Monitoring Pediatric Emergency Room Use with the National Health Interview Survey

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Outline

- **Pediatric emergency room (ER) use and the Affordable Care Act (ACA)**

- **Determinants of pediatric ER use**

- **Using NHIS to examine associations with pediatric ER use**

- **Summary and next steps**

Affordable Care Act and Pediatric ER Use

Medicaid expansion:

❑ **Planning: Predicting access needs**

❑ **Current concerns:**

  ▪ Cost control

  ▪ Denial of payment for "unnecessary" ER use

❑ **Understanding reasons for ER visits**

CDC

Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2011

by Renee M. Gindi, Ph.D.; Robin A. Cohen, Ph.D.; and Whitney K. Kirzinger, M.P.H.,
Division of Health Interview Statistics, National Center for Health Statistics

Highlights

From January through June 2011, among adults aged 18–64 whose last hospital visit in the past 12 months did not result in hospital admission:

Introduction

Rising health care costs make it important to understand the reasons that people seek emergency room care rather than less expensive outpatient or office-based care (1). Surveys in 2007 and 2010 showed that about 20% of U.S. adults had used the emergency room in the past 12 months, with usage most common for those with public health insurance and living outside a metropolitan

Correlates of Pediatric ER Use

PREDISPOSING

- ❑ Sociodemographic and neighborhood factors (age, single parent, poverty, lack of parental education, urbanicity)

ENABLING

- ❑ Health insurance
- ❑ Usual source of care
- ❑ Preventive care
- ❑ Timely access to and satisfaction with provider

NEED

- ❑ Unmet medical needs
- ❑ Poor health

Methods: Study Population

2011 NHIS Sample:

- ❑ **40,300 families**
  - ❑ **102,000 persons**
  - ❑ **33,00 sample adults**
  - ❑ **12,850 sample children**

Methods: Questionnaire Content

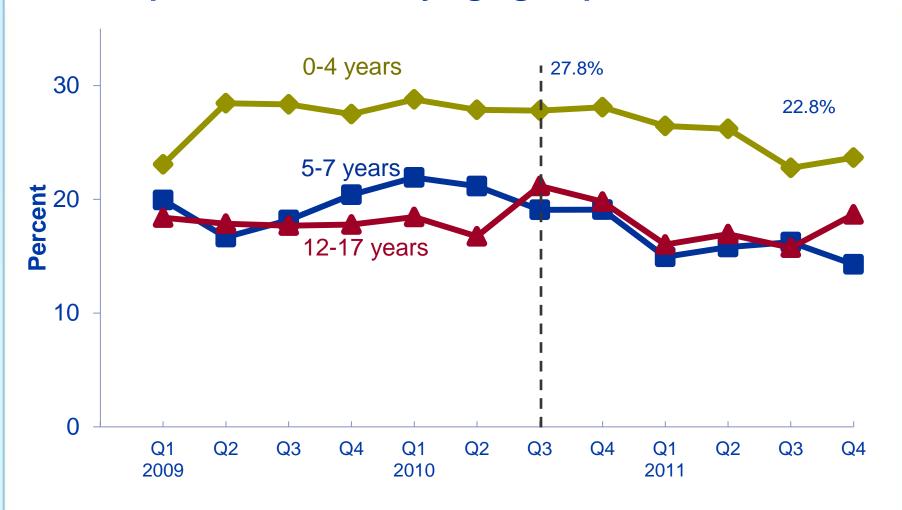**Emergency room use:**

❑ **Number of ER visits for the child in the past 12 months**

If at least one visit…
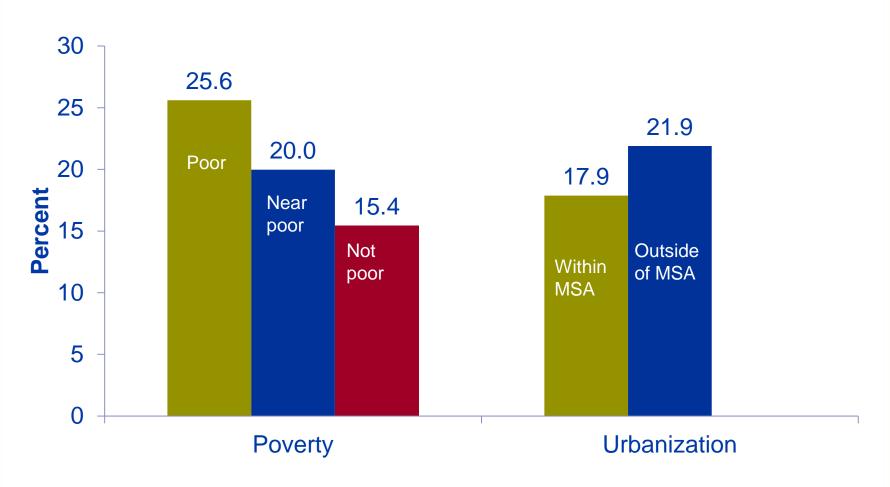
❑ **Hospital admission for <u>last </u>ER visit**

