

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



FACT SHEET

Medical Home Data

January 28, 2009

For questions or comments, contact

Suk-fong S Tang, PhD
Senior Research Analyst
Department of Practice
American Academy of Pediatrics
Elk Grove Village, Illinois
Email: stang@aap.org

Data Sources and Abbreviations

- AMA:** AMA Socioeconomic Monitoring System Survey of Nonfederal Physicians and the AMA Patient Care Physician Survey (1997-2001 data, published in the 1999-2000, 2000-2002, and 2003 editions of the AMA's *Physician Socioeconomic Statistics*).
- CMS:** National personal health care spending report published by the Center for Medicare and Medicaid Services, includes up to 2004 (most currently available) data
- CPS:** Current Population Survey published by the Census Bureau, 2007 data
- MEDSTAT:** 2005 Medstat MarketScan Outpatient, a commercial outpatient claims database of large-employer health plans
- MEPS:** Medical Expenditure Panel Survey, published by the National Center for Health Statistics, 2000-2006
- NHANES:** National Health and Nutrition Examination Survey, 2003-2004
- NAMCS:** National Ambulatory Medical Care Survey published by the National Center for Health Statistics, 2001-2004
- NHIS:** *Use of Mental Health Services in the Past 12 Months by Children Aged 4-17 Years: United States, 2005-2006*. NCHS Data Brief, Number 8, September 2008
- NSCH:** 2003 National Survey of Children's Health, a State and Local Area Integrated Telephone Survey conducted by the National Center for Health Statistics. Analyses provided by Child and Adolescent Health Measurement Initiative, at URL : www.nschdata.org
- SES:** AAP Socioeconomic Survey, 2007 data

Contents

- ✓ **National personal health care spending** (Source: CMS, 2004)
- ✓ **Children's Health Insurance Coverage** (Source: CPS, 2007)
- ✓ **Access to Care by Health Insurance Status** (Source: NSCH, 2003)
- ✓ **Health Care Utilization and Provider Payment, by Care Setting** (Source: MEPS, 2005 – 2006 Average)
- ✓ **Profile of Pediatric Office Visits** (Source: NAMCS, 2001-2004)
- ✓ **Inside the Pediatric Practice** (Source: SES, 2007)
- ✓ **Access to Office-based Physicians and Dentists during the First 2 Years** (Source: MEPS, 2000-2006 Average)
- ✓ **Mental Health Conditions: Prevalence, Diagnosis and Treatment in Pediatric Population** (Sources: MEDSTAT, 2005; NHIS, 2005-06)
- ✓ **Overweight and Obesity: Prevalence, Diagnosis and Evaluation in Pediatric Population** (Sources: NHANES, 2003-04; MEDSTAT, 2005; Barlow et al, Pediatrics. 07/2002)
- ✓ **Top 10 Most Frequently Reported Pediatric Codes** (Source: MEDSTAT, 2005)

Factsheet: Medical Home Data

National personal health care spending (Source: CMS, 2004)

- Total personal health care spending: \$1,551B for all US children and adults (55% paid for by private sources, 20% by Medicare and 17% by Medicaid)
- Children ages 0 through 18 accounted for
 - 13% of total personal health care spending
 - 14% of all private spending
 - 12% of all public spending (24% of Medicaid and < 0.5% of Medicare spending)
- Annual per-child spending, averaged across public and private sources: \$2,650
- Private sources paid for 59% of a total of \$206B spent on personal health care for children (ages 0-18) in 2004, with approximately 22% of the \$206B paid out-of-pocket. 31% of the total was paid for by Medicaid.

Children's Health Insurance Coverage (Source: CPS, 2007)

- 47.7M (60.7% of children) insured by private/employer -based health insurance
- 22.2M (28.2% of children) insured by Medicaid/SCHIP
- 8.8M (11.2% of children) uninsured

Access to Care by Health Insurance Status (Source: NSCH, 2003)

- Proportion of children (ages 0-17) having a primary care provider and consistently receiving all needed care, including one or more preventive care visits during past 12 months:
 - 53% of privately insured children
 - 39% of publicly insured children
 - 23% of uninsured children
- Proportion of children *without* a personal doctor or nurse (i.e., a health professional who knows the child well and is familiar with the child's health history)
 - 11% of privately insured children
 - 22% of publicly insured children
 - 43% of uninsured children

Health Care Utilization and Provider Payment, by Care Setting (Source: MEPS, 2005 – 2006 Average)

Care Setting / Type of Service	Annual Frequency per Child (ages 0-21)	Proportion of Total Provider Payment for Children 0-21
Physician office visits	2.08 visits	19.2%
Outpatient visits	0.13 visit	7.6%
Emergency room visits	0.16 visit	6.0%
Inpatient hospital stays	0.04 discharge (average stay of 4.4 nights per hospitalization)	25.2%
Dental care visits	1.1 visit	18.5%
Prescription medicine	2.6 prescriptions /refills	14.7%
Other - includes but not limited to non-physician provider office visits (e.g., PT, Nurse Practitioners), home health and other service	--	8.8%
Total	--	100%

