

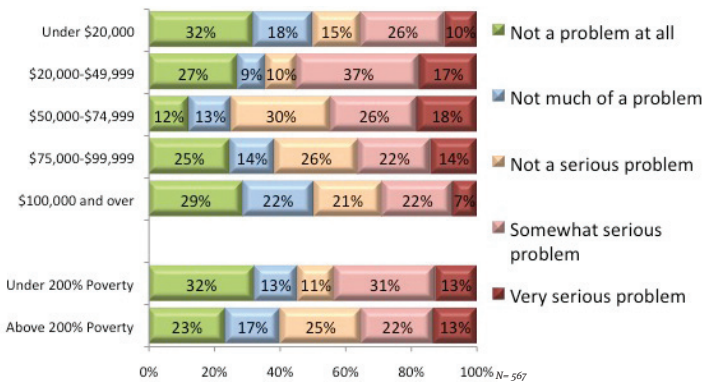
Access to Affordable Health Care



In the Dayton Children's 2011 Regional Pediatric Health Assessment, parents were asked to indicate up to three health issues that are of the greatest concern. Twenty-eight percent of parents indicated health care costs or insurance is an area of greatest concern to them.

According to the health assessment, lower middle income parents are significantly more likely to view high medical costs as a problem than are either low income or high income parents. For 54 percent of parents in the median household income range of \$20,000 to \$49,999, medical costs are somewhat or a very serious concern.

View of medical costs by income

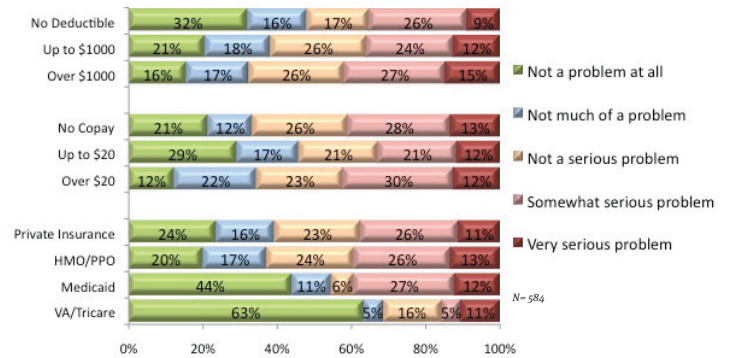


In addition, parents with higher deductibles and copays and those who use private insurance are significantly more likely to see high medical care costs as a problem than are parents with lower deductibles and copays or those who receive Medicaid or military health care.

Our experience suggests families with higher deductibles or co-pays are more likely to forego routine and sometimes emergency medical care if they cannot pay the out-of-pocket expenses.

According to the assessment, middle income parents (\$50,000 to \$74,999) are more likely to have a deductible of over \$1000 and a co-pay of over \$20.