❑ ***If not admitted,* reason for <u>last </u>ER visit**

- Eight reasons
- Can select more than one

Methods: Questionnaire Content

PREDISPOSING
- ❑ **Age**
- ❑ **Poverty**
- ❑ **Urbanicity**

ENABLING
- ❑ **Insurance coverage status**
- ❑ **Usual place of care in past 12 months**
- ❑ **Preventive care visit in past 12 months**
- ❑ **Problems with accessing provider**

NEED
- ❑ **Unmet medical needs**
- ❑ **Health status**
- ❑ **Seriousness of medical problem**
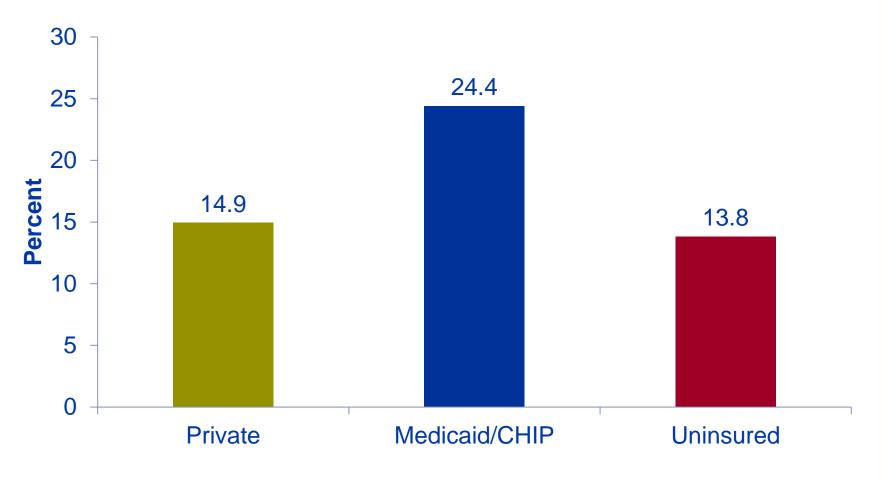- ❑ **Hospital admission**

Percentage of children visiting the ER one or more times in the past 12 months, by age group: U.S., 2009-2011

Percentage of children aged 0-17 using the ER, by poverty and urbanization: U.S., 2011
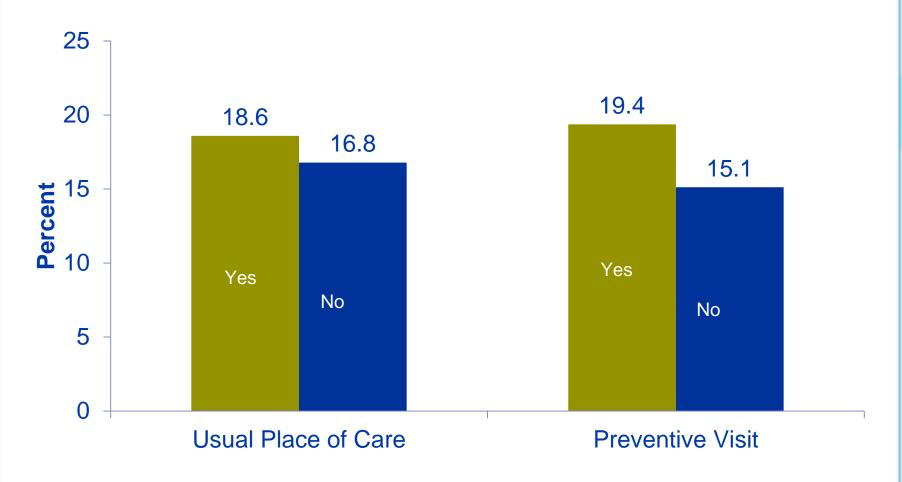
Percentage of children aged 0-17 using the ER, by insurance coverage status: U.S., 2011
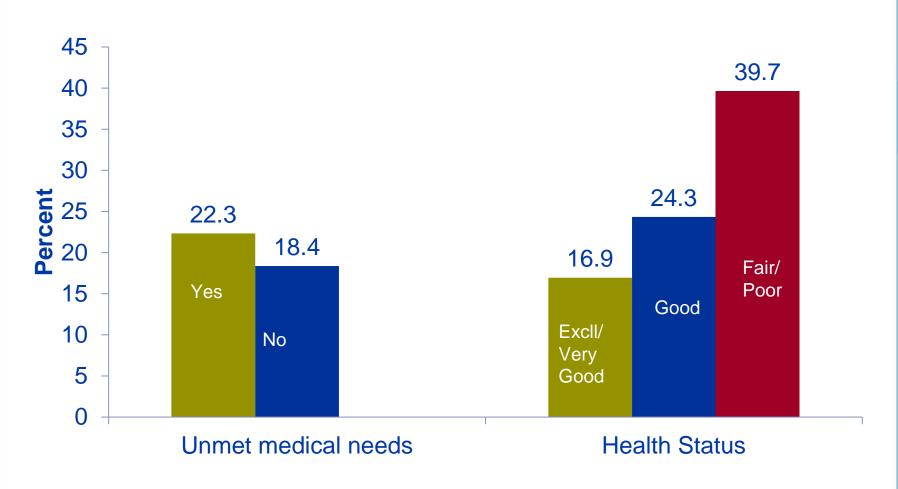
Percentage of children aged 0-17 using the ER, by usual place of care and receipt of preventive care: U.S., 2011

