P.R.O.T.E.C.T.

Parents' **R**easons for **O**verutilization of **T**he **E**R for their **C**hildren's medical **T**reatment

Yolo County Health Department

University of California Berkeley
School of Public Health
Maternal and Child Health

Pilot Study

Prepared by:
Andrea Rudominer, MD, MPH
Shannon Cernek, BS
Myrna Epstein, MPH

BACKGROUND and PROJECT RATIONALE

Emergency room utilization across California has been on a steady increase over the past several years. Closures and ambulance diversions are peaking, and emergency rooms are strained beyond capacity. Despite this increase in "business," hospital emergency services are in a state of financial crisis.[1]

An average of 40% of all emergency room visits during 1998-99 were by individuals who are insured only by Medi-Cal or who are uninsured

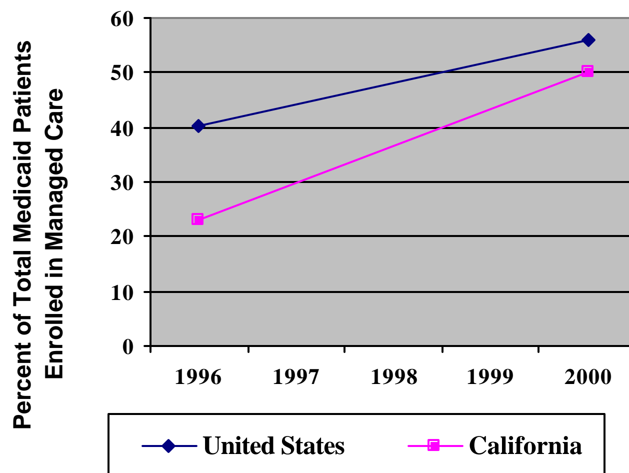
* Over 80 percent of all Medi-Cal and uninsured patient visits (and 35% of all patient visits regardless of type of insurance) to the emergency room were for conditions that may have been treated in an outpatient visit.[1]

The Medi-Cal program severely under-reimburses the actual cost of emergency care – especially if the diagnosis did not warrant emergency attention.[1]

Experts fear that managed care may only worsen the problem.

Under managed care, many public and private health care plans reduce reimbursement, delegate responsibility for payment of emergency services to medical groups or refuse payment entirely because they didn't consider the visit a true emergency.

Switching from a fee-for-service system to managed care Medi-Cal may leave people who travel out of their designated provider area with no other option than the emergency room for after-hours care.



The Yolo County Health Department conducted a study in 2000 in which emergency room data was reviewed to determine the primary reasons for pediatric emergency visits. Almost half (47%) of the children receiving emergency services at Woodland Memorial Hospital in 1999 were covered by private insurance, 37% were on Medi-Cal and 14% were self-pay. More than a third of schoolage children ages 6-18 (36%) were seen in the emergency room for injuries. Younger children under age six were more likely to receive emergency room services for repiratory problems and conditions which may have been cared for in the non-urgent clinic setting.

PROJECT PURPOSE and GOALS

The purpose of this pilot study is to understand why parents of children in Yolo County are utilizing the emergency room for illnesses that could be managed in a clinic or physician's office. Along these lines, the study aims to assess whether the children in the emergency room have a regular primary care physician or a so-called "medical home." Additionally, the health department is interested in determining the insurance status of this group of children who are brought to the emergency room for primary care needs. Ultimately, the hope is to understand the barriers to health insurance coverage and regular primary care for children who are under-insured, have no insurance, or do not have a primary care physician.

METHOD

Setting

The study took place in the three hospital emergency rooms that service Yolo County residents: Woodland Memorial Hospital, Sutter Davis Hospital and UC Davis Medical Center (UCDMC). Although UCDMC is not located in Yolo County, it was suspected that many residents of West Sacramento would utilize this facility due to its proximity.

Subject Recruitment and Methods of Data Collection

Data collection took place during various four-hour shifts on weekday afternoons, evenings and weekends throughout the month of March 2001. Because the collection schedule was not randomized, the data may be skewed .

Subjects were recruited from a pool of parents who brought their children to the three emergency rooms during four-hour shifts. After seeing the patient, if the doctor or nurse felt that the patient could have been evaluated and treated in a clinic or doctor's office, the family was targeted as potential participants. Every family during the shift that was marked via the above process as being there for non-urgent reasons was approached and asked to take the survey.

