

Emergency Care and Hospitalizations for Children in HUSKY A: 2003

**Connecticut Voices for Children
presentation to
Medicaid Managed Care
Council**

June 10, 2005

Purpose

- **To describe emergency visits and hospitalizations in terms of:**
 - Percent with care
 - Number of visits or admissions per child
 - Leading diagnoses
 - Average length of stay by diagnosis
 - MCO-specific rates for care
- **To describe utilization trends**
- **To compare results to national and other data**

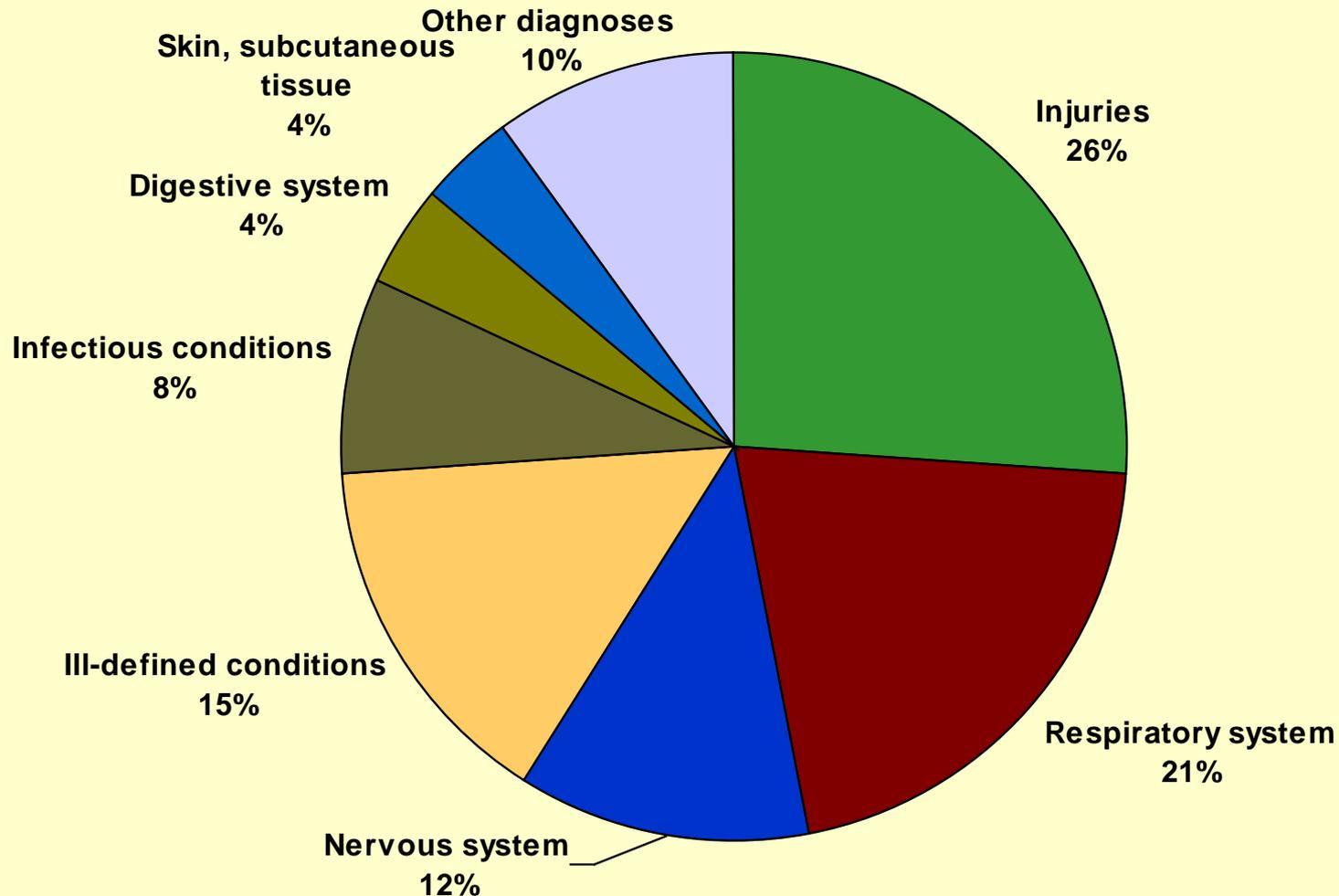
Methods

- **Identified children under 21 who were continuously enrolled in HUSKY A in 2003**
- **Searched encounter data for records corresponding to emergency visits and hospitalizations in 2003**
- **Determined rates (unadjusted) and other measures of utilization**