Profile of Pediatric Office Visits (Source: NAMCS, 2001-2004)

- Preventive visits account for half of all visits by infants and 26% of all visits by children through age 21 years.
- Pediatricians provide more than 80% of all well visits and more than 70% of all sick visits to infants and children younger than 6 years, compared with 38% of well visits and 31% of sick visits to adolescents.
- Ninety percent of all pediatric office visits are provided in private solo or group practice, with the remainder provided in health centers, clinics, and health maintenance organizations (HMOs).
- Eighty five percent of all pediatric office visits are provided in physician- or group-owned practices, followed by 7% in practices owned by academic health centers and hospitals, 4% by health care corporations, and 2% by HMOs.

Inside the Pediatric Practice (Source: SES, 2007)

Number of Active Patients per FTE Physician^a

Practice Setting	Valid	25th			75th	
	N	Mean	SE	Percentile	Median	Percentile
Solo or 2-physician practice	653	2,311	102	1,043	2,000	2,800
Pediatric group practice with 3–5 FTE physicians	443	2,353	91	1,300	2,000	2,750
Pediatric group practice with >5 FTE physicians	316	2,398	102	1,538	2,000	2,667
Multi-specialty group	148	1,606	109	477	1,447	2,092
Total ^b	1,857	2,181	49	1,050	1,840	2,500

^aActive patients are defined as total number of patients seen in the practice within 2 years.

^bIncludes settings not listed in this table (such as HMOs, universities, hospitals, clinics and community health centers).

Practice Capacity Rating: Below, At, or Above Capacity

Practice Setting	Below	At	Above	Total
	Row %	Row %	Row %	Valid N
Solo or 2-physician practice	38.8%	50.9%	10.3%	727
Pediatric group practice with 3–5 FTE physicians	35.8%	52.1%	12.2%	534
Pediatric group practice with >5 FTE physicians	32.2%	53.4%	14.4%	367
Multi-specialty group	34.7%	50.2%	15.1%	225
Total	34.7%	51.0%	14.3%	2,298

Percentage Providing Telephone Visits (Between Physician and Parent/Patient)

Practice Setting	Yes	No	Total
	Row %	Row %	Valid N
Solo or 2-physician practice	69.9%	30.1%	722
Pediatric group practice with 3–5 FTE physicians	68.4%	31.6%	526
Pediatric group practice with >5 FTE physicians	62.6%	37.4%	364
Multi-specialty group	63.4%	36.6%	227
Total	67.0%	33.0%	2,284

Percentage Providing Care Plan Oversight (Monthly)

Practice Setting	Yes	No	Total
	Row %	Row %	Valid N
Solo or 2-physician practice	31.0%	69.0%	696
Pediatric group practice with 3–5 FTE physicians	34.8%	65.2%	517
Pediatric group practice with >5 FTE physicians	34.9%	65.1%	352
Multi-specialty group	36.1%	63.9%	219
Total	33.1%	66.9%	2,202

Percentage Providing E-mail Visits (Between Physician and Parent/Patient)

Practice Setting	Yes	No	Total
	Row %	Row %	Valid N
Solo or 2-physician practice	10.9%	89.1%	707
Pediatric group practice with 3–5 FTE physicians	12.1%	87.9%	521
Pediatric group practice with >5 FTE physicians	13.9%	86.1%	359
Multi-specialty group	21.9%	78.1%	224
Total	15.4%	84.6%	2,246

Percentage Providing Telemedicine Visits

Practice Setting	Yes	No	Total
	Row %	Row %	Valid N
Solo or 2-physician practice	4.0%	96.0%	700
Pediatric group practice with 3–5 FTE physicians	2.5%	97.5%	510
Pediatric group practice with >5 FTE physicians	7.3%	92.7%	357
Multi-specialty group	4.5%	95.5%	221
Total	5.7%	94.3%	2,212

Percentage Providing Other Non-Face-to-Face Visits

Practice Setting	Yes	No	Total
	Row %	Row %	Valid N
Solo or 2-physician practice	10.5%	89.5%	210
Pediatric group practice with 3–5 FTE physicians	13.3%	86.7%	143
Pediatric group practice with >5 FTE physicians	14.6%	85.4%	82
Multi-specialty group	14.0%	86.0%	43
Total	11.7%	88.3%	592