View of medical costs by insurance factors

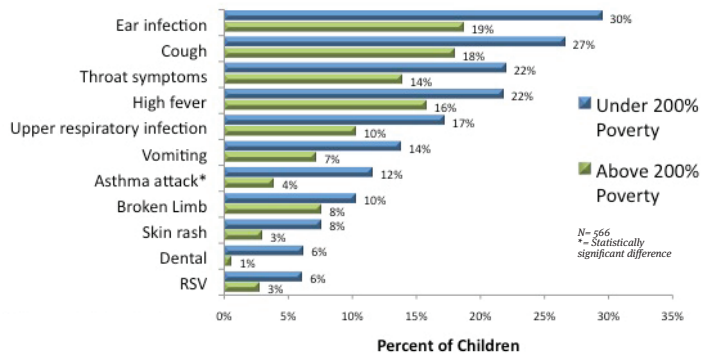


Nonurgent use of emergency services

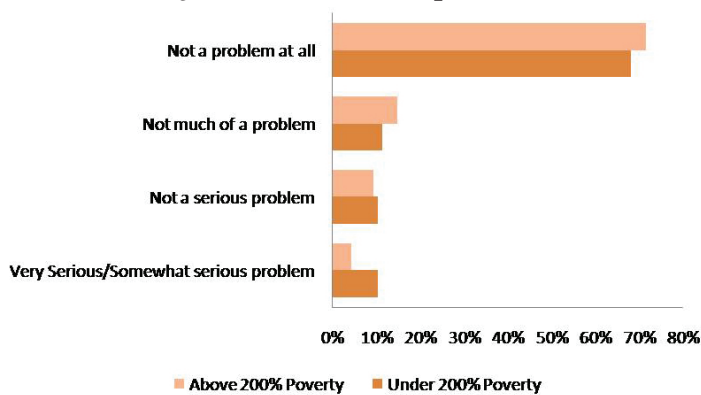
The trend for pediatric emergency departments to be used for nonurgent care is well-documented.¹ Factors that may influence the choice to use an emergency department include family centeredness, waiting time, availability of a medical home, continuity of care, convenience and the lack of evening or weekend primary care clinic hours.

Access to care may be one reason the use of the emergency department for nonurgent illnesses may be high among lower income households.

According to the assessment, while children do not differ overall in their frequency of use of emergency services, children from lower income households appear more likely to use emergency services for a number of common conditions including ear infection, coughs, throat symptoms and high fever. At Dayton Children's, 60 percent of the children seen in the emergency department are on Medicaid compared to 50 percent throughout the rest of the hospital.

Type of emergency care by income level

Another contributing factor to the use of a hospital emergency department for nonurgent care when primary care might be more appropriate is the limited access to primary care providers.

Lack of access to doctors/pediatricians

According to the assessment, 10.4 percent of parents under 200 percent poverty indicated the lack of access to doctors or pediatricians was a very serious or somewhat serious problem versus only 4.3 percent of parents above 200 percent of poverty.

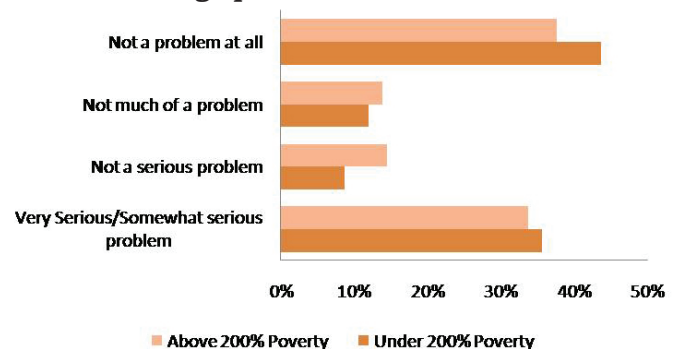
Children's hospitals receive, on average, 77 percent of the cost of care and pediatricians receive approximately 70 percent of what Medicare would pay for the same service.

One challenge faced by many local pediatricians is the low reimbursement rate of Medicaid. According to the National Association of Children's Hospitals and Related Institutions (NACHRI), Medicaid pays physicians and hospitals well below the cost of care. Children's hospitals receive, on average, 77 percent of the cost of care and pediatricians receive approximately 70 percent of what Medicare would pay for the same service.

Many times, pediatricians can only accept a certain number of Medicaid patients adding to the lack of access for pediatricians. This challenge has caused some patients to use the emergency services as their primary care provider.

Pharmaceutical costs

Pharmaceutical costs are perceived to be a problem regardless of income. According to the assessment, 35.6 percent of parents under 200 percent poverty identified high pharmaceutical costs as a very serious or somewhat serious problem and 33.8 percent of parents over 200 percent poverty identified high pharmaceutical costs as a very serious or somewhat serious problem.

High pharmaceutical costs

Addressing access to care through advocacy

We know that some families forego care because of costs, parents consider cost and insurance to be a great concern, and emergency department usage for nonurgent or primary care illnesses is higher for lower income families. All of these issues underscore access challenges faced by children in our community.

