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Use of Emergency department services by Georgia's Medicaid and PeachCare Children

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Well-equipped and well-staffed Emergency Departments (EDs) are essential components of our health care system's safety net, but too often they are used as a primary source of health services. National studies find that children who live below the Federal Poverty Level (FPL) are four to six times more likely than those in more affluent families to access medical care in a hospital emergency room.* In Georgia, where most low income children are covered by the state's public insurance programs (Medicaid and PeachCare for Kids), 27 percent visited an emergency department at least once during 2005.

This brief provides information on ED use by children enrolled in Georgia's Medicaid and PeachCare programs. It examines non-urgent use of hospital ED services with the intent of helping policy makers identify strategies to achieve more efficient use of EDs.

Use of Emergency Departments

Among the 1,229,536 Georgia children enrolled in Medicaid and PeachCare in 2005, 1,014,900 (83 percent) had at least one doctor or hospital visit. Of those children, 328,658 had at least one ED visit, and 150,534 were classified as non-urgent based on the child's diagnosis.†

Figure 1
ED Use of Publicly Insured Georgia Children with One or More Medical Visits in 2005

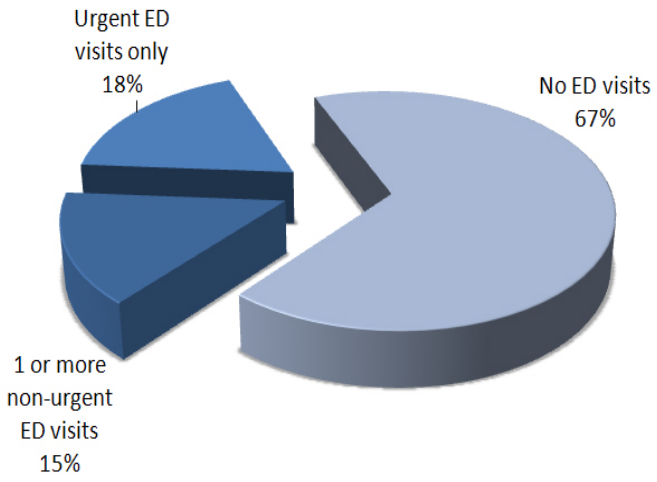


Table 1 shows the number of 2005 ED visits among the Medicaid/PeachCare population as a percentage of the total number of enrollees in those programs and as a percentage of those who had at least one medical visit during 2005. Although Sunday was the most common day of the week for non-urgent ED visits, the majority (69 percent) of non-urgent visits took place on weekdays, suggesting that factors other than simply physicians' office hours impact ED use.

Table 1
Number and Type of ED Visits for Publicly-Insured Children: All Enrollees and Those with at least One Medical Visit, 2005

PeachCare			
	Number	% All Enrollees	% Enrollees with ≥ 1 Claim
Any ED Visit	57,207	21%	25%
1 ED Visit	40,929	15%	18%
2 ED Visits	10,733	4%	5%
3 ED visits	3,441	1%	1%
≥ 4 ED Visits	2,104	1%	1%
Non-urgent ED Visits	22,371	8%	10%
Total		271,304	233,284
Medicaid‡			
	Number	% All Enrollees	% Enrollees with ≥ 1 Claim
Any ED Visit	271,451	28%	35%
1 ED Visit	171,423	18%	22%
2 ED Visits	58,833	6%	8%
3 ED visits	22,618	2%	3%
≥ 4 ED Visits	18,577	2%	2%
Non-urgent ED Visits	128,172	13%	16%
Total		958,232	781,616

‡Program (PeachCare/Medicaid) was defined as the first program in which the child was enrolled in CY2005. Medicaid program included LIM and RSM children only.

The 2005 ED experience of Georgia's publicly insured children is similar to 2004 data from the National Health Interview Survey. Georgia is also similar to national ED data along the poverty dimension: more lower income Medicaid children visited the ED for non-urgent care than higher income Medicaid children or PeachCare children.

Reasons for Non-Urgent Use of ED Care

Previous studies suggest that parents bring their children to the ED for what may be considered non-urgent care for diverse reasons. These reasons include:

- The parent believes the child is experiencing a true emergency.
- The parent has difficulty getting a timely appointment at a provider's office.

- The parent needs time off work – and would lose income – to take the child to an office visit but could visit the ED after work hours.
- The parent finds it easier to get to the ED with available transportation than to the primary care provider.
- The child lacks a "medical home" - a provider to contact when the child is sick.
- The parent has greater trust in the ED than in the provider's office.
- The primary care provider sends the parent and/or child to the ED.

We analyzed 2005 Medicaid and PeachCare claims data to isolate the factors related to use of EDs for non-urgent care. The following were among significant factors predicting non-urgent ED use in Georgia:

- Distance to an ED (convenience)
- County supply of Medicaid providers (access)
- Previous primary care visit during the year (a "medical home")

Even when accounting for demographic and geographic differences among children, children enrolled in Georgia's Medicaid program were almost two times more likely than enrollees in PeachCare for Kids to use the ED for non-urgent care. We attribute some of this additional use to income differences between enrollees in Medicaid and PeachCare for Kids, as lower income Medicaid children use the ED more often.

