

Gaps Seen in Special Needs Adolescent Care

BY PATRICE WENDLING

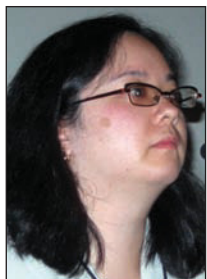
FROM THE ANNUAL MEETING OF THE
PEDIATRIC ACADEMIC SOCIETIES

VANCOUVER, B.C. — Roughly 1 in 10 transition-aged adolescents with special health care needs experience some delay in their care, despite high rates of insurance coverage.

A secondary analysis of data from the 2005-2006 National Survey of Children with Special Health Care Needs revealed that 9.8% of 12,385 adolescents, or a weighted total of 2.9 million American adolescents, experienced forgone or delayed health care that year.

Notably, 63% of the cohort (aged 14-17 years) had private insurance, 24% had public insurance, 9% other coverage, and 4% were uninsured, reported Dr. Megumi J. Okumura and her colleagues at the University of California, San Francisco.

While poverty and degree of illness elevated the risk of forgone/delayed health care, receiving transition services



Nearly 3 million American teens experienced forgone or delayed health care during 2005-2006.

DR. OKUMURA

appeared to play a protective role in maintaining health care.

“Formal transition planning is a potentially important strategy for preventing forgone care in adolescents with special health care needs,” she said. “Transition planning may help youth and their families better advocate for their own health care services.”

In a multivariate model, the odds of reporting forgone/delayed care increased for adolescents who did not receive transition services (adjusted odds ratio 2.1) or had no medical home (OR 1.6). The same was true for those who lived in a single, mother-only household (OR 1.4) or had an unstable condition (OR 1.4).

Consistent with the previous literature, the odds of forgone care also increased for those with no health insurance (OR 6.1) and an income 200%-400% of the federal poverty line (OR 3.6) or less than 200% of the poverty line (OR 5.6).

Contrary to prior research, however, self-reported black ethnicity was found to decrease the odds of forgone care (OR 0.5), Dr. Okumura said. Data are being analyzed to determine if there is a difference in the utilization of services for physical versus mental health needs.

“It is critical to understand how preparing youth for adult-based health care can ensure continuity as they transition to adult services,” she said.

The majority of the cohort was male (55%), white (69.5%), lived in a two-parent household (61%), had stable medical

conditions (66%), and lived at an income level less than 200% of the poverty line (37.5%).

During the discussion of the study, an audience member asked Dr. Okumura to speculate on whether the recently approved Patient Protection and Affordable Care Act will further delay or advance the transition process.

Dr. Okumura said that expanding coverage to more Americans will hopefully

improve access to care and that extending coverage to adult dependents up to age 26 may help ease the progression to employer-based health care and other forms of coverage. Still, it's unclear how the new law, even with its provisions for coverage of preexisting conditions, will affect providers transitioning care and whether they will want to “hang on” to their patients.

One audience member observed that

it is hard for many adolescents with special health needs to transition to adult services because they have to overcome their loyalty to a pediatrician they feel kept them alive.

Dr. Okumura said limitations of the study included the inability to ascertain causality due to its cross-sectional design, the use of parental self-report, and that foregone care may not be indicative of the quality of care delivered. ■

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