

Study predicts potential surge in medically-attended injuries

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New research from The Center for Injury Research and Prevention at The Children's Hospital of Philadelphia (CHOP), signals that emergency and outpatient healthcare providers may need to prepare for higher demand for treatment among younger patients with mild and moderate injuries. As federal and state policies encouraging people to be covered by health insurance go into effect, researchers estimate the potential for more than 730,000 additional medically attended injuries annually, or a 6.1 percent increase if all currently uninsured children and young adults (ages 0-26) become insured. The estimates are based on 2008 injury data from the National Health Interview Survey. The study was published in this month's *Clinical Pediatrics*.

"In order to assist planning efforts by healthcare systems and policymakers, we aimed to examine the impact on trauma systems of increases in young people with [health insurance](#)" says Flaura Koplin Winston, MD, PhD, lead author and Scientific Director of the Center for Injury Research and Prevention at CHOP. "This study signals a need to prepare for potential large increases in demand for care of minor and moderate pediatric and young adult injuries in both [emergency department](#) and outpatient settings."

According to the study, a significant portion of the increase will come from currently uninsured young adults (18-26 year olds), who will now be able to remain on their parents insurance until age 26 or find [affordable care](#) through exchanges. Researchers found that the causes and nature of medically attended injuries differed between insured and

uninsured young adults. The uninsured sought medical care for more serious injuries like fractures when compared to other types of injury. The insured sought medical care for a wider distribution of injuries—with the most common being sprains and strains, as well as open wounds. Of interest, among children under age 18, 11 percent of medically attended injuries among insured kids were related to overexertion, but this injury mechanism did not cause [uninsured children](#) to seek care.

Winston and her colleagues based their estimates on recent injury care data and the assumption that those new to insurance would have a probability of medically attended injury that equals that of those who already have insurance. With these assumptions, they predict that each year as many as 510,553 additional children and young adults could be seen for injury treatment in outpatient settings, nearly 195,838 in Emergency Departments or admitted to hospital, with another 30,689 being attended to through phone- only encounters. Winston cautions that the actual health system utilization rates and sites of care may vary as newly insured people may access care differently from those who are already insured.

"Health care delivery systems across the US need to have sufficient numbers of general and pediatric [healthcare providers](#) who are trained in treating moderate trauma and injury and can staff urgent care centers, health centers, primary care practices, call centers, and emergency departments," says Dr. Winston. "In keeping with the aims of the Affordable Care Act, the goal should be that all young patients who seek care for their injuries get the appropriate care at the right time and right place."

The study authors recommend several steps health care systems can take to manage the potential increase in patients and avoid both the expensive overuse of emergency services and the long-term effects on communities of inadequately treated injury:

- Train medical students and residents with relevant course content on diagnosis and treatment of concussions, musculoskeletal injury, sports medicine and open wound care.
- Expand programs such as Poison Control Centers and call centers, and remote medical command for triage and treatment of non-life-threatening injuries.
- Prevent injuries to children by allocating federal and state resources to proven injury prevention strategies. They cost less than medical care needed to treat injuries.
- Implement the Centers for Disease Control and Prevention's National Action Plan for Childhood Injury Prevention.
- Develop or expand proven off-the-job injury prevention strategies. The cost of insuring this new population of youth, the majority of whom currently live with an employed head of household, may fall to employers.

"Injury is the leading health risk for children and [young adults](#). Proven prevention strategies and appropriate acute care will reduce fatalities and the long-term consequences that [injury](#) can have on quality of life," says Dr. Winston.

Provided by Children's Hospital of Philadelphia

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