of new policy approaches
 - Can evaluate effectiveness of approaches

Discussion

Christopher Koller

- Role of Health Insurance Commissioner in RI.
- Why is ER use a Health Insurance concern?
 - Mandate: Direct insurers to policies that promote system quality, efficiency and appropriate access.
 - Importance of collaboration across state agencies
- Levers to reduce inappropriate ER
 - State: Primary Care Policy; Bully Pulpit
 - Insurance:
 - Provider Reimbursement
 - Benefits structure
 - Certificates of Coverage
 - Other State Levers
 - Utilization Review
 - Certificate of Need
 - Medicaid Policy
 - RIte Care
 - State Employees

Discussion

Christopher Koller

- Implications of this study
 - Costs of Poverty
 - Impact of Differences in Benefits
 - Role and Influence of Primary Care Providers
 - Educational Interventions and ACS Conditions
 - “The Empowered Consumer”??

CHCS

Center for
Health Care Strategies, Inc.



CHCS Network Exchange Call

ED Use and its Relationship to Ambulatory Care: Translating Research into Policy and Practice

Thank you for joining us

Jane Deane Clark, PhD, Director of Evaluation and Analysis
Moderator

August 2, 2005
