

Children with public health insurance less likely to receive comprehensive primary care

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Children with public insurance are 22 percent less likely to receive comprehensive primary care than those with private insurance, according to new research from the University of Michigan Medical School.

Public insurance programs cover one-third of U.S. [children](#), many of whom belong to the most vulnerable groups, including minorities, the underprivileged and those in [poor health](#). This includes children covered by Medicaid and the Children's Health Insurance Program (CHIP).

The study, available online ahead of print in [Academic Pediatrics](#), determined how often children with [public health insurance](#) reported having a 'medical home,' a model for pediatric primary care endorsed by the American Academy of Pediatrics (AAP).

The [medical home](#) approach, which is heavily promoted across the country, is designed to facilitate partnerships between patients, parents and care providers. According to the AAP, a medical home is "accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective." It is often touted as a method of providing excellent pediatric primary care.

Researchers analyzed data from the 2007 National Survey of Children's Health [phone survey](#) of households with children ages 0-17, which was conducted by the National Center for Health Statistics. To determine whether they were getting medical home services, the survey asked parents about their child's usual source of care, familiarity with a

personal doctor/nurse, difficulty of obtaining referrals, access to family centered care and communication between care providers.

Only 45 percent of children with [public insurance](#) met all five of these components, far less than the 67 percent of children with [private insurance](#).

"Because of their vulnerabilities, children with public insurance are a prime target for efforts to promote the medical home," says Joseph S. Zickafoose, M.D., Clinical Lecturer in Pediatrics and [Communicable Diseases](#) at the U-M Medical School, "However, until now, we knew very little about how often children with public insurance received care consistent with a medical home."

The biggest differences between children with public and private insurance were found in family-centered care with significantly fewer parents of publicly-insured children reporting that their child's provider spent enough time, listened carefully, displayed sensitivity towards family values and customs, and provided needed information.

However, over 90 percent of children with public insurance reported having a usual source of medical care and a personal doctor. Given that this group has historically faced challenges in accessing and maintaining primary care, the researchers say this was very encouraging.

"Primary care is the cornerstone of health care for children. These results suggest that efforts to improve access to primary care for children with public insurance have been very successful," says Zickafoose, lead author of the study.

This study is the first to find such associations between a composite measure of the medical home and type of insurance in a broad cross-section of children. The findings provide a national benchmark for state

programs promoting the medical home for publicly- and privately-insured children.

"While we need to continue to assure adequate access to primary care for publicly- insured children, we also need to pay attention to the care they receive once they're in the door," says Zickafoose, "Particularly for family-centered care, we have a long way to go."

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