



Title: How Different Are Privately Insured and Medicaid Referrals? A DBPNet Study

Ruth EK Stein, MD^{CHAM/Einstein}, Ellen J Silver, PhD^{CHAM/Einstein}, Marilyn C Augustyn, MD^{Boston Univ}, Nancy Roizen, MD^{CWRU}, Nathan J Blum, MD^{CHOP} and Pamela High, MD^{Brown}. ¹Pediatrics, CHAM/Einstein, Bronx, NY - New York, United States; ²Pediatrics, CHAM/Einstein, Bronx, NY, United States; ³Pediatrics, Boston University, Boston, MA, United States; ⁴Pediatrics, Children's Hospital of Philadelphia, Philadelphia, PA, United States; ⁵Pediatrics, Brown University, Providence, RI, United States and ⁶Pediatrics, Case Western Reserve University, Cleveland, OH, United States.

Background: Children on Medicaid (M) have less access to care and worse health than privately insured (P), but it is unknown how this affects their presentation for evaluation at developmental behavioral (DB) sites.

Objective: To determine how M and P referrals differ.

Design/Methods: 56 DB pediatricians (DBP) at 12 sites recorded anonymous data on ≤ 15 consecutive new patients. Descriptive statistics are used to compare groups.

Results: 309 patients had P and 393 M insurance only. Those with M were slightly older (5.8 v 5.3 yrs; $p = .07$), and significantly less likely to be white (63 v 30%; $p < .001$). Their parents were less likely to go beyond High School (43 v 92%) and to speak English (89 v 97%) and more likely to speak Spanish (28 v 5%) (all $p < .001$). Referral sources were similar, except that more P parents self referred (21 v 12%; $p < .001$). They presented with ~ 3 concerns/child (P 2.9 v M 3.1; $P = .06$). Speech and Language (S&L) delays, ASD and ADHD concerns predominated for both groups (all about 40%). More M patients presented with S&L delays (45.8 v 39.2%; $p < .05$), cognitive impairment (29.5 v 19.7%; $p = .002$), and other behavior problems (14.4 v 7.4%; $p = .004$) than P, while more Ps had concerns about anxiety/depression/mood disorders (12.6 v 7.4%; $p = .01$). P were more likely to bring medical records & prior testing, subspecialist reports, past medical & family histories and parent & teacher rating scales (all $p < .05$) and DBPs were significantly more likely to perform physical and neurological exams, DB observations and to share results with parents during the visit. M brought more information from counselor/therapists or SW evaluations and their DBPs ordered more medical & subspecialist reports; IFSP/ IEP/Report Card or teacher reports; teacher & parent rating scales; S&L evaluations; audiologic & psychological testing; physical therapy & counselor/therapist or social work evaluations for M children. M and P did not differ on wait time to appointment, but DBPs spent slightly more time with P than M.

Conclusions: These data suggest that all patients referred to DB pediatricians present with multiple concerns and that those on Medicaid have somewhat more complex problems at the time of referral and tend to come with less information and require more subsequent evaluations.

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