

Disparities in medical home access for children with special health care needs across all 50 states

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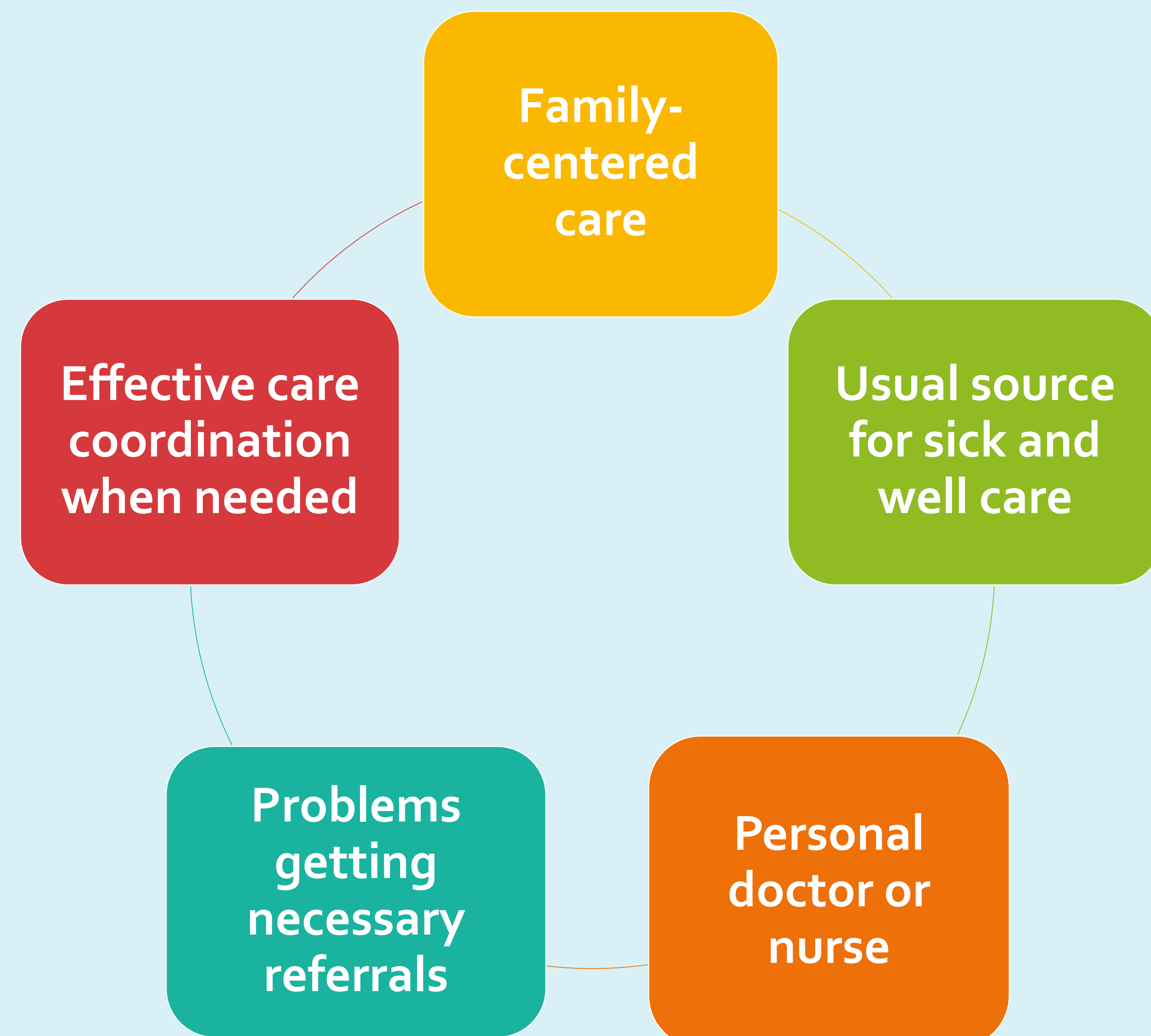
Background

- American Academy of Pediatrics recommends the pediatric medical home (MH) model of care as a best practice (AAP).¹
- Medical Home – care that is family-centered, comprehensive, coordinated, and accessible¹ – has been recognized by the ACA as a way to improve access, quality, and costs of healthcare.²
- Why is a MH important for Children with special healthcare needs (CSHCN)?
 - CSHCN often receive care from multiple providers²
 - Lapses in healthcare, issues obtaining referrals, lacking a usual source of care, and insensitive providers can put children at risk for health complications, inappropriate ER use, and poorer health outcomes.³

Methods

- Objective:** This study describes disparities in medical home receipt between CSHCN and Non-CSHCN in each of the 50 states, Washington DC, and the nation as a whole.
- Data Source:** 2011/2012 National Survey of Children’s Health, cross-sectional phone survey administered by National Center for Health Statistics
- Sample:** Parents of 95,677 U.S. children weighted at the state and national level
- Technique:** 52 Multivariable logistic regression models in SAS 9.3; micromapST⁴ in R
- Primary independent variable:** CSHCN status determined by 5-item screener
- Dependent variable:** MH determined by 19-item composite measure
- Control variables:** Sex, race, Federal Poverty Level, Household language, maternal education, age, insurance type

