



How Well Is CHIP Addressing Primary and Preventive Care Needs and Access for Children?

Kimberly V. Smith, PhD, MPA; Claire Dye, MSPH

From Mathematica Policy Research, Princeton, NJ

The authors declare that they have no conflict of interest.

Address correspondence to Kimberly V. Smith, PhD, MPA, Mathematica Policy Research, PO Box 2393, Princeton, NJ 08543-2393 (e-mail: ksmith@mathematica-mpr.com).

Received for publication November 2, 2014; accepted February 22, 2015.

ABSTRACT

OBJECTIVE: To examine differences in primary care outcomes under the Children's Health Insurance Program (CHIP) compared to private coverage and being uninsured in 10 states.

METHODS: We used data from a survey of parents of recent and established CHIP enrollees conducted from January 2012 through March 2013. We compared the primary care experiences of established CHIP enrollees to the preenrollment experiences of previously uninsured and privately insured recent CHIP enrollees to estimate differences in care outcomes.

RESULTS: Parents of 4142 recent enrollees and 5518 established enrollees responded to the survey (response rates were 46% for recent enrollees and 51% for established enrollees). Compared to being uninsured, CHIP enrollees were more likely to have a well-child visit, receive a range of preventive care services, and have patient-centered care experiences. They were also more likely than uninsured children to have a regular

source of care or provider, an easy time making appointments, and shorter wait times for those appointments. Relative to privately insured children, CHIP enrollees received preventive care services at similar rates and to be more likely to receive effective care coordination services. However, CHIP enrollees were less likely than privately insured children to have a regular source of care or provider and nighttime and weekend access to a usual source of care.

CONCLUSIONS: CHIP continues to provide high levels of access to primary care, especially compared to uninsured children, and to provide benefits comparable to private insurance.

KEYWORDS: CHIP; health care access; health care utilization; primary care; public health insurance

ACADEMIC PEDIATRICS 2015;15:S64–S70

WHAT'S NEW

This study presents updated and expanded evidence on primary care outcomes for Children's Health Insurance Program (CHIP) enrollees compared to uninsured children, including access to flu vaccinations, preventive care screenings, and anticipatory guidance. It also shows that receipt of primary and preventive care is similar under CHIP and private insurance.

SINCE IT WAS signed into law in 1997, the Children's Health Insurance Program (CHIP) has grown to insure more than 8 million low-income children whose family income exceeds the cutoff for Medicaid eligibility. Early research on CHIP found it to be a highly successful program, increasing the numbers of low-income children with health insurance and improving access to preventive care and many other health care services for enrollees.^{1–5} CHIP has evolved considerably since its inception, and in the context of health care reforms, additional evidence is needed to inform impending decisions about the future of

CHIP and whether federal funding will be extended beyond September 2015.^{6,7}

Here we present updated and expanded evidence on CHIP enrollees' access to and use of primary care, a cornerstone to delivery of well-coordinated and comprehensive pediatric care. The analysis was conducted as part of an independent, comprehensive evaluation of CHIP called for in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The evaluation was conducted by Mathematica Policy Research and its partner, the Urban Institute, on behalf of the Secretary of the US Department of Health and Human Services and overseen by the Office of the Assistant Secretary for Planning and Evaluation.⁸ This is one in a series of articles in this supplement that report on findings from a large 10-state household survey of CHIP enrollees and disenrollees conducted as part of the evaluation.

Several studies have documented greater access to care among children covered by CHIP relative to uninsured children, and that enrollment in CHIP is associated with greater likelihood of having access to a usual source of care (USC), receiving medical care, and using preventive

care services.^{1-5,9} We expanded on previous studies by examining a broad range of primary care outcomes, including access to a regular source of care, receipt of a well-child checkup, preventive care screenings and counseling, and the patient-centeredness of care received. We also compared primary care experiences of CHIP enrollees to the experiences of both uninsured and privately insured children.

We first present descriptive findings on the extent to which CHIP is meeting children's primary and preventive health care needs. We then estimate differences in primary care access and experiences among established CHIP enrollees compared to privately insured and uninsured children.

