



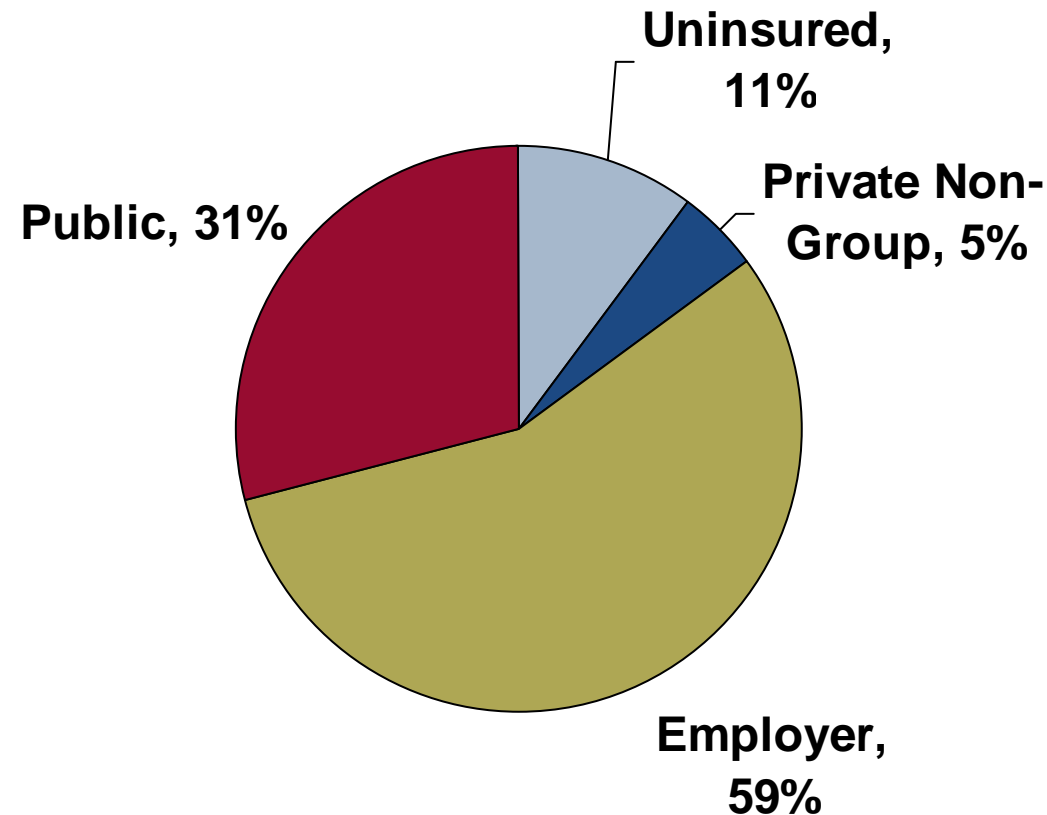
# Does Public Coverage Translate into Access for Children?

