Pediatric Emergency Department Visits by Insurance Coverage in the United States

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To examine utilization of the emergency department (ED) by children with different forms of insurance and describe factors associated with repeat ED use and high reliance on the ED in a nationally representative sample of children in the US.

BACKGROUND

For many children, the ED serves as a common source of care, whether it be for emergent or non-urgent reasons, with 1 out of 5 ED visits being made by children.

The 2012 National Health Interview Survey (NHIS) revealed that over a 12 month period, 25% of children with Medicaid visited the ED at least once, compared to only 13% of children with private insurance and 16% of children without insurance.

Examination of ED reliance (EDR), the percentage of an individual’s health care visits that occur in the ED, can provide insight into children’s use of the ED in relation to their overall health care utilization.

Significant efforts to improve access to care have occurred over the past decade since prior analyses of pediatric ED utilization using MEPS data and a current examination of ED use is warranted.

METHODS

ED utilization over a 1-year period was assessed. Multivariate logistic regression was used to model the association between insurance coverage and:
- Overall ED utilization
- Repeat ED utilization
- ED Reliance

ARHQ-provided weights and SAS survey procedures were used to account for the complex MEPS sample design and allow for unbiased national estimates. SAS 9.4 was used for all statistical analyses.

RESULTS

Overall ED utilization

- 12.2% of all children in the sample had visited an ED in a 1-year period
- ED visits varied significantly by insurance coverage:
  - 15.5% of publicly insured
  - 10.4% of privately insured
  - 6.1% of uninsured

Repeat ED utilization

- Odds Ratio
  - 0.25
  - 1.25
  - 1.75
  - 2.25

ED Reliance by Insurance Coverage

- Higher likelihood of visiting the ED:
  - Poor children (<100% FPL)
  - More likely to visit the ED
  - More likely to be ED reliant

Higher likelihood of being ED reliant:

- Poor and near poor/low income
- Hispanic, Non-Hispanic black, Non-Hispanic other

Limitations:

- Self-reported healthcare visit
- Comparatively small sample sizes among uninsured
- Exclusion of children without healthcare visits

Conclusions:

- Publicly insured children are more likely to be utilizing the ED for care and are underutilizing primary care centers capable of providing greater continuity of care.

Most uninsured children do not visit the ED, but for those who do, a large proportion of their health care encounters are in the ED.