RESULTS IN BRIEF
CHILDREN'S HEALTH COUNCIL

Well-Baby Care in HUSKY A

April 2002

In the first year of life, babies undergo astonishing growth and development, laying the foundation for future physical and mental health. Professional guidelines for well-baby care specify that timely, comprehensive visits should include:

- Complete health history and developmental assessment;
- Thorough physical examination, timely administration of immunizations;
- Age-appropriate risk assessment and screening;
- Nutritional assessment and education;
- Discussion of family adjustment, with observation of parent-infant interaction;
- Anticipatory guidance and health education.

In order to ensure that the most vulnerable children get comprehensive health care at regular intervals beginning at birth, Congress created the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program in Medicaid in 1967. States are responsible for informing families about EPSDT and assisting them with appointment scheduling; providing comprehensive timely screening exams at regular intervals, in conformance with pediatric and dental professional guidelines for well-child care; ensuring diagnosis and treatment of conditions discovered during these health care encounters; and reporting on EPSDT participation. Since 1995, responsibility for informing and for providing this care has been contracted to managed care organizations.

The Children's Health Council studies well-child care in HUSKY A and reports on utilization rates and trends, sociodemographic and enrollment factors associated with utilization, and well-child care for children with special health care needs enrolled in Medicaid managed care.[i] Focus on utilization by selected groups of children provides information used by the Council to inform recommendations and work with health plans, DSS, and others to improve access, utilization, and quality of care for children in HUSKY A. The purpose of this study was 1) to describe well-baby care in HUSKY A in terms of adherence with screening guidelines and 2) to estimate the effect of well-baby care on the likelihood of babies having had emergency care or hospital care for ambulatory care-sensitive conditions.[ii]

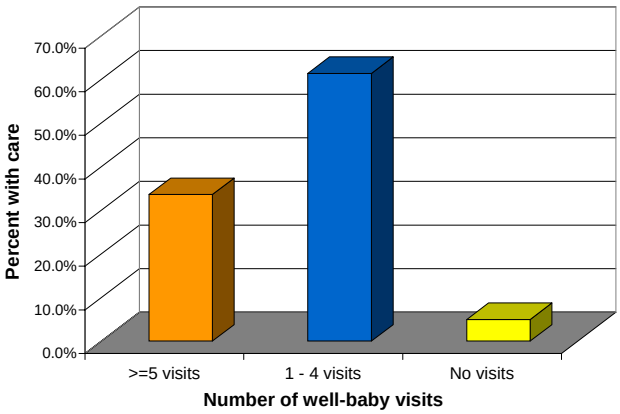
Methods

Using longitudinal enrollment data for HUSKY A, babies born in January, February or March 2000 who were enrolled at birth and continuously enrolled for 12 months were identified (n=2,054). HUSKY A encounter data were searched for records corresponding to timely well-baby visits that were likely to have occurred after the baby went home from the hospital, at 2 weeks and at 2, 4, 6, 9, and 12 months after birth (six visits). The association between having had less than the recommended care and sociodemographic or enrollment factors that may have affected access was determined (X^2). Encounter data were also searched for emergency visits and hospitalizations for selected ambulatory care-sensitive conditions. The effect of well-baby care on reducing emergency visits and hospitalizations for ambulatory care-sensitive conditions was determined by comparing emergency visit rates and hospitalization rates for babies who had five or more well-baby visits to those with fewer visits (relative risk).

Results

Well-baby care

Just 34% of babies received "all" the recommended well-baby care, that is, five or more timely visits



during the first year of life. Most babies (61%) were seen for some but not all the recommended care (1 to 4 visits). Just over 100 babies (5%) did not receive any timely well-baby care in HUSKY A. African American and Hispanic babies were less likely than White babies to have had the recommended number of well-baby visits. The percentage of babies with 5 or more timely well-baby visits varied by health plan from 41% of babies enrolled in Health Net to 3% of babies enrolled in Preferred One.[iii]

The effect of counting only those visits coded as well-baby care was determined. The percentage of babies with five or more visits increased to 51.5% when any office- or clinic-based care was counted if the visits occurred when well-baby visits were due. The percentage of babies without care decreased to 3.4%.

Emergency Care and Hospitalizations for Ambulatory Care-Sensitive Conditions

In the one-year monitoring period, 663 babies (32.3%) were seen for emergency care and 133 babies (6.5%) were hospitalized for ambulatory care-sensitive conditions. Babies who had well-baby care were no less likely to have had emergency care or been hospitalized than babies with less than the recommended number of visits or no well-baby care at all. The leading ambulatory care-sensitive conditions for which babies received emergency care were upper respiratory infections (45.5% of visits), injuries (23.2%), and lower respiratory infections (12.6%). The leading ambulatory care-sensitive conditions for which babies were hospitalized were lower respiratory infections (41.0%), gastroenteritis or dehydration (27.7%), and asthma or chronic bronchitis (16.0%).

Conclusions

- **Despite professional guidelines for well-baby care and federal and state standards for the EPSDT program, most babies in HUSKY A do not get timely well-baby care throughout their first years of life.**
- **African American babies and Hispanic babies were less likely than White babies to have had all the recommended care.**
- **While 50% of babies had timely well-baby visits or acute care visits, the sick visits were most likely "missed opportunities" for providing the comprehensive preventive health care that babies need.**
- **Well-baby care was not associated with reduced risk of emergency care or hospitalization for ambulatory care-sensitive conditions.**
- **A longitudinal approach to monitoring well-baby care is more effective for capturing the adequacy of care, assessing differences in utilization, and informing efforts to improve access to care.**

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[i] The Children's Health Council was created by the Connecticut General Assembly in 1995 and charged with evaluating the impact of Medicaid managed care on children's health services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The Children's Health Council monitors children's health services under a contract with the Connecticut Department of Social Services and with support from the Hartford Foundation for Public Giving. The Connecticut Children's Health Project (CCHP) is the operational arm of the Children's Health Council.

[ii] A detailed report is available at www.childrenshealthcouncil.org.

[iii] Preferred One has been working with CCHP, DSS, and DSS' data vendor to address problems with completeness of encounter data submitted to the data vendor since October 2000; this data problem may have affected the rate.