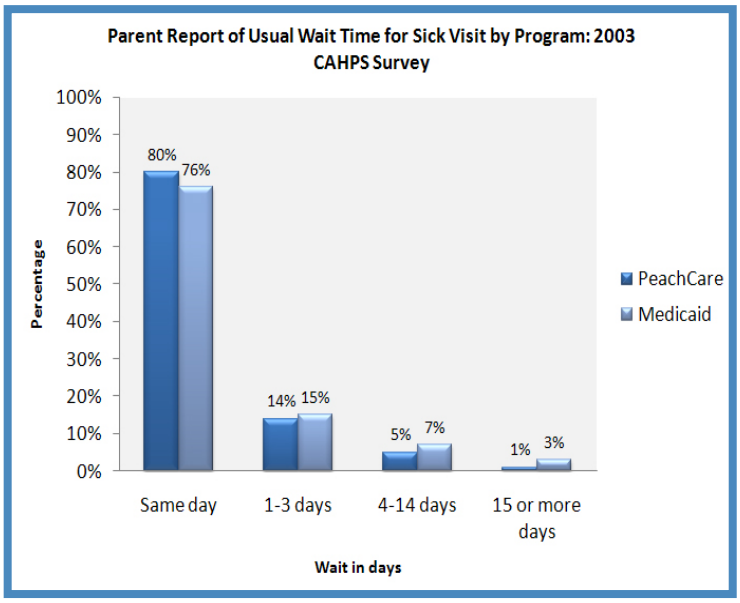
Access to Alternative Care

Two factors that likely have an influence on use of EDs for non-urgent care are the supply of physicians in an enrollee's community and the perceived quality of care they provide. Publicly-insured children living in rural Georgia communities with fewer physicians are more likely to use EDs for non-urgent care than publicly-insured children living in urban areas. According to the 2003 Consumer Assessment of Health Plans (CAHPS) survey, Georgia enrollees report fairly high satisfaction with their providers: 92 percent of Medicaid and 94 percent of PeachCare enrollees rate their personal doctor or nurse a seven or greater on a scale of one to ten.

Another factor influencing ED use for non-urgent care appears to be whether or not the child has a "medical home," that is, a place where she receives care for check-ups as well as when she gets sick. DHHS* reported that in 2004, 79 percent of all U.S. children received care from a physician's office or an HMO when they were acutely ill. However, there was a large difference between the populations above and below the federal poverty level (FPL): 82.1 percent of children above the poverty level had physician or HMO office visits, compared with 58.4 percent of those below the poverty level.

The self-reported CAHPS data is fairly consistent with Georgia claims data in that 21-23 percent of enrollees reported an ED visit in the last six months. While the majority (77 to 80 percent) of enrollees had a medical home in 2003, potentially 20 to 23 percent may not have had a medical home when they fell ill.

In regard to the ease of getting an appointment for their sick child, most CAHPS survey respondents stated that they were able to get an appointment on the same day, but six to ten percent had to wait four or more days for their child to be seen by a provider. These results differed slightly by the type of public insurance (Table 2), but still suggest one reason why a family might seek emergency care.



Implications for Policy

One of the reasons non-urgent use of EDs has been extensively studied is that it represents one area in which to potentially save money by promoting more efficient use of health resources. Policies aimed at identifying a primary care provider for enrollees who lack a medical home or resolving scheduling delays for providers who are unable to see sick children in a timely manner may potentially decrease non-urgent ED use for publicly insured children. In Georgia, the average ED visit for publicly insured children costs $263, while a standard primary care vist averages $68. Although it is impractical to expect non-urgent use of EDs to be completely eliminated, incremental improvement could potentially pay large dividends.

We were not able to study every contributor to excess use of EDs by publicly insured children in Georgia, but all of the factors that we studied were associated with use of the ED for non-urgent care. As well, we found that poverty remains one of the strongest predictors of non-urgent ED use even after other contributors are considered. These findings suggest a multi-pronged approach to policy solutions - from improvements in patient education and transportation to provider supply and scheduling - in order to address multiple contributors.

Georgia's move to managed care in 2006 for most children enrolled in Medicaid and PeachCare may have a positive impact on increasing the number of children with a medical home. Care Management Organizations (CMOs) may employ physician incentives and patient education strategies to decrease the use of EDs for non-urgent care. Whatever strategies are employed to ensure the efficient use of health services, they should strive to balance the benefits of reducing cost while maximizing access to and quality of healthcare for Georgia's children.

* DHHS. (2006). Child Health 2006. Retrieved from Department of Health and Human Services: ftp://ftp.hrsa.gov/mchb/chusa_06/c06.pdf

† Using an ICD9 coding scheme supplied by the Department of Community Health

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