Percentage of children aged 0-17 using the ER, by unmet medical needs and health status: U.S., 2011

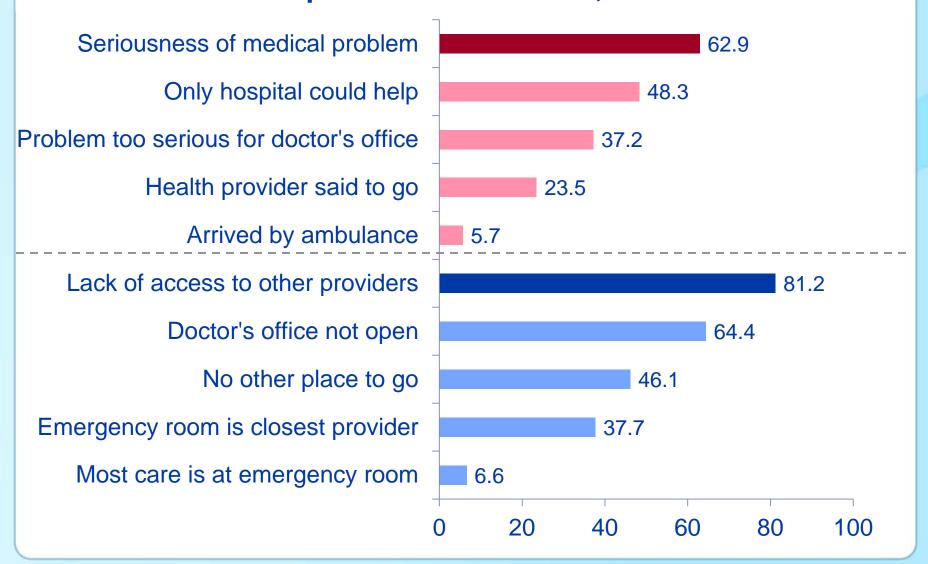# Correlates of hospital admission after ER visit in past 12 months among children aged 0-17: U.S., 2011

Increased likelihood of admission

- **Within MSA**
  (vs. outside MSA)

- **Poor/near poor**
  (vs. not poor)

- **Medicaid/CHIP or Uninsured**
  (vs. Privately insured)