Percentage of Patients Covered by Medicaid/SCHIP

Practice Setting	Valid	Mean	SE	25th	Median	75th
	N			Percentile		Percentile
Solo or 2-physician practice	715	34.0%	1.1%	7.0%	30.0%	60.0%
Pediatric group practice with 3–5 FTE physicians	533	24.4%	1.0%	5.0%	17.0%	40.0%
Pediatric group practice with >5 FTE physicians	359	20.3%	1.0%	5.0%	12.4%	33.0%
Multi-specialty group	193	28.4%	1.7%	10.0%	20.0%	45.0%
Total	2,192	30.0%	0.6%	5.0%	22.6%	50.0%

Practice Expense-to-Revenue Ratio

Data Source	Data Year/Period	Practice Expense-to-Revenue Ratio	
		Mean	Median
AAP	2007	65.8%	59.6%
AMA	2000	55.6%	50.0%
AMA	1998	52.6%	44.2%
AMA	1997	57.0%	49.8%

Access to Office-based Physicians and Dentists during the First 2 Years (Source: MEPS, 2000-2006 Average)

- While 89% of infants and 1-year olds had at least one physician office visit annually, only 1.5% of them had one or more dental visit.
- Among infants and 1-year olds, the frequency of physician office visits outnumbered the frequency of dental visits at the ratio of 242:1 .

Mental Health Conditions: Prevalence, Diagnosis and Treatment in Pediatric Population (Sources: MEDSTAT, 2005; NHIS, 2005-06)

- In 2005-2006, 15% of U. S. children aged 4-17 years had parents who talked to a health care provider or school staff about their child's emotional or behavioral difficulties. This included 18% of boys and 11% of girls. (NHIS, 2005-06)
- Approximately 5% of children were prescribed medication for difficulties with emotions or behavior. A large majority of these children (89%) were prescribed medication for difficulties with concentration, hyperactivity, or impulsivity, which are symptoms of attention deficit-hyperactivity disorder (ADHD). (NHIS, 2005-06)
- Approximately 5% of children received "treatment other than medication" for emotional or behavioral difficulties. Most of these children - 60% - received this treatment from a mental health private practice, clinic, or center. (NHIS, 2005-06)
- 5% of all adjudicated claims submitted on behalf of children through age 21, and 1% of all adjudicated claims submitted by pediatricians, included mental health diagnoses. (MEDSTAT, 2005)
- 6% of all payments for claims submitted on behalf of children through age 21, and 2% of payment for claims submitted by pediatricians, related to mental health diagnoses. (MEDSTAT, 2005)

Overweight and Obesity: Prevalence, Diagnosis and Evaluation in Pediatric Population (Sources: NHANES, 2003-04, MEDSTAT, 2005, Barlow et al, Pediatrics. 07/2002)

- An estimated 17 percent of children and adolescents ages 2-19 years are overweight or obese (NHANES, 2003-2004). They include
 - 14% of 2-5 year olds
 - 19% of 6-11 year olds
 - 17% of 12-19 year olds

- On identification and evaluation of overweight and obesity in children and adolescents, a survey of pediatricians, pediatric nurse practitioners (PNPs), and registered dietitians (Barlow et al, Pediatrics. 2002 Jul;110:222-8) found the following:
 - A majority of pediatric health care providers frequently used clinical impression, weight-for-age percentile, weight-for-height percent, and weight-for-height percentile to assess degree of overweight.
 - Nearly all pediatricians and PNPs routinely evaluated blood pressure, but a minority routinely looked for orthopedic problems, insulin resistance, and sleep disorders.
 - Two thirds of pediatricians and PNPs routinely tested for lipid abnormalities.
 - Most providers asked about family history of overweight, hypertension, cardiovascular disease, and diabetes, but only one third asked about gallbladder disease.
- 0.4% of all adjudicated claims submitted on behalf of children through age 21, and 0.2% of all adjudicated claims submitted by pediatricians, included obesity-related diagnoses. (MEDSTAT, 2005)
- 0.4% of all payments to providers on behalf of children through age 21, and 0.3% of payment to pediatricians, related to obesity-related diagnoses. (MEDSTAT, 2005)

Top 10 Most Frequently Reported Pediatric Codes (Source: MEDSTAT, 2005)

Rank*	CPT Code	Description	% of All Claims
1	99213	Office or other outpatient visit for the evaluation and management of an established patient; 15 minutes	23.86%
2	90471	immunization administration; one vaccine	5.35%
3	99214	Office or other outpatient visit for the evaluation and management of an established patient; 25 minutes	4.64%
4	99212	Office or other outpatient visit for the evaluation and management of an established patient; 10 minutes	3.01%
5	87880	Streptococcus, group A	2.96%
6	90472	Immunization administration; each additional vaccine	2.78%
7	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual; early childhood (age 1 through 4)	2.66%
8	99391	Periodic comprehensive preventive medicine reevaluation and management of an individual; infant (age younger than 1 year)	2.60%
9	90669	Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years	2.08%
10	90700	Diphtheria, tetanus toxoids, acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years	1.99%