Emergency Care: 2003

- **33% of children had at least one visit for emergency care**
- **1.8 visits per child with any ER care**
- **Rates unchanged from 2002**
- **Number of visits increased 10% due to increased enrollment**

ER Visits: Leading Diagnoses



ER Visits by Age and Diagnosis

AGE GROUP	LEADING DIAGNOSIS
Under 1	Respiratory conditions (27%) Ill-defined conditions (27%)
1 to 5	Respiratory conditions (24%)
6 to 14	Injuries (33%)
15 to 20	Injuries (30%)

ER Visits by MCO

MANAGED CARE PLAN	% WITH ER VISIT
BlueCare Family Plan	34%
Community Health Network	37%
Health Net	29%***
Preferred One	36%
Changed plans	38%

ER Utilization is Higher than Rate Based on National Survey

- **16% of publicly insured children <18 in low income families had ER visit in past 12 months, according to results of household survey**

2001 Medical Expenditure Panel Survey,
reported by Simpson et al., 2005

ER Utilization is Higher than Rate for Medicaid in Michigan

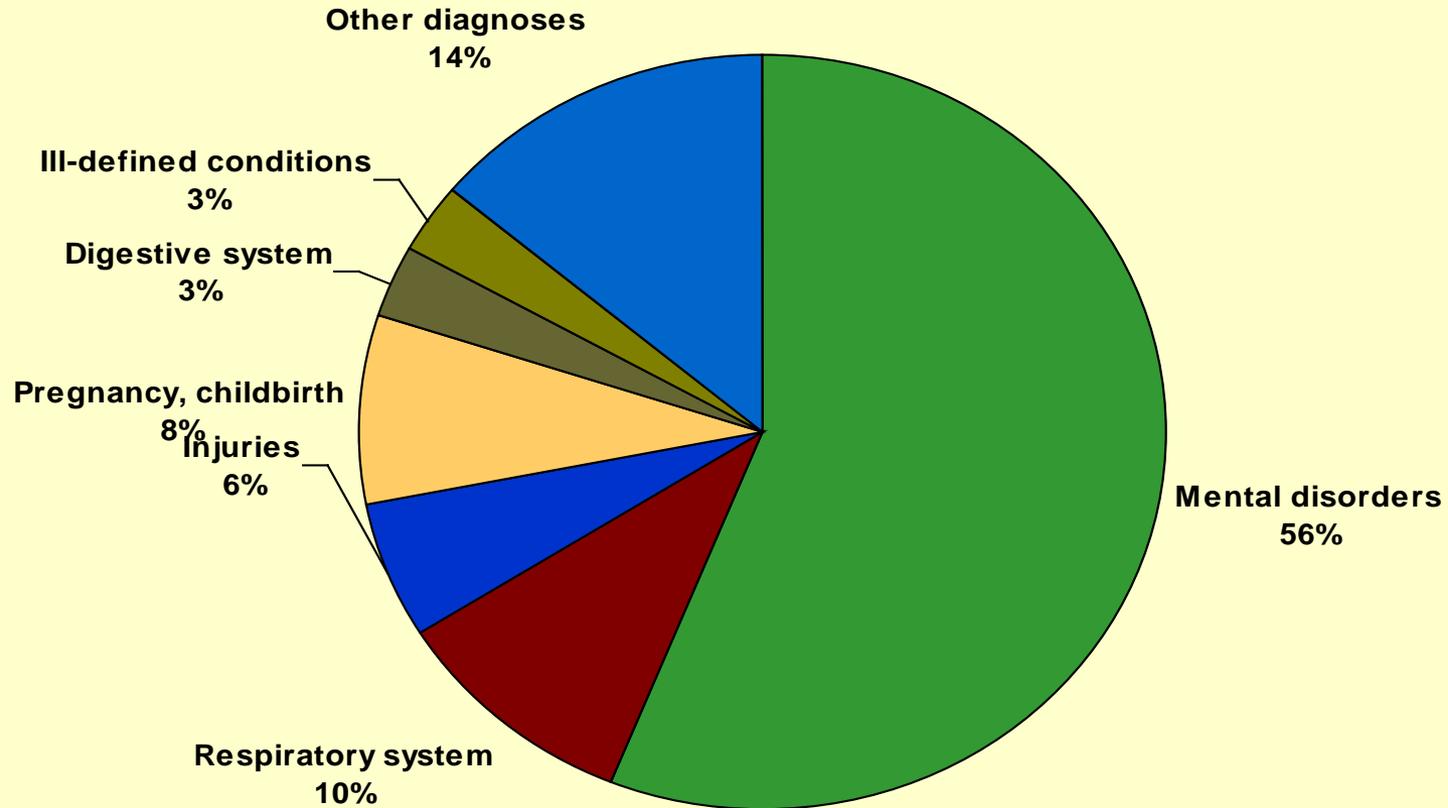
- **22% of children 0-18 ever enrolled in Michigan Medicaid in 2000 had ER visit**
- **35.9 visits/1000 m-m (v. 48.4 visits/1000 m-m for children in HUSKY A)**
- **77% ER visits did not require complex treatment for serious conditions**