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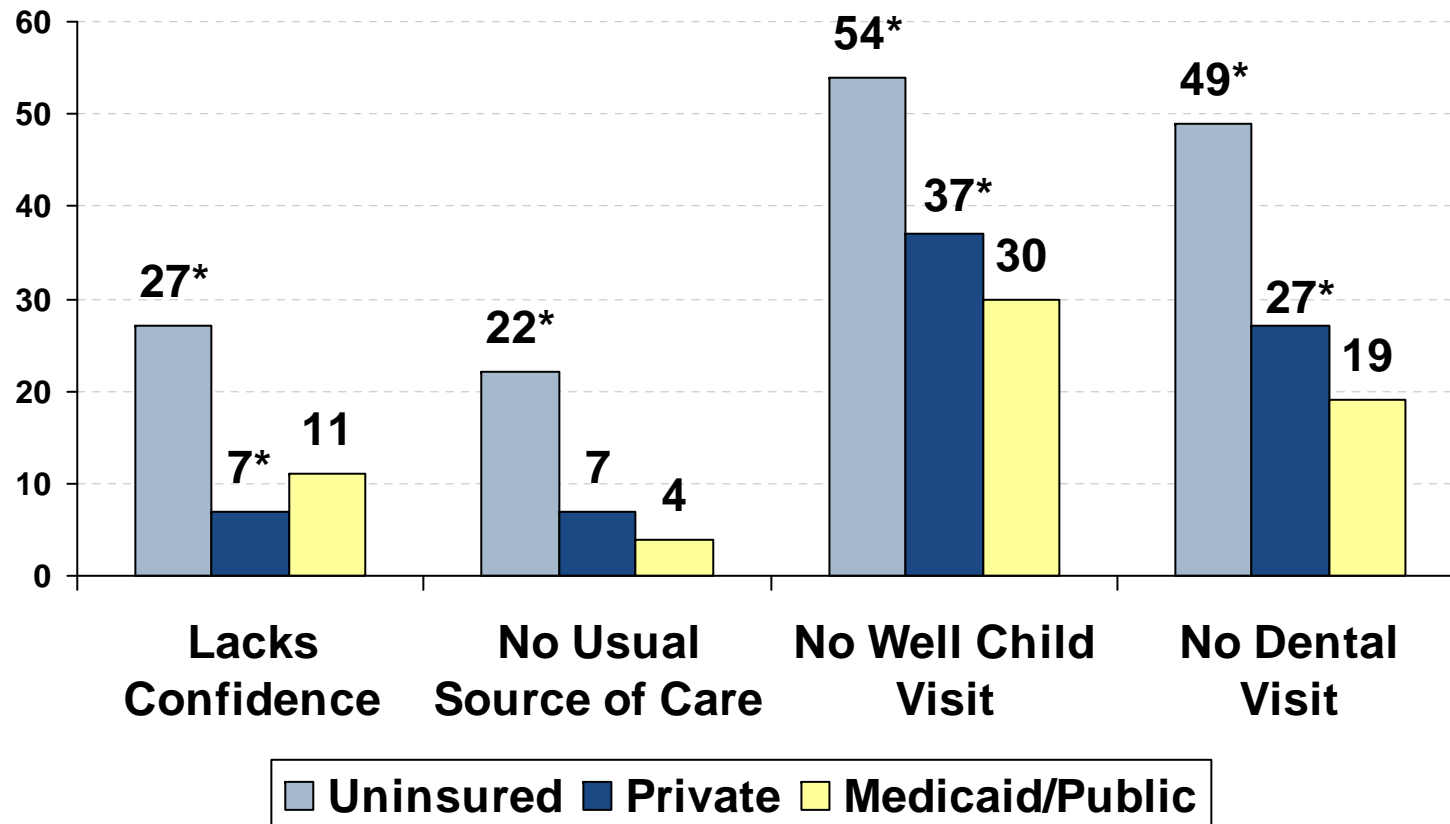
# Insurance Coverage of Children, 2007