NSCH Medical Home Definition



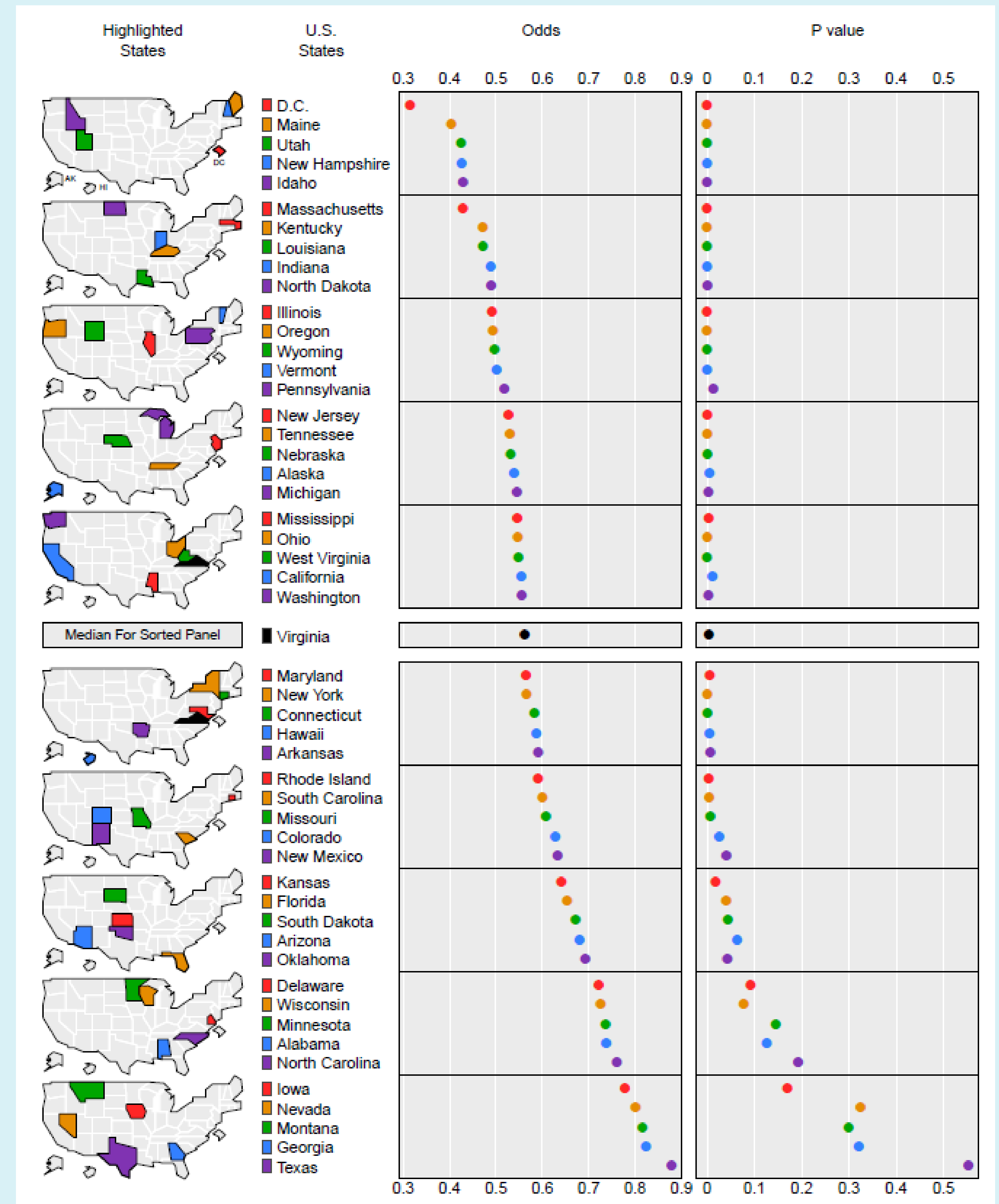
Highlighted Results

Nationally, CSHCN were substantially less likely to have a medical home compared to non-CSHCN (OR = 0.61 [95% CI = .56 , .66]). States ranged in their odds of medical home receipt for CSHCN compared to non-CSHCN from 0.32 (CI = .19, .52) in Washington D.C. to 0.88 (CI = .58, 1.34) in Texas, with a median of 0.56 (CI = .38, .84) in Virginia. In 39 states, and in Washington DC, the odds of CSHCN receiving care from a medical home that met the AAP’s definition were significantly lower (p value ≤.05) when compared to non-CSHCN.

References

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Odds of MH given CSHCN (<1.0 = CSHCN lower odds)



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