Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality

STATISTICAL BRIEF #384

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Use of Ambulatory Care among Children, 1999 and 2009

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Introduction

Children's health care has always been a key concern both for the public and for policy makers. Health care use may affect not only children's current health, but also their future health and well-being. This Statistical Brief compares estimates of use of ambulatory care among children in 1999 and 2009 using data from the Household Component of the Medical Expenditure Panel Survey (MEPS-HC). The estimates are based on a nationally representative sample of children younger than 18 years of age. Results are provided on children's use of at least one outpatient department visit, at least one office-based visit, at least one emergency room visit, and ambulatory care visits (outpatient, office-based, or emergency room). Results are also presented on ambulatory care visits by race/ethnicity, insurance, and income status. All differences between estimates discussed in the text are statistically significant at the 0.05 level or better.

Findings

The proportion of children with at least one office-based visit has increased from 70.1 percent in 1999 to 74.9 percent in 2009. The proportion of children with at least one emergency room visit has also increased (11.1 to 13.3 percent). There was no significant change in the proportion of children with at least one outpatient department visit between 1999 and 2009. Overall, the proportion of children with ambulatory care visits (outpatient, office-based, or emergency room) has increased from 72.7 percent in 1999 to 77.3 percent in 2009.

The proportion of children with ambulatory care visits has increased significantly between 1999 and 2009 among non-Hispanic whites (78.1 to 82.2 percent), non-Hispanic blacks (60.9 to 67.9 percent) and among Hispanics (63.7 to 72.3 percent). There was no significant change in the proportion of children with ambulatory care visits among non-Hispanic others. In both 1999 and 2009, the proportion of children with ambulatory care visits among non-Hispanic whites was higher than those of non-Hispanic blacks, non-Hispanic others, or Hispanics (figure 2).

While the likelihood of having an ambulatory care visit has increased between 1999 and 2009 among children with private insurance (75.8 to 81.4 percent), there were no significant changes over the decade among children with public insurance only or among uninsured children. Moreover, whereas there was no significant difference in 1999 between children with public insurance only and children with private insurance, in 2009, children with private insurance were more likely to have an ambulatory care visit compared to those with public insurance only (81.4 versus 75.1 percent). Not surprisingly, uninsured children were far less likely to have an ambulatory care visit than children with private or public insurance, both in 1999 (46.5 versus 75.8 or 72.2 percent) and in 2009 (48.7 versus 81.4 or 75.1 percent) (figure 3).

Children in high income families were more likely to have ambulatory care visits in 2009 (86.4 percent) than in 1999 (79.9 percent). The same is true for middle income families (72.4 percent in 1999 versus 77.5 percent in 2009). There were no significant changes in the likelihood of having an ambulatory care visit between 1999 and 2009 for children in poor and near poor/low income families. Both in 1999 and in 2009, children in high income families were more likely to have an ambulatory care visit than children in middle income, near poor/low income, or low income families (figure 4).

Highlights

- The proportion of children with ambulatory care visits has increased from 72.7 percent in 1999 to 77.3 percent in 2009.
- The proportion of children with ambulatory care visits has increased significantly between 1999 and 2009 among non-Hispanic whites (78.1 to 82.2 percent), non-Hispanic blacks (60.9 to 67.9 percent) and among Hispanics (63.7 to 72.3 percent).
- The likelihood of having an ambulatory care visit has increased between 1999 and 2009 among children with private insurance (75.8 to 81.4 percent).
- Children in high income families were more likely to have an ambulatory care visit in 2009 (86.4 percent) than in 1999 (79.9 percent). The same is true for middle income families (72.4 percent in 1999 to 77.5 percent in 2009).

Data Source

The estimates presented in this Statistical Brief were derived from the MEPS Full Year Consolidated Data Files, MEPS Outpatient Visits files, and MEPS Office-Based Medical Provider Visits file for the years 1999 and 2009.

