

Access to Urgent Pediatric Primary Care Appointments in the District of Columbia

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Background

Timely access to acute primary care appointments after an emergency department (ED) visit has become a challenge for both providers and patients. Previous studies have documented disparities in accessing adult primary care and pediatric specialty care, especially among those lacking private insurance. There is little data regarding urgent pediatric primary care access. Concerns over pediatric provider access need to be addressed as public and private insurance expansions begin within health reform.

Objective

This study measured pediatric access to urgent primary care appointments within the District of Columbia (D.C.) following an ED visit. We hypothesized there would be a disparity in access for uninsured children or those with Medicaid.

Methods

We used mystery caller methodology to evaluate rates of appointment access for pediatric patients. Calls were made to randomly selected private pediatric practices as well as pediatricians at safety net clinics. Research assistants posed as a parent calling to secure an urgent appointment for their child following a recent ED visit for urinary tract infection symptoms using a standardized clinical script that varied by insurance status. We calculated rates of appointment success as well as average length of time between call date and appointment date. All appointments were canceled prior to termination of the call. We analyzed differences in appointment success rates and wait times using bivariate chi² analysis.

Results

We sampled 57 safety net clinics and 29 private clinics. Although the results were not statistically significant (p=0.55), successful appointment rates were the lowest among Medicaid (27.8%) callers attempting to make appointments at private clinics. Calls made to safety net providers for the Medicaid patient scenario (48.8%, p=0.38) or uninsured patient scenario (47.7%, p=0.42) had the highest appointment success rate however had longer wait times. The average appointment wait time at safety net clinics for Medicaid patients was 12.3 days (95% CI, 3.5 to 21.1) and 10.4 days (95% CI, 6.7 to 14.1) for uninsured patients. Average appointment wait times for private patients at private practices were 1.9 days (95% CI, 1.0 to 2.7).

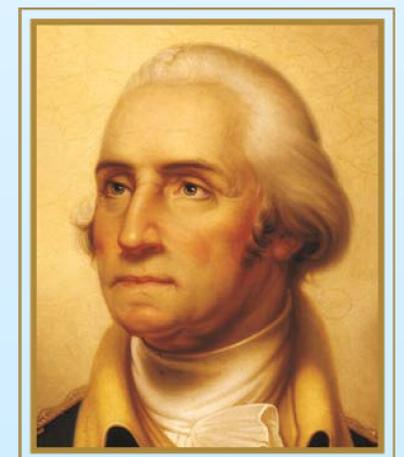
Results

	Number Sampled	Completed Calls	Appointment Made n (% of completed calls)	P value % success appt as compared to private scenario	Average wait time for an appointment in days
Uninsured Safety Net	57	46	22 (47.7%)	0.42	10.4(6.69, 14.13)
Medicaid Safety Net	57	43	21 (48.8%)	0.38	12.29 (3.50,21.07)
Uninsured Private	29	20	11 (55.0%)	0.24	2.91 (0.95,4.87)
Medicaid Private	29	18	5 (27.8%)	0.55	1.60 (-0.28,3.48)
Private	29	19	7 (36.8%)		1.86 (1.02,2.69)

Bold indicates significant difference as compared to private scenario

Conclusion

This study did document a disparity in access to urgent pediatric primary care appointments between callers with different types of health insurance in D.C. Although appointment success rates were not different by practice setting or insurance type, average appointment wait times were significantly longer for callers to safety net providers than private practices. Public policies that improve the capacity of pediatric safety net providers and clinics are necessary to improve access.



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