Source: March 2008 Current Population Survey



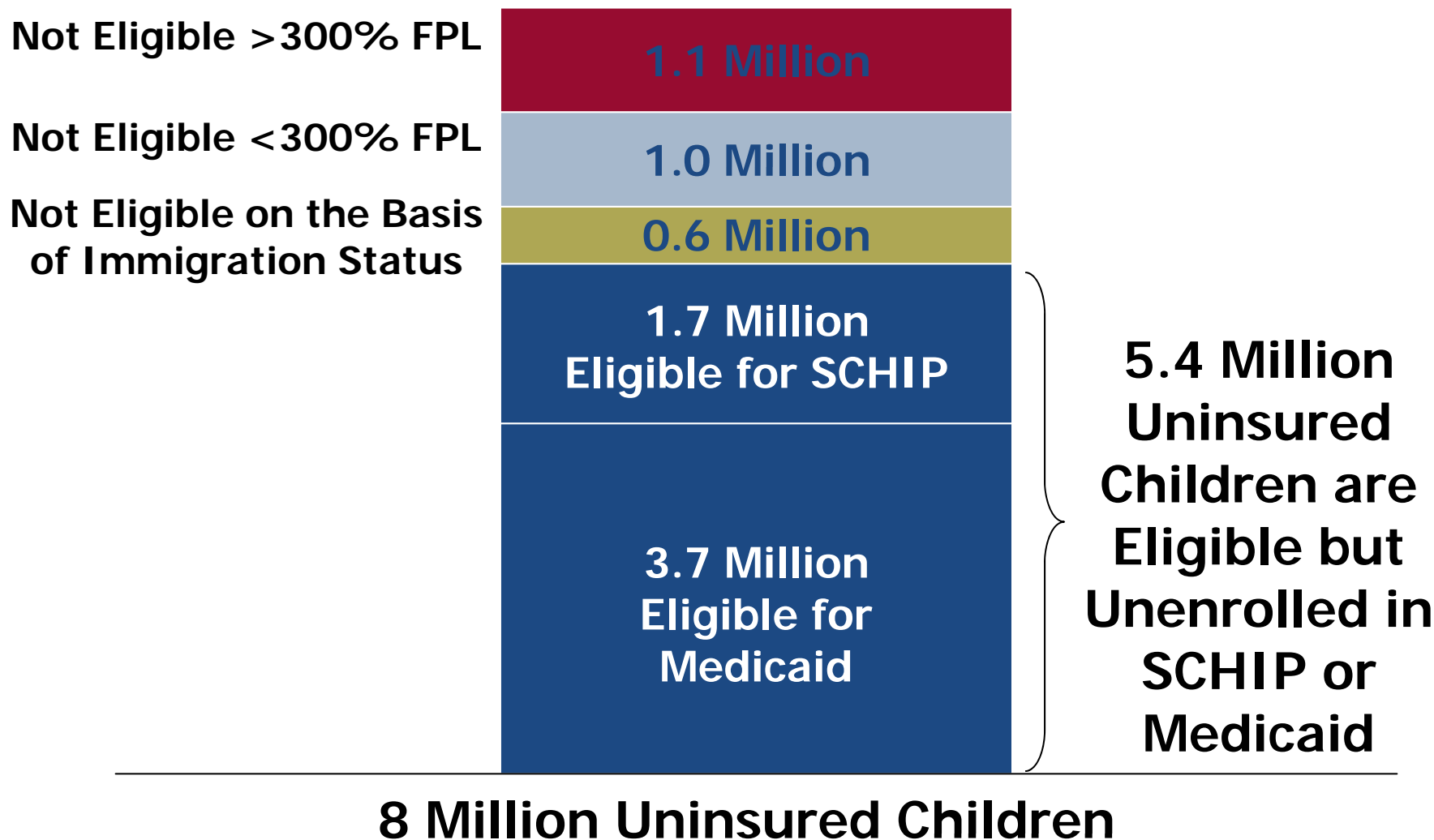
# Coverage of Children Improves Access to Care



Source: 1997 National Survey of America's Families

\*Statistically different from Medicaid at the 0.05 level using multivariate analyses.

## Distribution of Uninsured Children, 2004



SOURCE: Based on Dubay, Holahan and Cook (2007). Data has been adjusted for the Medicaid undercount.



# Assessing Access

- Requires us to first define child health and then to identify the types of care needed to promote it.
- Important to look beyond traditional measures of access such as having a usual source of care or having certain types of visits.
- Data to measure access to critical services under public programs are sparse.