Subjects

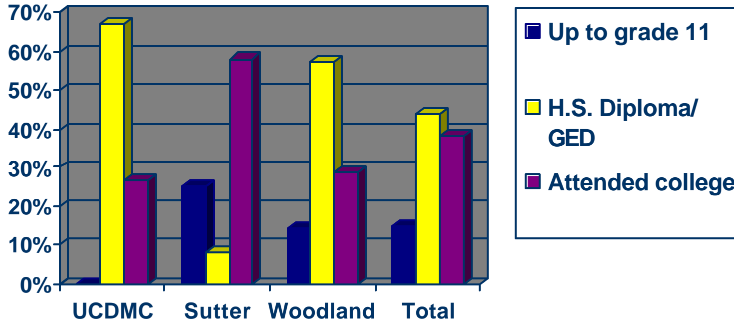
A total of thirty-five subjects were recruited from the three hospitals

8 families at Woodland Memorial
13 families at Sutter Davis
14 families at UCDMC
6 families refused to participate in the study

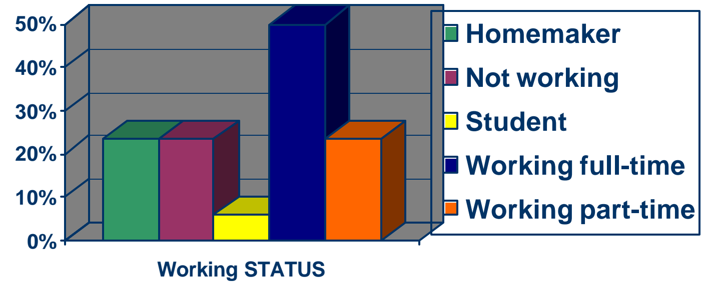
RESULTS- Key Findings

Following are some characteristics of the 35 families visiting the emergency room for non-emergency purposes:

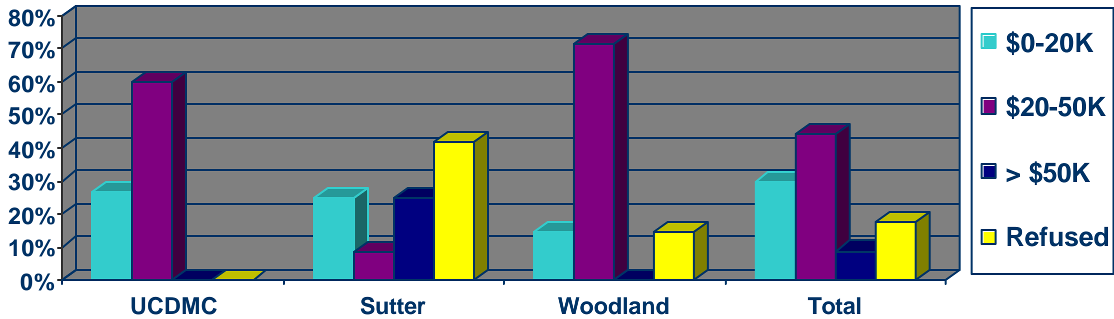
Education Level of Parents



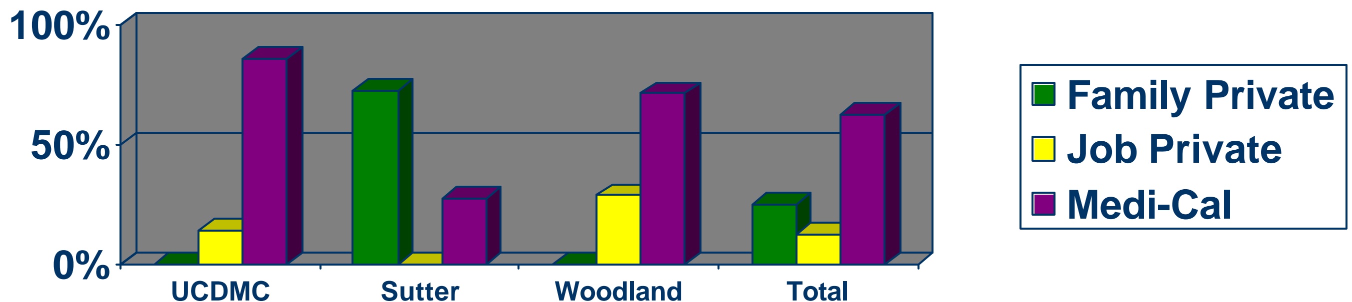
Working Status of Parents



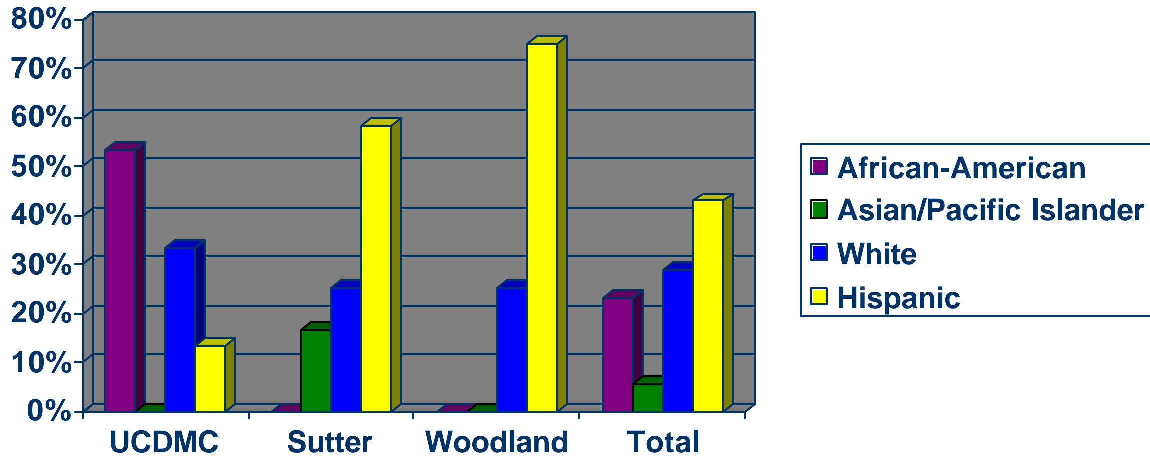
Parental Income



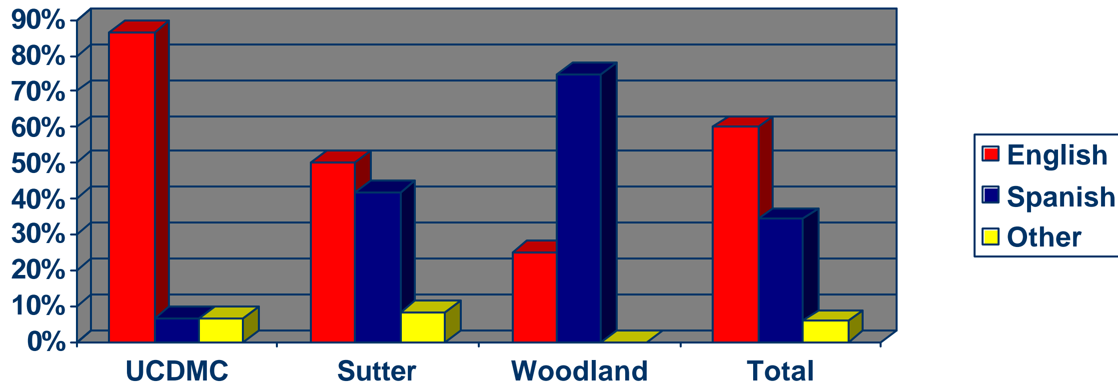
Insurance Type of Non-Emergency ER Patrons



Racial Breakdown of Children



Predominant Language At Home



Reasons for Pediatric Emergency Room Visit

CHIEF COMPLAINT(S)	# OF CHILDREN WITH COMPLAINT
Stomach ache/vomiting/diarrhea	Thirteen (13)
Cough/sore throat/fever/URI	Eight (8)
Minor trauma (cut, etc.)	Five (5)
Ear infection	Three (3)
Rash	Two (2)
Eye problems (infection, scratch)	Two (2)
Constipation	One (1)
Asthma exacerbation	One (1)

Other key findings include:

Medical Home

33 of the parents visiting the ER for non-emergency purposes identified a medical home for their child. Both of the families that did not have a medical home for their child were Spanish-speaking. Reasons for not having a regular medical home included not knowing what doctor to call, preferring the ER, and not wanting to make an appointment for their child.

After-hours Care

This chart outlines the parents who knew about urgent care and emergency access after-hours by type of insurance:

	Medi-Cal	Private	TOTAL
Night Hours	31.6%	8.3%	21.2%
Weekend Hours	5.3%	33%	9.1%
Emergency Phone Contact	42.1%	41.6%	39.4%

Same Provider Each Visit

Over 60% of parents reported their child seeing the same provider at every doctor's visit. Medi-Cal patients were more likely than private insurance patients to continuously see the same provider.

