



# Ambulatory Care In HUSKY A: 2005

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Presentation to  
Medicaid Managed Care Council  
November 17, 2006

# EPSDT Periodicity Schedule

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- Annual well-child visits for children 2-5 and 11-19, with visits every 2 years for children 6-10
- Episodic visits as needed



# Medical Home

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**All children should have a medical home that is:**

- Accessible**
- Continuous**
- Comprehensive**
- Family-centered**
- Coordinated,**
- Compassionate**
- Culturally effective**

**American Academy of Pediatrics, 2002**

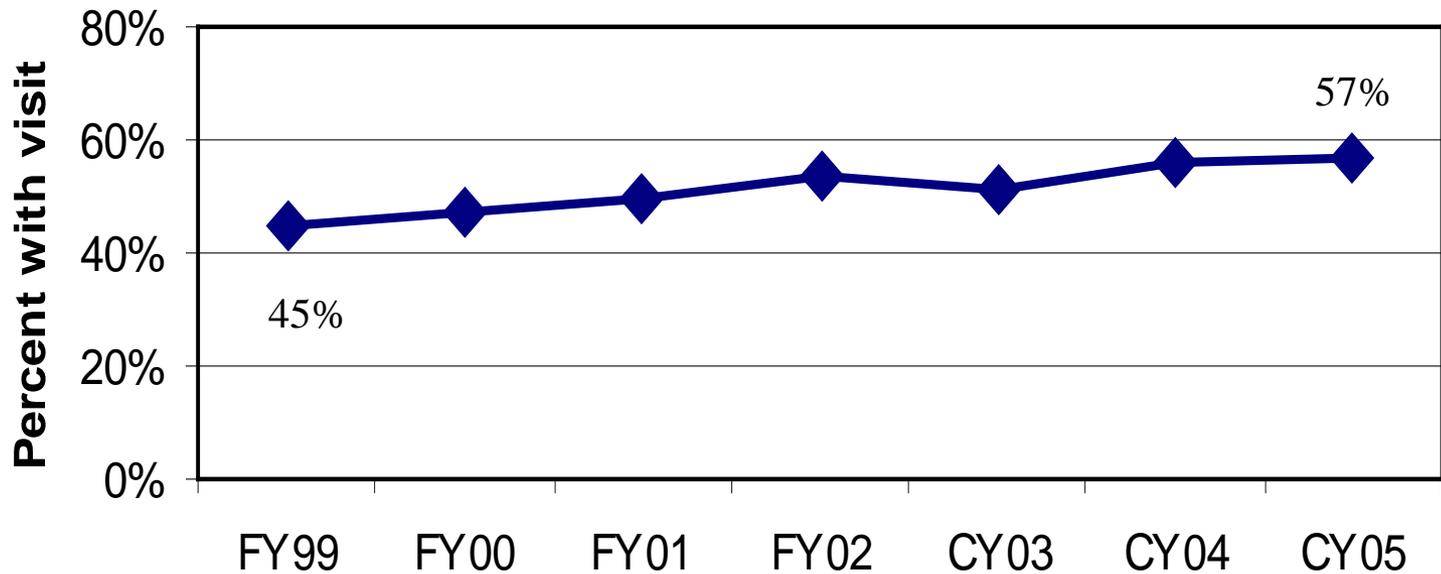
# Methods

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- Identified 156,368 children 2-19 continuously enrolled in CY 2005
- Searched HUSKY A encounter data ambulatory care visits (well-child care, other primary care, ER visits)
- Calculated utilization rates
- Analyzed utilization trends (1999-2005)