# Child Health Today

- Vast majority of children are in excellent, very good, or good health
- Fewer than 1 in 10 children have a long-term medical disorder
- Lack of significant chronic disease has led to popular notion that children are generally “healthy”
- This myopic vision fails to recognize the unique needs of children



# The Four D's of Childhood

- Children's have unique health and health care needs due to the four D's of childhood:
  - Developmental change
  - Dependency on adults
  - Different diseases than adults
  - Demographic trends
- These needs require a child specific assessment of access

Source: Forrest (1997)



# A 21<sup>st</sup> Century Vision of Child Health

Child health is defined as “the extent to which individual children or groups of children are able or enabled to 1) develop and realize their potential; b) satisfy their needs; and c) develop the capacities to allow them to interact successfully with their biological, physical and social environments.”

Source: “Children’s Health: The Nation’s Wealth”



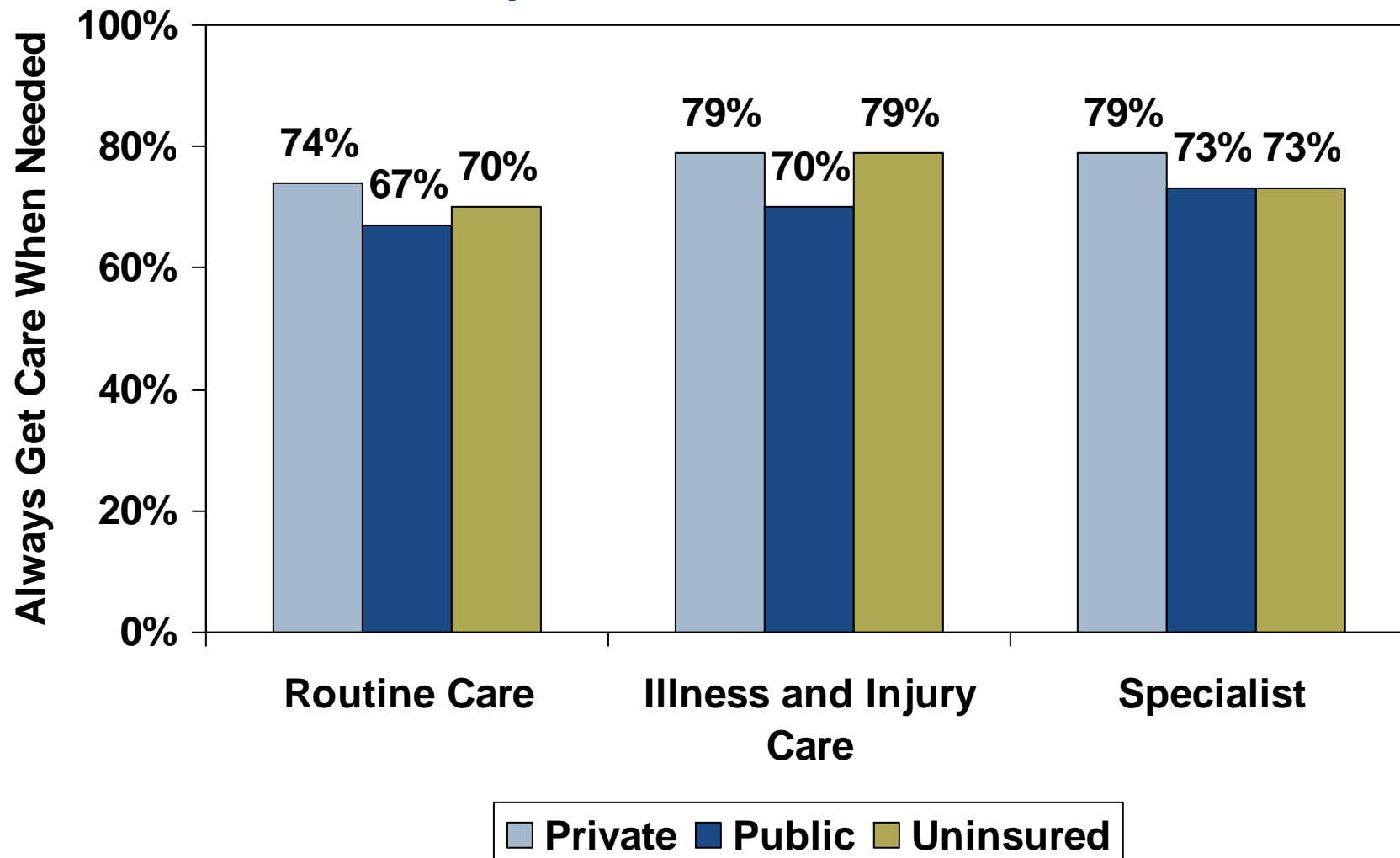
# What Do Children Need Access To?