Dombkowski, Stanley & Clark, 2004

Hospitalizations: 2003

- **4% of children were hospitalized**
- **2.4 hospitalizations per child**
- **Percent admitted unchanged from 2002**
- **Average number of hospitalizations increased (from 2.0 per child in 2002)**

Hospitalizations: Leading Diagnoses



Hospitalizations by Age and Diagnosis

AGE GROUP	LEADING DIAGNOSIS
Under 1	Respiratory conditions (27%)
1 to 5	Respiratory conditions (40%)
6 to 14	Mental disorders (78%)
15 to 20	Mental disorders (50%)

Hospitalizations by MCO

MANAGED CARE PLAN	% HOSPITALIZED
BlueCare Family Plan	3.5%
Community Health Network	5.6%***
Health Net	3.3%
Preferred One	3.4%
Changed plans	3.9%

Length of Stay by Diagnosis

DIAGNOSIS	ALOS
Perinatal conditions	13.1 days
Nervous system	8.1 days
Congenital anomalies	7.5 days
Mental disorders	7.1 days
Circulatory system	7.0 days

Hospitalization Days by Diagnosis

DIAGNOSIS	% of all inpatient days
Mental disorders	71%
Respiratory system	7%
Pregnancy, childbirth, puerperium	4%
Injuries	3%

Care for Children with Special Health Care Needs

	CYSHCN*	Other children
Percent with ER visit	33%	33%
Ave. number ER visits	1.9	1.7
Percent hospitalized	8%	4%
Ave. number admissions	5.6	1.9

*1997 BBA definition: children and youth in foster care and adoption assistance (Medicaid coverage groups D01, D02), in Title V program, received SSI

Hospitalization Rate is Similar to National Data for Low Income Communities

	Discharges per 1000 children
Community income level:*	
<\$25,000	91.8
\$25,000-\$34,999	90.6
Children in HUSKY A, 2003	94.7

* Data for children 0-17 from 2001 Health Care Cost and Utilization Project, reported by Simpson et al., 2005

Conclusions

- **ER utilization is high and varies by MCO**
- **Hospitalization rates vary by MCO**
- **Treatment of mental disorders is leading reason for hospitalization and accounts for most inpatient days**

Recommendations

- **Identify risk factors for ER utilization and hospitalization**
- **Monitor access to primary care for all HUSKY A members**
- **Proceed with efforts to improve access to mental health screening, early detection, appropriate levels of care and community-based services**