- **Fair/poor health status**
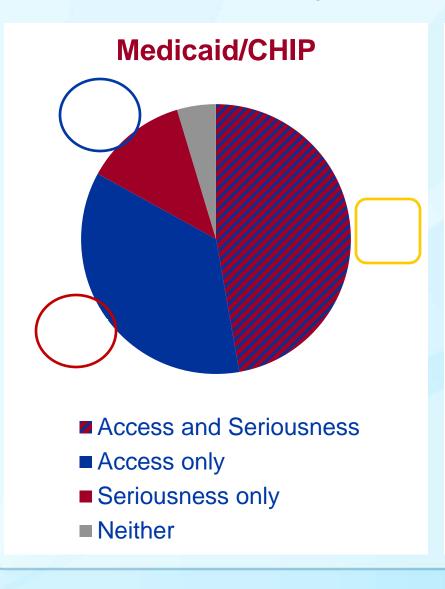 **(vs. excellent/very good)**
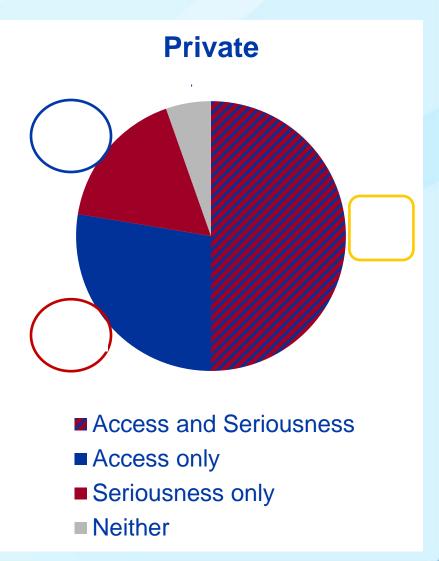
No difference in admission

- **Usual place for health care**

- **Unmet medical need**

- **Receipt of preventive care**

Percentage with reason for last ER visit, among children aged 0-17 whose last visit in past 12 months did not result in hospital admission: U.S., 2011

Reason	Percentage
Seriousness of medical problem	62.9
Only hospital could help	48.3
Problem too serious for doctor's office	37.2
Health provider said to go	23.5
Arrived by ambulance	5.7
Lack of access to other providers	81.2
Doctor's office not open	64.4
No other place to go	46.1
Emergency room is closest provider	37.7
Most care is at emergency room	6.6

Percentages of children aged 0-17 with specific type of reason for ER visit, by insurance coverage type: U.S., 2011

Medicaid/CHIP

- Access and Seriousness
- Access only
- Seriousness only
- Neither

Private

- Access and Seriousness
- Access only
- Seriousness only
- Neither

Summary

PREDISPOSING

❑ **Age, poverty, urbanicity as expected**

ENABLING

❑ **Medicaid/CHIP**
  - Associated with more ER use
  - Associated with more admissions
  - Associated with lack of access reasons

