

The State of Children's Health Care in Pennsylvania



Our status as a national leader could be in jeopardy if we continue to languish in our efforts to ensure all children have health insurance coverage.

Pennsylvania has long been regarded as a national leader in helping children access affordable, quality health care — a status that has been achieved over the past two decades through bipartisan efforts to implement programs like the Children's Health Insurance Program (CHIP) and Cover All Kids.

But our status as a national leader could be in jeopardy if we continue to languish in our efforts to ensure all children have health insurance coverage. About 1 in 20 children in the commonwealth is uninsured, a statistic that has not changed significantly in recent years, despite the commonwealth boasting "universal coverage" for all documented children.

Pennsylvania Partnerships for Children launched the "State of Children's Health Care" report in 2012 in order to provide an annual snapshot of children's health care in the commonwealth — its successes, limitations and challenges toward improvement. While this is the second edition of the annual report, it is the first to include year-to-year data indicating whether we are making progress or losing ground in efforts to make the health care system work better for our kids.

The latest statistics show Pennsylvania has about 147,700 uninsured children, a modest improvement over the approximately 153,300 uninsured children a year ago, but it still represents more than 5 percent of the commonwealth's 0-17 population.

A similar lack of progress is seen in other measures of child health. The latest data shows that among the approximately 1.3 million Pennsylvania children insured through Medicaid or CHIP:

The percentage of 2-year-olds and 13-year-olds that are properly immunized against preventable conditions like polio, hepatitis, tetanus and pertussis (whooping cough) increased slightly, but Pennsylvania still has about 1 in 5 children who are not receiving timely vaccinations against preventable illness or disease.

The commonwealth has made no significant progress in the percentage of children and adolescents receiving annual dental visits, nor has it boosted the percentage of young children receiving screenings to detect elevated levels of lead in the blood.

The percentage of children benefitting from regular check-ups with primary care providers has remained relatively stable, while reliance on emergency room visits for health care has increased, indicating more needs to be done to emphasize routine preventive check-ups in our overall approach to keeping kids healthy.

A fundamental goal of the federal Patient Protection and Affordable Care Act (ACA) is to increase access to the health care system for children and families, while promoting preventive care that ultimately reduces health-related problems and their costs. Pennsylvania could help reach its nearly 148,000 uninsured children through the expansion of Medicaid, an option already being pursued by the majority of states.

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Rather than expand Medicaid in Pennsylvania, Gov. Tom Corbett has proposed using federal funds intended for a Medicaid expansion to enable uninsured Pennsylvania adults to purchase health insurance on the private market. While it is unclear how many uninsured parents might gain coverage under this proposal, the Georgetown Center for Children and Families estimates there are about 274,000 uninsured Pennsylvania parents — and about 131,000 of them would qualify for Medicaid if Pennsylvania were to expand coverage.

Research shows children of uninsured low-income, parents are **three times more likely** to be uninsured themselves compared to children in families in which all members have some type of coverage, whether it be private insurance or Medicaid. Evidence also indicates:

Covering parents makes it less likely their children will have disruptions in their own health care coverage.

Insured children whose parents are insured are more likely to receive check-ups and other care. This means these children are more likely to get timely vaccinations, regular dental screenings and other medical services that can detect health-related issues early, which typically makes treatment less complicated and less costly.

Parents' health can affect children's health and well-being. The Institute of Medicine has reported that a parents' poor physical or mental health can contribute to a stress-

ful family environment that may impair the health and well-being of a child.

Providing access to health care to women between pregnancies can improve birth outcomes and help address the causes of early births and infant and maternal mortality. Ongoing coverage and care for women also can reduce neonatal intensive care and other health care expenses for low birth weight infants.

Whether Pennsylvania expanded Medicaid coverage to more low-income adults or implemented the governor's private market alternative to Medicaid expansion, either likely would have a ripple effect that could result in tens of thousands of currently uninsured children gaining coverage — a much-needed catalyst to keep Pennsylvania on track to covering all kids.



Behavioral Health Data: Challenges and Limitations

Mental health can be just as important as physical health in determining a child's overall well-being. Behavioral health issues such as anxiety disorders, autism and depression can impact a child's overall health, so making behavioral health care services available to children is critical to ensuring their overall well-being.

Unfortunately, while state and federal agencies compile an array of statistics related to children's physical health care, information related to behavioral health is lacking. This presents challenges in monitoring the overall state of children's health care in Pennsylvania. The data used for this report comes primarily from the Healthcare Effectiveness Data and Information Set (HEDIS), a set of performance measures maintained by the National Committee for Quality Assurance and used by most of America's health care plans, along with statistics from the Pennsylvania Departments of Health, Insurance and Public Welfare. None of these resources includes data on children's behavioral health issues.

This lack of publicly reported data severely limits our ability to monitor behavioral health issues in children.

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INDICATOR

SIGNIFICANCE

Uninsured Children — The number and percent of children from birth through age 17 not covered by health insurance at the point in time they were surveyed.

Health insurance promotes preventive care, reduces emergency care, saves money and contributes to a child’s overall well-being.

	2012 REPORT		CURRENT REPORT	
	Count	Percent	Count	Percent
0–5 years	47,086	5.4%	46,411	5.3%
6–17 years	106,221	5.5%	101,273	5.3%
0–17 years	153,307	5.5%	147,684	5.3%
Public Insurance	741,283	26.5%	788,547	28.4%
Private Insurance	1,749,993	62.5%	1,690,541	60.9%
Public and Private Insurance	155,031	5.5%	150,307	5.4%
No Insurance	153,307	5.5%	147,684	5.3%

MADE PROGRESS

Children Enrolled in Publicly Funded Health Care Coverage — The number and percent of children enrolled in Medicaid (also referred to as Medical Assistance, or MA) and CHIP.

