

What Really Happens When Children Visit the Doctor?

by Susan S. Aronson, MD



Guidelines published in the last decade by federal agencies and the American Academy of Pediatrics recommend a long list of activities that should occur at each check-up visit. Doctors are complaining that added paperwork and cost cutting associated with managed care are making their job impossible. Despite the new pressures, recently released research evidence shows that the amount of time and extent of preventive services children receive at check-ups has increased over the past 16 years.

A team of prestigious health policy researchers from several leading medical institutions studied changes in practice patterns reported by child health physicians between 1979 and 1994. The data came from the National Ambulatory Medical Care Surveys collected by the National Center for Health Statistics from 1979 to 1981, in 1985, and from 1989 to 1994. They studied over 58,000 office visits to a sample of about 2,000 physicians during the 16 year period.

The researchers found that children are seeing doctors more often for preventive care. More of these visits are to pediatricians (child health specialists) than to other physicians (family and general practitioners). Doctors reported that they gave counseling in a higher proportion of

visits now than in the past — from 39.1% of visits in 1979 to 71% in 1994. The most common type of counseling was about diet.

Immunizations are the most frequently provided preventive service in children's visits to the doctor. Over 48% of well-child visits involved receipt of vaccine in 1994, up from 33% in 1980. Blood pressure screening for children 3 years of age and older increased substantially during this period, too.

The time spent in face-to-face interactions between the physician and the family increased. Not counting waiting time, or time spent with other office personnel, the mean time the doctors reported that they spent per patient encounter was 14.2 minutes in 1994, up from 11.8 minutes in 1979. (This finding is consistent with time-motion studies reported by other researchers in 1980 and 1996.)

While the duration of visits increased for visits covered by all types of insurance, the increase in duration of visits was less in visits paid for by a managed care organization. Many managed care organizations emphasize productivity and evaluate physicians by how many patients they see per hour. Since managed care organizations measure consumer satisfaction, too, consumers should

complain about rushed visits to help counterbalance productivity pressure in managed care arrangements.

For sick visits, diagnoses have become more specific: ear infection, sinus infection, and pneumonia instead of "respiratory infection." Perhaps this explains why doctors prescribed antibiotics more often (at 31% instead of 26% of visits) in 1994 compared with 1979. Asthma remedies have become the second most commonly prescribed medications for children.

Child care providers can help families get the most from their visits to doctors in several ways. When child care providers need forms completed with information about the child's health, help the parents fill in everything they can before giving the form to the doctor. The doctor can review and add to the information, then certify it with a signature. It doesn't matter who fills in the blanks on forms, as long as the doctor checks that the information is correct.

With parent consent, child care providers can call or send a note to the doctor asking for more information about specific concerns. Often the doctor's office staff fill out child care forms. When this happens, the

staff may not put in details about the child's health that you might like to know. If you raise a question about the child's health at or before the child's check-up, the doctor's office is more likely to address this concern during the visit and give you useful feedback.

Suggest that families go to their children's scheduled visits with a list of what they want to talk about and give the list to the doctor at the start of the visit. If the parent saves the most important subject for last, the doctor may not have time to deal with it. Child care providers can give their list of concerns about the child to the parent or get the parent's permission to fax or mail the list to the doctor. This puts all these items on the agenda for the child's health visit.

By preparing parents and children for check-up visits, child care providers can help get the most from routine child health care. First, be sure parents know the difference between scheduling a visit for an illness or follow-up and a check-up visit. Check-ups take more time.

By 3 years of age, children should receive formal vision and hearing screening. To help children cooperate with these procedures, have them wear earphones connected to a tape player or radio so they can practice raising a hand when you turn on the sound. Obtain a copy of commonly used vision screening charts from a local ophthalmologist or other eye care specialist so children can learn to name the objects on the tests.

Besides vision and hearing screening routines, support child play related to the other procedures that are commonly part of a well-child examination. The doctor and office staff ask questions, write notes, and talk about health habits. The office staff measure the child's growth and blood pressure checks. The clinician does a physical examination; some-

times the staff do blood testing and give vaccines.

Good health care is too expensive for most young families to pay the costs out of pocket. In 1996, nearly 11 million children did not have health insurance. Of families who reported that they did not receive needed health care, 60% said they skipped health care because they could not afford it.

During 1998, all states will plan and implement a new federally funded health insurance program. Passed as part of the 1997 Balanced Budget Act, this new funding is Title XXI of the Social Security Act, also called the State Child Health Insurance Plan (S-CHIP or CHIP). States will give the program a state-specific name once they start to use the money. S-CHIP augments funding for child health care through Title XIX of the Social Security Act, also called Medicaid. Some states are using the new funds to expand eligibility for Medicaid to higher income levels. Others are setting up separate programs which children can use if they are not eligible for Medicaid.

Contact the Maternal and Child Health (MCH) staff at your state Department of Health to find out what is happening with health insurance for children in your state. The MCH staff can tell you what families need to do if they do not have private insurance to see if they are eligible for free or subsidized insurance for their children. Help families to think about Medicaid and S-CHIP as health insurance, not as welfare benefits. Even though families on welfare qualify for Medicaid, many working families qualify, too. About 90% of all uninsured children live in households with at least one working adult.

By partnering with parents and health professionals, child care providers can improve child health

care. Be sure all families have health insurance for their children and that they schedule routine check-ups at recommended ages. For healthy children who have competent parents, children should see the doctor frequently in infancy: by 1 month of age, and at 2, 4, 6, 9, and 12 months of age. In the second year of life, healthy children should go for check-ups at 15, 18, and 24 months. Thereafter, routine visits are once a year. Children with special health problems need more frequent visits.

Remind everyone that good health is an essential foundation for being able to learn. By helping families use health child care services appropriately, educators give children a better future.

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