A set of resources necessary for achieving their health and developmental potential.

- Routine, illness and injury related, and specialist care
- Benefits that include a preventive standard of medical necessity
- Developmental assessments and behavioral and mental health services
- Services that support parents
- Medical home



# Routine, Illness and Injury Related, and Specialist Care



Source: Author's tabulations of Medical Expenditure Panel Survey, 2005



# Preventive Standard of Medical Necessity

- Medicaid offers a unique medical necessity standard designed to promote child health and development.

“treatment is considered to be necessary not only once a child is seriously ill but also at the earliest possible time that an intervention is deemed to be medically beneficial to prevent the onset or worsening of a disabling condition. Furthermore, services remain available in the case of children with chronic conditions for as long as they are needed to treat a health problem, promote proper growth and development, and maintain appropriate functioning.” (Rosenbaum et al. 2001)

- To the extent that SCHIP plans look more like private insurance than Medicaid, children may not have access to needed services under expansions.



# Developmental Assessments

- Parent reports suggest that only 57 percent of children ages 10 months to 35 months receive developmental assessments (Glascoe 2000).
- Seventy-one percent of pediatricians reported using clinical assessments alone to conduct developmental assessments and 33 percent reported using clinical assessments along with standardized screening instruments (Sands et al. 2005).
- A survey of pediatricians and family practice physicians found substantial use of checklists and questioning of parental concerns but little use of validated screening instruments (Sices et al. 2003).



# Behavioral and Mental Health Services

- Coverage of behavioral and mental health services are clear under Medicaid due to EPSDT, however, access can be limited due to provider network and payment issues.
- Coverage of behavioral and mental health services are not required under SCHIP. While most states cover such services, states often maintain limits on care.



# Services that Support Parents

- AAP Bright Futures guidelines recommend assessments of the child in the context of the family, health supervision questions directed at the parents and the child, observation of parent-child interactions, and the provision of anticipatory guidance.
- Most parents of young children receive guidance on traditional topics, but topics such as developmental needs and family context are less frequently provided (Olsen et al. 2004).
- Parents not only want such services but appear to be willing to pay for them (Schuster et al. 2000; Olson et al 2004).
- Physician reports are similar and topics influenced by physician comfort and time availability (Olson et al 2004,; Galuska et al. 2002).



# Medical Home

- The medical home concept is uniquely suited to promoting child health and development because of the need to monitor health and developmental trajectories over time, to coordinate and integrate information from multiple providers, and to make linkages to community resources.
- While most children have a place they usually go for care, many fewer receive care from a “medical home” as defined by the AAP (Bethel et al. 2004; Strickland et al.2004).
- Ninety-eight percent of young children have a usual source of care, but only 46 percent have a specific clinician from whom they usually receive their well child care (Bethel et al. 2004).
- Many providers lack established links to community based resources and services (Zuckerman and Halfon 2003; Olson et al. 2004)



# States Face Many Challenges to Assuring Access for Children

- Payment and paperwork issues affect providers' willingness to participate in Medicaid and SCHIP.
- Children enrolled in separate SCHIP programs may have more limited access to needed benefits than children enrolled in Medicaid.
- Many pediatricians do not utilize validated instruments to conduct developmental assessments.
- Anticipatory guidance appears to be limited and tied to provider's comfort with topics.
- Links with community resources are limited for many pediatrician offices.