❑ **Usual place / Preventive care <u>not</u> as expected**

NEED

❑ **Health status as expected**

❑ **Unmet need not as expected**

Next Steps

❑ **Stratified / adjusted statistical analyses**

❑ **Expanded universe for "reason for visit" questions**

❑ **State-based analyses**

❑ **Trend analyses**

For more information please contact National Center for Health Statistics

Division of Health Interview Statistics, National Center for Health Statistics
3311 Toledo Rd, Room 2217 Hyattsville, MD 20782
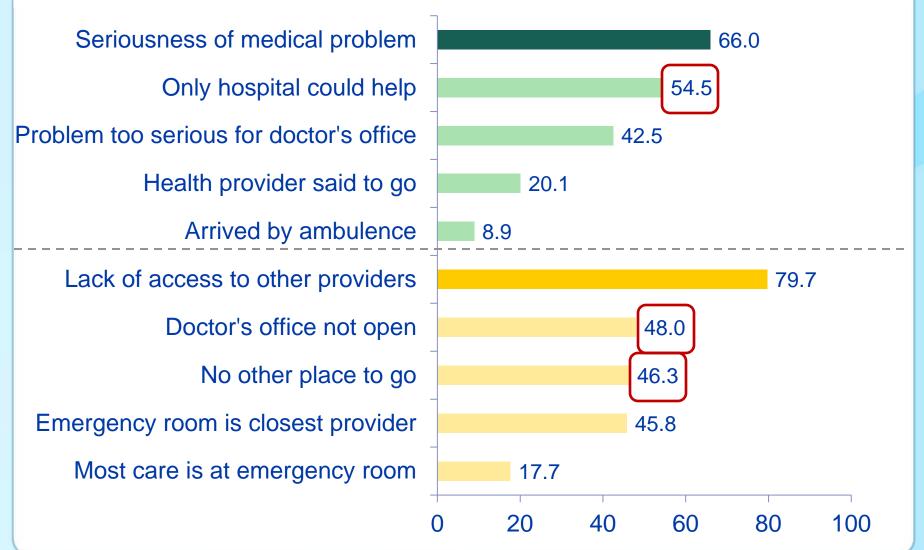E-mail: nhis@cdc.gov   Web: http://www.cdc.gov/nchs/nhis.htm
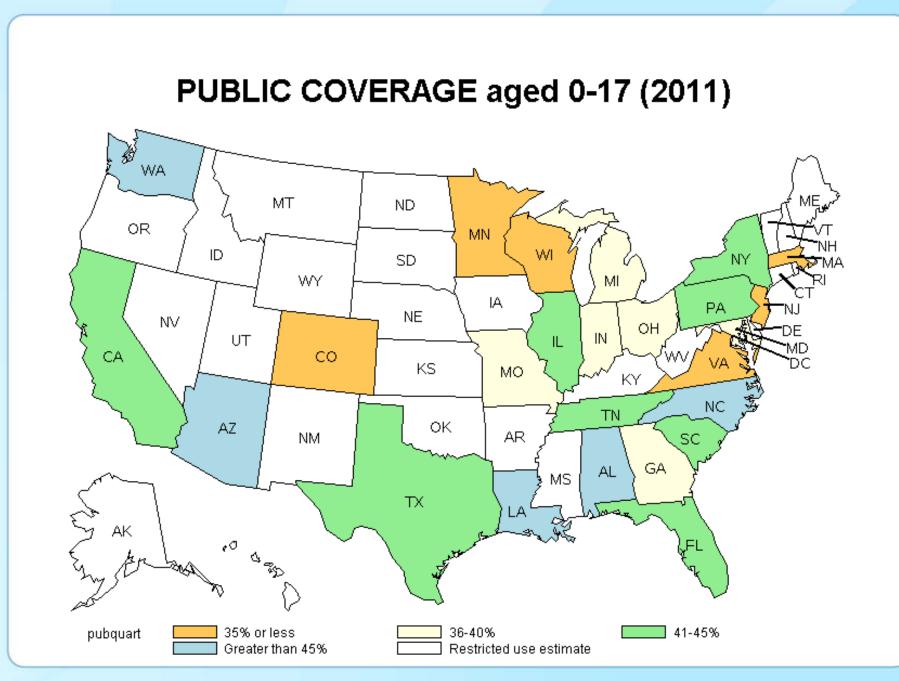Telephone: (301) 458-4901

EXTRA SLIDES

Percentage with reason for last ER visit, among adults aged 18–64 whose last visit in past 12 months did not result in hospital admission: U.S., Jan–Jun 2011
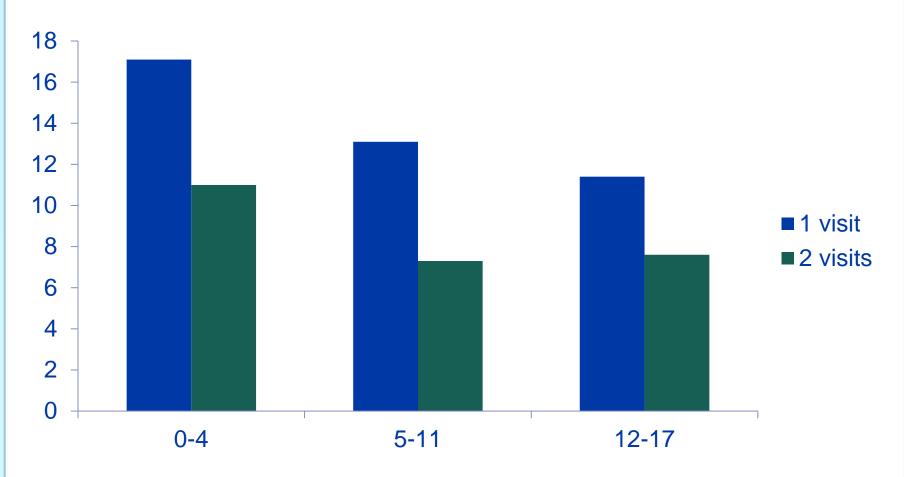
Reason	Percentage
Seriousness of medical problem	66.0
Only hospital could help	54.5
Problem too serious for doctor's office	42.5
Health provider said to go	20.1
Arrived by ambulence	8.9
Lack of access to other providers	79.7
Doctor's office not open	48.0
No other place to go	46.3
Emergency room is closest provider	45.8
Most care is at emergency room	17.7

PUBLIC COVERAGE aged 0-17 (2011)

pubquart — 35% or less | 36-40% | 41-45% | Greater than 45% | Restricted use estimate

ER visits for children under 18 years, by age group: United States, 2008-2010

ER visits for children under 18 years, by age group: United States, 2010

Bloom, Cohen, and Freeman. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2010.