Medicaid provides coverage to children in families with limited income or where the child has a disabling condition. CHIP provides coverage to children not eligible for Medicaid who are otherwise uninsured.

	2012 REPORT			CURRENT REPORT		
	MA	CHIP	Total	MA	CHIP	Total
Total	1,130,833 37.9%	193,139 6.5%	1,323,972 44.4%	1,073,064 36.0%	194,439 6.5%	1,267,503 42.5%
Birth to 5 years	426,125 48.5%	34,543 3.9%	460,668 52.5%	422,059 48.1%	35,662 4.1%	457,721 52.1%
6–18 years	649,133 30.9%	158,509 7.5%	807,642 38.4%	651,005 30.9%	158,707 7.5%	809,712 38.5%

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Use of Services

Children Enrolled in MA and CHIP

Well Child Visits — The percent of children who were continuously insured during the measurement year and who received the appropriate number of well child visits during the measurement year.

Regular check-ups are one of the best ways to detect physical, developmental, behavioral and emotional problems. These visits also provide an opportunity for the clinician to answer questions, offer guidance, counseling and anticipatory guidance to the parents and adolescent patients.

	2012 REPORT		CURRENT REPORT	
	Health Choices	CHIP	Health Choices	CHIP
Children Enrolled in MA and CHIP	796,528	193,139	772,306	194,439
Birth to 15 months (6 or more)	64.30%	67.15%	65.25%	67.24%
3–6 years (one or more yearly)	73.96%	79.89%	74.73%	80.63%
12–20 years (one or more yearly)	56.83%	61.00%	58.40%	64.52%

NO SIGNIFICANT CHANGE

Access to Primary Care — The percent of children ages 12 months to 6 years who had a visit with a primary care practitioner within the last year or for children ages 7 to 19 years who had a visit with a primary care provider in the last two years.

Maintaining access to care requires more than making providers and services available. It involves assuring the child has a medical home that provides coordination of care.

12–24 months (yearly)	95.95%	95.99%	96.87%	98.12%
25 months–6 years (yearly)	86.75%	91.58%	88.14%	92.58%
7–11 years (last 2 years)	90.85%	94.86%	91.08%	95.10%
12–19 years (last 2 years)	89.08%	94.40%	89.19%	94.69%

NO SIGNIFICANT CHANGE

INDICATOR	SIGNIFICANCE	2012 REPORT		CURRENT REPORT			
		Health Choices	CHIP	Health Choices	CHIP		
Annual Dental Visits —The percent of children and adolescents ages 2 to 20 who were continuously insured and had a dental visit during the measurement year.	Regular dental visits are critical to promoting oral health, which impacts overall physical health, and establishing life-long habits of good oral hygiene.	2–3 years	33.14%	30.15%	34.52%	30.75%	NO SIGNIFICANT CHANGE
		4–6 years	61.00%	70.64%	62.01%	70.27%	
		7–10 years	62.24%	74.39%	62.33%	72.48%	
		11–14 years	57.42%	69.44%	57.98%	68.37%	
		15–18 years	48.90%	61.35%	49.99%	58.20%	
		19–20 years	38.68%	N/A	37.83%	N/A	
		Total	52.42%	66.08%	53.37%	64.36%	
Ambulatory Care: Emergency Visits/1,000 Member Months — The number of visits for a physical health service that were provided in an emergency room that did not result in an inpatient stay, regardless of the intensity and duration of the visit.	Some emergency room visits, especially those not resulting in hospitalization, may have been unnecessary and could have been more appropriately handled by a primary care provider/medical home/clinical setting.	<1 year	99.32	39.42	104.95	35.35	LOST GROUND
		1–9 years	53.10	29.67	56.44	31.07	
		10–19 years	49.24	29.85	49.88	29.55	
		Total	54.59	29.91	56.92	30.32	
Inpatient Utilization Discharges: Total/1,000 Member Months — The number of admissions for a physical health service for children to age 19 that were discharged from an inpatient stay.	In some instances, hospital admissions may be avoidable if the patient has access to adequate outpatient primary and specialist care, which can prevent a condition from worsening to a state that requires hospitalization.	<1 year	9.69	3.77	12.40	3.11	LOST GROUND
		1–9 years	2.26	0.88	2.85	0.94	
		10–19 years	4.02	1.23	3.85	1.28	
		Total	3.52	1.11	3.92	1.14	
Lead Screening: 2-Year-Olds With One or More Lead Blood Tests — The percent of 2-year-olds who had one or more blood tests for lead poisoning prior to their second birthday.	Lead is a toxin that, if present in elevated levels in a child's blood, can result in decreased IQ or learning and behavioral problems. Universal screening is indicated according to the Centers for Disease Control and Prevention (CDC) criteria and based on the commonwealth's higher prevalence of pre-1950 housing and elevated blood levels in children.		74.50%	45.86%	75.47%	44.58%	NO SIGNIFICANT CHANGE
Immunization Status: Children Appropriately Immunized — The percent of children who have been appropriately immunized with the recommended vaccines by their second birthday and by their 13 th birthday.	Childhood immunizations help prevent many serious illnesses such as polio, tetanus, pertussis and hepatitis. Vaccines are nationally recommended and required by PA Department of Health for participation in child (day) care and school.	2-Year-Olds	76.74%	78.14%	78.20%	79.66%	MADE PROGRESS
		13-Year-Olds	74.88%	73.26%	76.71%	79.17%	

* Totals listed for MA and CHIP are greater than the sum of birth to 5 and 6-18 years subcategories due to different timetables for reporting the data, as well as the inclusion of some 19-year-olds in CHIP data.

Detailed source information available online at papartnerships.org/healthmetrics2013