METHODS

DATA

The data for this study were drawn from a telephone-based survey of parents of 12,197 CHIP enrollees and disenrollees in 10 states fielded by Mathematica Policy Research from January 2012 through March 2013 as part of the CHIPRA-mandated evaluation of CHIP. The states included were Alabama, California, Florida, Louisiana, Michigan, New York, Ohio, Texas, Utah, and Virginia. These states were selected because they utilize diverse approaches to providing health insurance coverage for children, represent various geographic areas (including a mix of more rural and more urban states and a variety of races/ethnicities), and each contains a significant portion of uninsured children. In 2012, CHIP enrollees in these states represented approximately 57% of CHIP enrollees nationally.¹⁰

We used state eligibility and enrollment files to construct the sample frame for each state and randomly selected children (18 years or younger) in 3 strata in each state: 1) established enrollees (children who had been enrolled in CHIP for 12 or more consecutive months at the time of sampling), 2) recent enrollees (children who had been enrolled in CHIP for exactly 3 consecutive months, preceded by a gap in public coverage of at least 2 months, at the time of sampling), and 3) recent disenrollees (children who were disenrolled from the program for exactly 2 months, at the time of sampling, and who were previously enrolled for at least 3 months before the month of disenrollment).

Recent CHIP enrollees who transferred from Medicaid or who returned to CHIP after a short gap in public insurance coverage (3 months or less) were excluded from the sampling frame for 2 reasons. First, parents of such CHIP enrollees are often unaware of these coverage transitions and therefore are not able to reliably describe health care experiences before their (re)enrollment in CHIP. Second, because their coverage history reflects a period of public coverage, these children do not represent a useful comparison group for assessing how CHIP differs from private or no insurance coverage.

The final survey data included responses from parents of 5518 established enrollees, 4142 recent enrollees, and 2537 disenrollees. The overall survey response rate was 51% for established enrollees, 46% for recent enrollees,

and 43% for recent disenrollees. The survey included a wide range of questions related to the sampled child's current and prior health insurance, health status and needs, and health care use and experiences, many of which were adapted from other large surveys relevant to children's health. Additional details on the survey, including the questionnaire, are available elsewhere.¹¹ The study was reviewed and approved by the New England Institutional Review board (NEIRB 12-200).

STUDY DESIGN

We compared the experiences of established enrollees who had been on the program for at least 1 year to the pre-enrollment experiences of recent CHIP enrollees. Established enrollees were asked about their experiences during the last 12 months of enrollment, while recent enrollees were asked about their experiences during the 12 months before their enrollment in CHIP. We focused our analyses on comparisons between established enrollees and 2 subgroups of recent enrollees: first, recent enrollees who were uninsured for 5 to 12 months before enrollment, and second, recent enrollees who were privately insured for 12 months before enrollment. We used previously uninsured children to compare CHIP to being uninsured and children previously insured by a private plan to compare outcomes under CHIP to those under private coverage.

INDEPENDENT VARIABLES

Our key explanatory variable was the insurance status of enrollees during the 12-month recall period. We also included potentially confounding variables, including child's gender, age, and race/ethnicity; primary language and number of children in the household; parents' highest education level, employment status, and citizenship; and geographical location at the time of sampling (through a series of state-region dummies).

DEPENDENT VARIABLES

We examined outcome measures capturing 3 different aspects of children's primary medical care experiences. All measures are based on parent reports of care experiences over the 12-month reference period and dichotomized.

Access to primary care services.—Measures include presence of a USC or personal doctor or nurse; ease of getting appointments with a medical provider; typical wait time for care of less than 30 minutes; and accessibility of a provider at a USC at night and on weekends.

Receipt and content of care.—Measures include receipt of any preventive care or well-child checkup; a flu vaccination; key health screenings (height and weight measurement, vision screening, and developmental screening); and anticipatory guidance on key topics, including injury prevention, eating habits, exercise habits, and risks of secondary smoke. The developmental screening indicator was based on 3 measures in the 2007 National Survey of Children's Health (NSCH) designed to capture the use of standardized parent-completed screening tools recommended by the American Academy of Pediatrics.^{12,13}

Download English Version:

<https://daneshyari.com/en/article/4139163>

Download Persian Version:

<https://daneshyari.com/article/4139163>

[Daneshyari.com](https://daneshyari.com)