# Well-Child Care Trends

Well-Child Care for Children 2 to 19  
in HUSKY A: 1999-2005



# Any Ambulatory Care

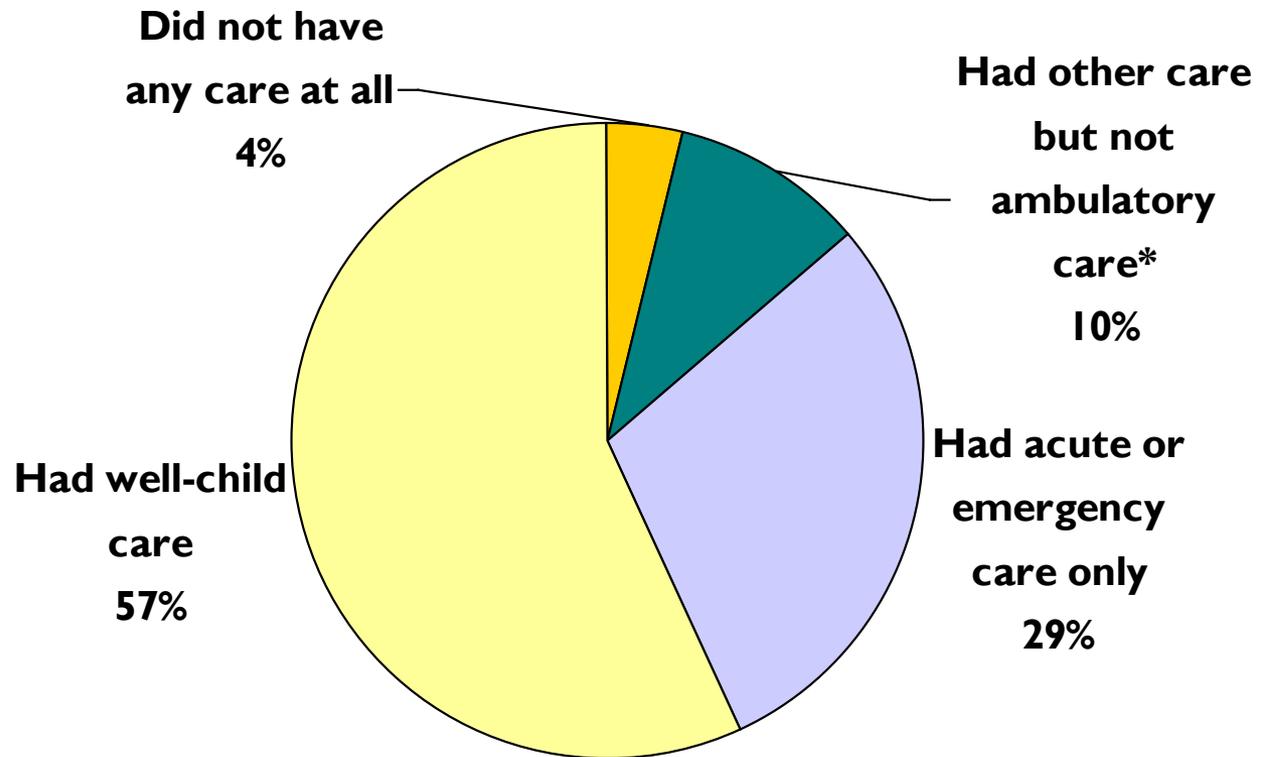
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- 86% of children had an office or clinic visit or an emergency visit
- Rate essentially unchanged from 2004