Satisfaction with Regular Medical Care

Over 75% of all parents visiting the ER for non-emergency services reported being satisfied or very satisfied with their child's primary care provider. MediCal patients were slightly more likely to report this satisfaction than private insurance patients.

Clinic Wait Time

MediCal patients or patients with no insurance reported a mean waiting time of almost an hour when visiting their primary care physician. Families with private insurance reported a mean waiting time of just over twenty minutes.

Attempts to Make an Outpatient Clinic Appointment

70-75% of parents tried to call their child's physician to make an appointment before coming to the emergency room. There was no significant difference between MediCal and private insurance patients in this respect

Of MediCal patients who tried to make an appointment before coming to the emergency room, 86% were told that there were no appointments available or that they no longer had the right kind of insurance and should therefore go to the ER. The other 14% were told by a doctor or advice nurse to come to the ER. The parents who didn't try to make an appointment cited the wait time as one barrier to trying to see their primary care physician first.

Of private insurance patients, only 22% were told they could not get an appointment that day, and all of these calls were after-hours. 44% were unable to reach anyone because their physician's office was closed. 33% were told by an advice nurse that their children might need immediate attention based on the symptoms.

Further study will be necessary to see if there is truly a need for more services or simply a need for better education and information for parents to let them know about services that are presently available.

Preferred Improvements to Services

Parents' top three recommendations for improving health care services were being open 24 hours, having walk-in appointments, and having a pharmacy on site.

Parents were receptive to using a toll-free number or internet web site to gain information about their child's health before going to an emergency room.

Almost half of Medi-Cal participants wanted more doctors with better, faster service

Private insurance recipients wanted an urgent care center and/or a clinic with hours until 8 p.m. or that is open twenty-four hours a day.

Key Informants' Perceptions

Providers cited a lack of access to primary care as the biggest factor influencing parents to come to the ER for non-emergency purposes. Patient inexperience and lack of knowledge about what constitutes an emergency were also mentioned as possible reasons for why patients used the emergency room as a site for primary care.

CONCLUSIONS

Study Findings of ER Useage

Based on the above results, three different populations with three different sets of access issues have been identified.

Medi-Cal patients main barrier to primary care appears to be a lack of available appointments for urgent care.

Private insurance patients may need more access to after-hours urgent care because they do not usually learn of their child's illness until they have gotten home from work.

Families who have no insurance for their children or who are undocumented need more general outreach and education regarding how to access alternative outpatient and urgent care settings for non-urgent problems.

Medi-Cal Reform

As it stands now, the rates that Medi-Cal pays for physician services are relatively low compared to rates paid by other major purchasers of health care. Accordingly, physicians who want to treat low-income patients may be financially unable to do so. In a recent survey of Medi-Cal beneficiaries conducted by the Medi-Cal Policy Institute[3], 56 percent reported difficulty in finding doctors who would provide them with treatment, and 78 percent said it is very important that more doctors participate in the program. Emergency room services generally cost more, but often receive lower reimbursement rates because they are not deemed as "true emergencies." Hospitals, therefore, ultimately take the hit, because they cannot legally refuse care but experience great difficulties in getting sufficient reimbursement for these services.

Recent legislation has taken some initial steps to alleviate this problem, increasing both emergency and physician reimbursement rates.

This variable rate increase reflects just how very complex Medi-Cal's reimbursement system is and is indicative of many of the problems with the current system. Here is an example of the current MediCal rate calculation, taken from the Medi-Cal website's home page[4]:

	Doctor's Office	**Emergency Room**
Unit Value	2.29	2.29 or more
Conversion factor (per unit)	$10.91	$12.42
Rate	$24.98	$28.44 or more

Education and Outreach for those with No Insurance or with Undocumented Status

The 100% Campaign[5] in March of 1999 was created "to ensure that all of California's children obtain the health coverage they need to grow up strong and healthy." The campaign makes the following recommendations for improving enrollment rates and for increasing ease of enrollment and utilization of Medi-Cal and Healthy Families:

- Allowing Healthy Family applicants to take the same income deductions allowed for Medi-Cal
- Expanding Healthy Families to cover new legal immigrant children
- Providing children in Medi-Cal a full year of continuous coverage.

References

1 California Medical Association, "A System in Crisis," January 2001.
2 http://www.hcfa.gov/medicaid/mcdata00.html
3 "A More Rational Approach to Setting Medi-Cal Physician Rates," Legislative Analyst's Office Report; February 1, 2001
4 www.medi-cal.ca.gov
5 http://www.100percentcampaign.org