Medicaid has been successful in providing coverage to millions of children, but it has fallen short of ensuring sufficient physician participation and access to care at the right time.

Because of Medicaid's lower reimbursement rate, access to primary pediatric care is limited and many times the underinsured or uninsured rely on emergency departments for nonurgent needs. Dayton Children's serves as the community's pediatric safety net for these patients.

Currently, over 50 pediatric residency program graduates from Dayton Children's practice in our region.

Research shows it is possible to decrease emergency department use, particularly for non-urgent emergency department usage, by improving access to primary care.ⁱⁱⁱ

In addition, increasing access to care also

requires qualified pediatricians to treat patients. Independent teaching children's hospitals like Dayton Children's are the backbone of the nation's pediatric training system. While we are only 1 percent of all hospitals, independent children's hospitals, like Dayton Children's, train nearly 30 percent of all pediatricians, nearly half of all pediatric subspecialists, and a majority of pediatric researchers in the country.

Key strategies to improving access to primary care:

- ▶ Advocating for higher Medicaid reimbursement for primary care physicians to meet the demand of pediatric patients.
- ▶ Advocating for federal Children's Hospitals Graduate Medical Education funding, created to reimburse hospitals for medical training, to ensure a strong pediatric residency program at Dayton Children's.

Decreasing nonurgent emergency department usage through education

One of the most important factors that determine whether or not parents seek care for their children in an emergency department is their ability to differentiate the urgent from the nonurgent status of their child's health problem.^{iv}

Research suggests that clinics providing extended office hours, multiple access locations, and care coordination may be a promising practice to reduce nonurgent emergency department visits.^v In addition, educating parents about the signs and symptoms of when to take their child to an emergency room, when to call a physician or when to call a nurse triage line have shown to reduce unnecessary emergency department utilization.

Key strategies to decrease nonurgent emergency department use:

- ▶ Working with primary care providers, managed care companies, emergency department staff and other key health providers to help parents better determine when it is appropriate to take their child to the emergency department.
- ▶ Providing parents information about nonemergency care for their children at home and making better decisions about when emergency services may be needed through our website, parent presentations and handouts.

- i Stuart J. Yoffe, MD et al. A Reduction in Emergency Department Use by Children From a Parent Education Intervention. *Family Medicine*. February 2011. Vol. 42. No. 2
- ii Wang, Cheng, MS et al; Cost and Utilization Analysis of Pediatric Emergency Department Diversion Project. *Pediatrics*. Vol. 116 No. 5 November 2005.
- iii Peihl, Mark D., MD et al. "Narrowing the Gap" Decreasing Emergency Department Use by Children Enrolled in the Medicaid Program by Improving Access to Primary Care. *ARCH PEDIATRI ADOLESC MED/VOL 154, AUG 2000*
- iv Stuart J. Yoffe, MD et al. A Reduction in Emergency Department Use by Children From a Parent Education Intervention. *Family Medicine*. February 2011. Vol. 42. No. 2
- v Wang, Cheng, MS; Cost and Utilization Analysis of Pediatric Emergency Department Diversion Project. *Pediatrics*. Vol. 116 No. 5 November 2005.

About the assessment

The 2011 Regional Pediatric Health Assessment, generously funded by Dayton Children's Foundation Board and conducted by Schwartz Consulting Partners, Inc., was administered between January and March 2011. The survey included both online and telephone responses of over 600 parents and guardians, the primary health care decision makers of children 14 years old and younger in a 13 county area served by Dayton Children's. This assessment helps Dayton Children's and its partners identify pediatric health and safety issues that require communitywide attention and action.

For the complete 2011 Regional Pediatric Health Assessment, please visit www.childrensdayton.org. If you have questions about the information in this report, please contact Dayton Children's at 937-641-3666.



One Children's Plaza
Dayton, Ohio 45404-1815

937-641-3666