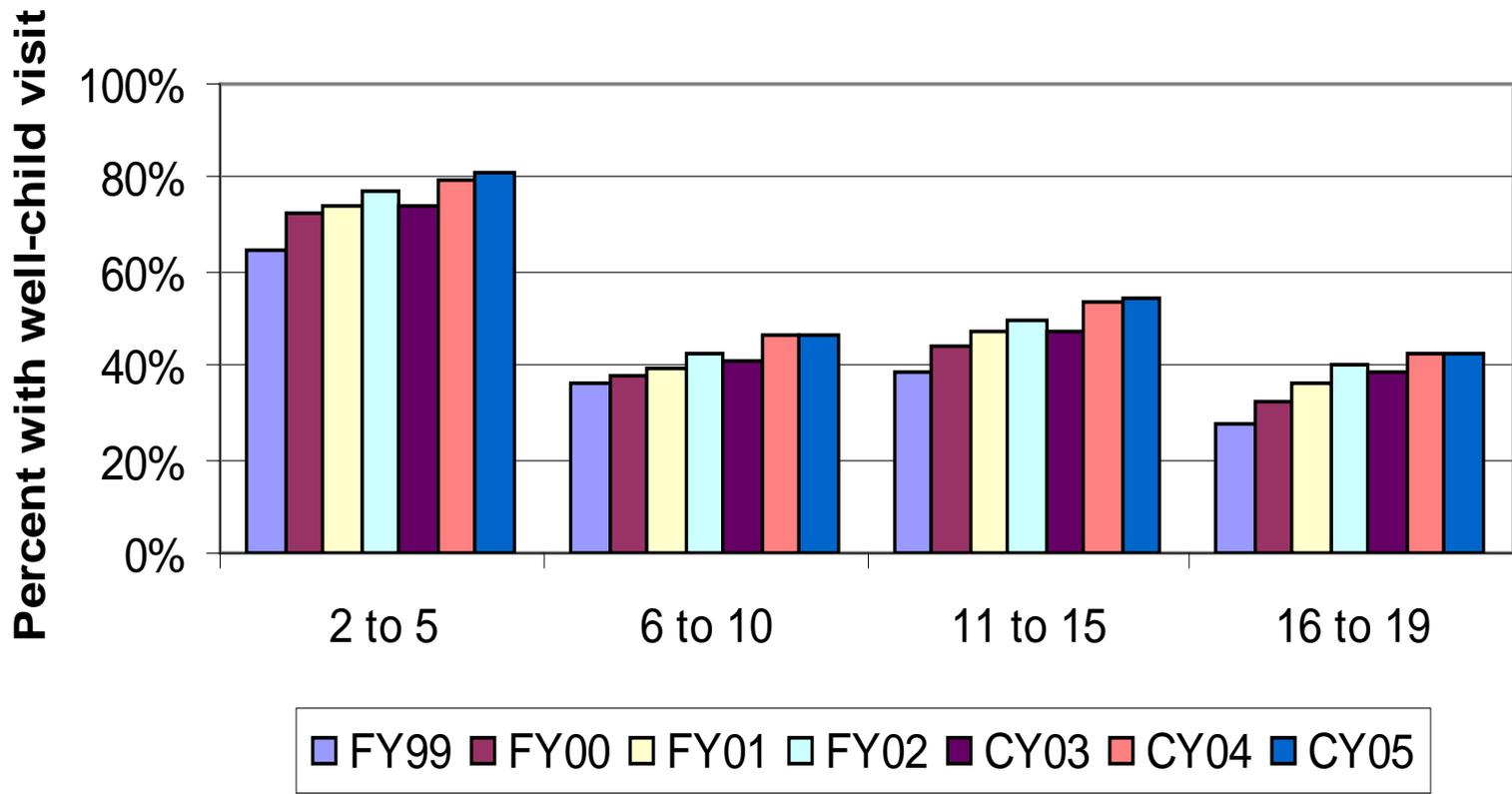
# Type of Care

## Ambulatory Care in HUSKY A: 2005



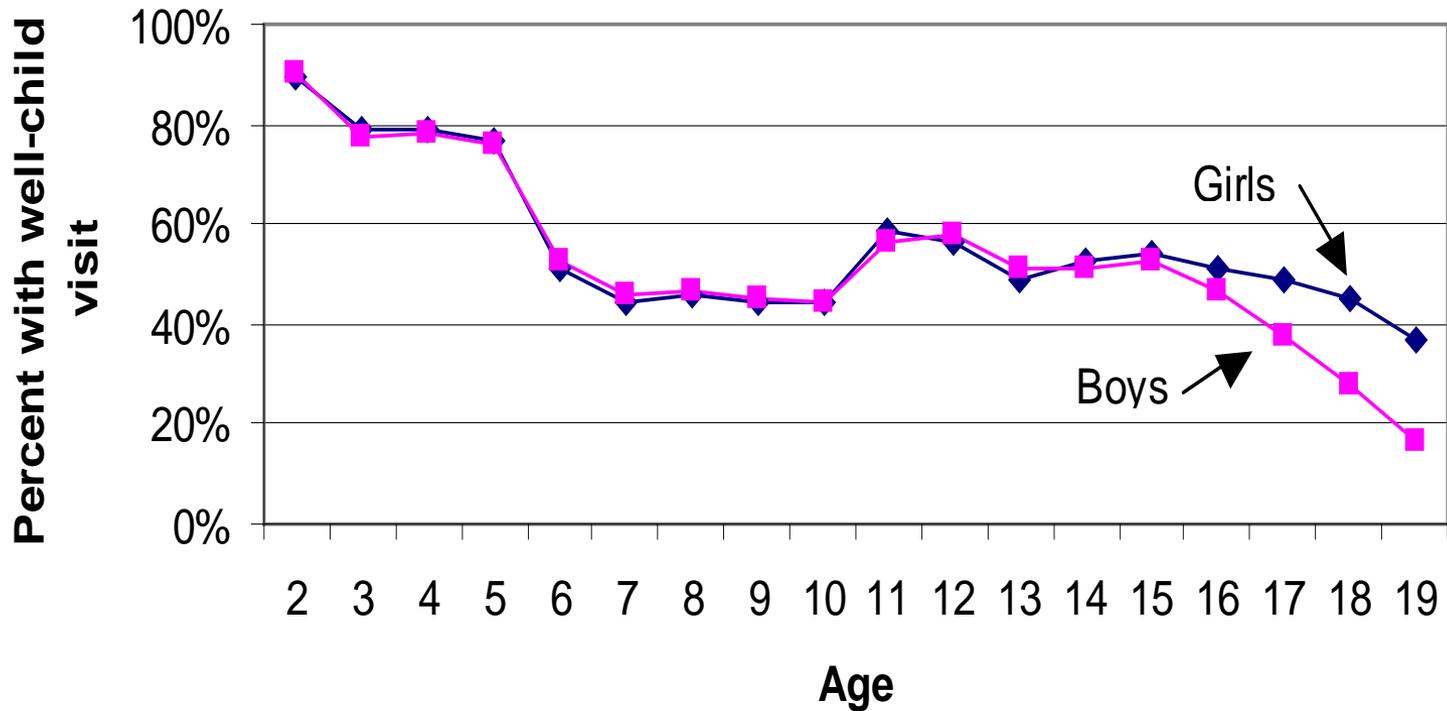
# Well Child Care by Age

Well Child Care In HUSKY A: 1999-2005



# Well-Child Care by Gender

Well-Child Care in HUSKY A: 2005



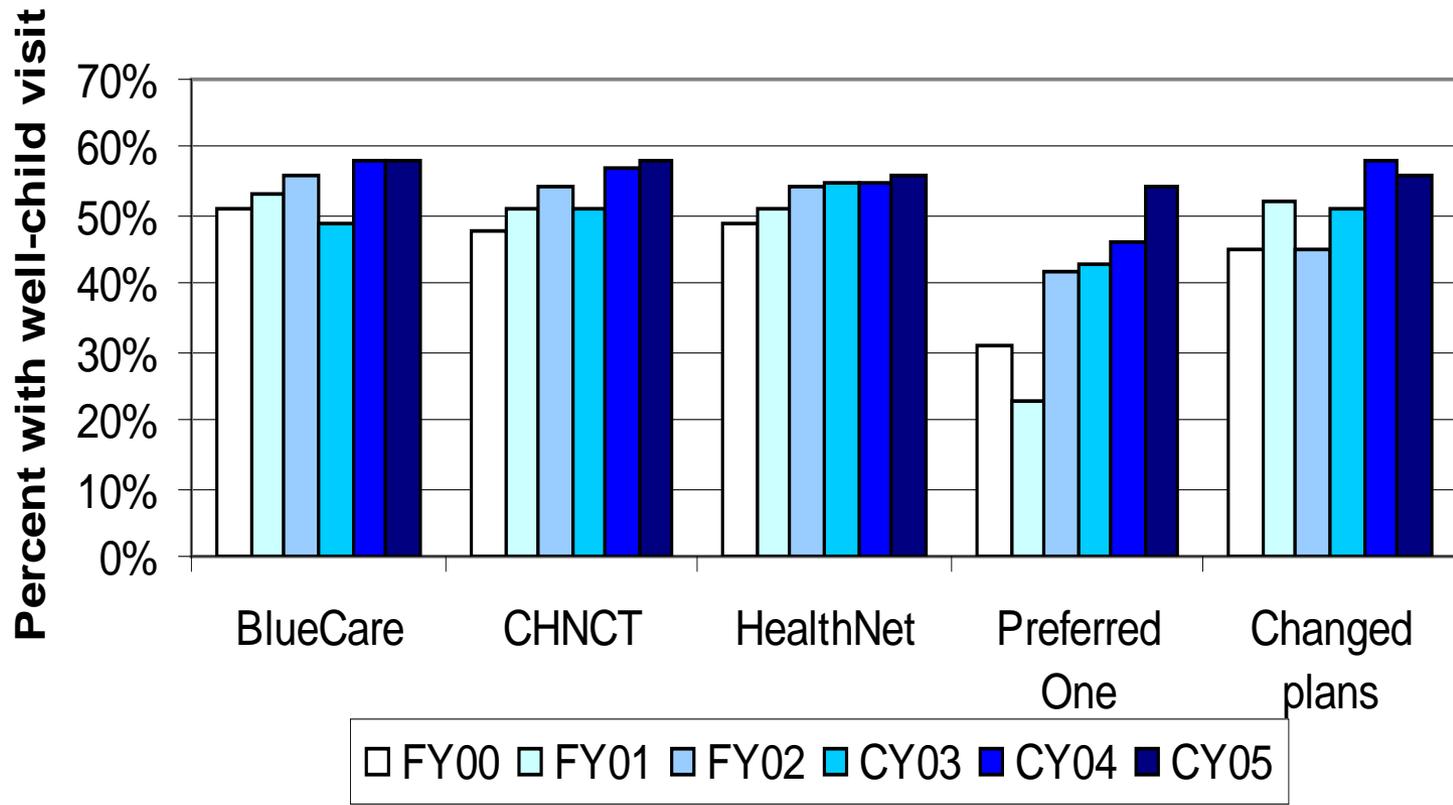
# Most Likely to Have Had Well-Child Care:

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- **Young children 2 to 5**
- **White and Hispanic children**
- **Bridgeport children**
- **Children in BlueCare and CHNCT**

# Well-Child Care by Plan

Well-Child Care by Health Plan in HUSKY A: 1999-2005



# Acute and Emergency Care

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- **29% had other primary care or emergency care for illness, injury or other conditions, (no well-child care)**
- **4% had emergency care only**



# No Ambulatory Care

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<b>Children in HUSKY A</b>	<b>156,368</b>	<b>100.0%</b>
<b>Did not have ambulatory care</b>	<b>21,774</b>	<b>14.0%</b>
<b>Had other care (dental, vision, rx)</b>	<b>5,925</b>	<b>4.0%</b>
<b>Did not have any care at all</b>	<b>15,849</b>	<b>10.0%</b>

# Most Likely to Have Had No Ambulatory Care

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- **School-aged children and older adolescents**
- **Males**
- **African American children**
- **Children living in New Haven**
- **Children enrolled in Preferred One**

# Conclusions

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- **Well-child care utilization continues to fall short of professional recommendations, federal goals, and HUSKY A contract requirements**
- **Disparities persist**
- **Efforts to implement medical home will require considerable ongoing support to ensure that all children in HUSKY A receive timely, comprehensive care**

# For more information:

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