Definitions

Race/ethnicity
Classification by race and ethnicity was based on information provided by the household respondent for each household member. From 1997 to 2001, the respondent was asked if each person's race was best described as black, white, Asian or Pacific Islander, American Indian, or Alaska Native. Beginning in 2002, the respondent was able to describe each person′s race by specifying any combination of races that applied (i.e., multiracial). In all years, respondents were asked if each person′s main national origin or ancestry was Puerto Rican, Cuban, Mexican, Mexicano, Mexican American, or Chicano; other Latin American; or other Spanish. Persons claiming a main national origin or ancestry in one of these Hispanic groups, regardless of racial background, were classified as Hispanic. Since the Hispanic grouping can include persons of any race, the race categories of black, white, and other exclude Hispanics. The other category includes people with single races other than white and black as well as people who report multiple races.

Insurance coverage
Persons were classified into three insurance categories as follows:

- *Any private*: Person had any private insurance coverage (including TRICARE) any time during the year.
- *Public only*: Person had only public insurance coverage for all or part of the year.
- *Uninsured*: Person was uninsured all year.

Income
In MEPS, personal income from all household members is summed to create family income. Potential sources of income include annual earnings from wages, salaries, bonuses, tips, and commissions; business and farm gains and losses; unemployment and Workers′ Compensation payments; interest and dividends; alimony, child support, and other private cash transfers; private pensions; individual retirement account (IRA) withdrawals; Social Security and Department of Veterans Affairs payments; Supplemental Security Income and cash welfare payments from public assistance, TANF (Temporary Assistance for Needy Families; formerly known as Aid to Families with Dependent Children, or AFDC); gains or losses from estates, trusts, partnerships, S corporations, rent, and royalties; and a small amount of "other" income. Individuals were classified according to their family's income in terms of poverty status. Poverty status is the ratio of the family's income to the Federal poverty thresholds, which control for the size of the family and the age of the head of the family. The following classification of poverty status was used:

- *Poor*: Persons in families with incomes 100 percent of the poverty line or less, including those who reported negative income.
- *Near poor/low income*: Persons in families with incomes over 100 percent through 200 percent of the poverty line.
- *Middle income*: Persons in families with incomes over 200 percent through 400 percent of the poverty line.
- *High income*: Persons in families with incomes over 400 percent of the poverty line.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1656) or visit the MEPS Web site at http://meps.ahrq.gov/mepsweb/.

References

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling error, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41 (7) Supplement: III-5–III-12.

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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

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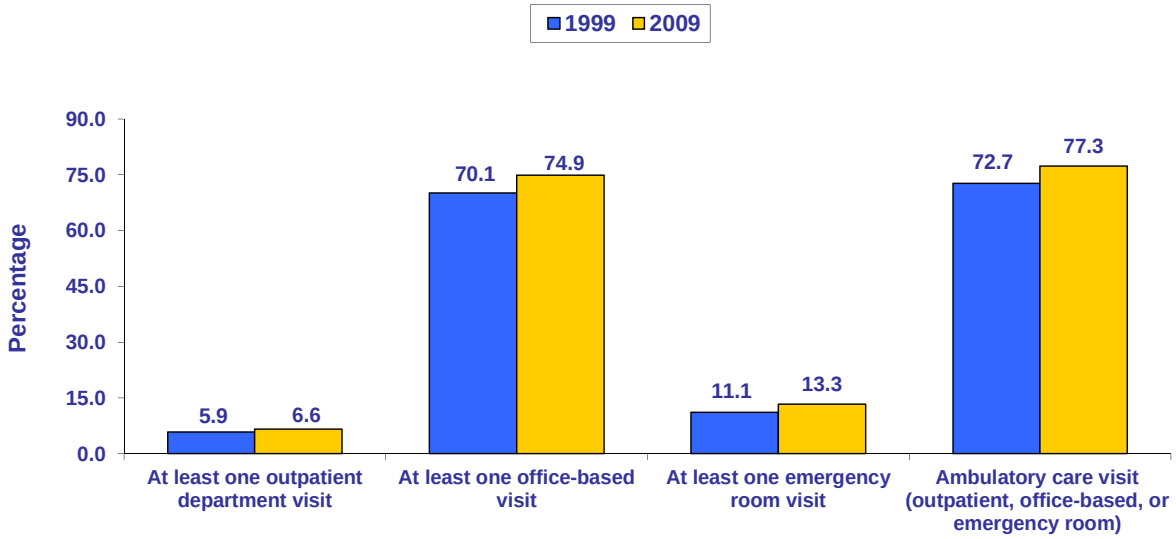
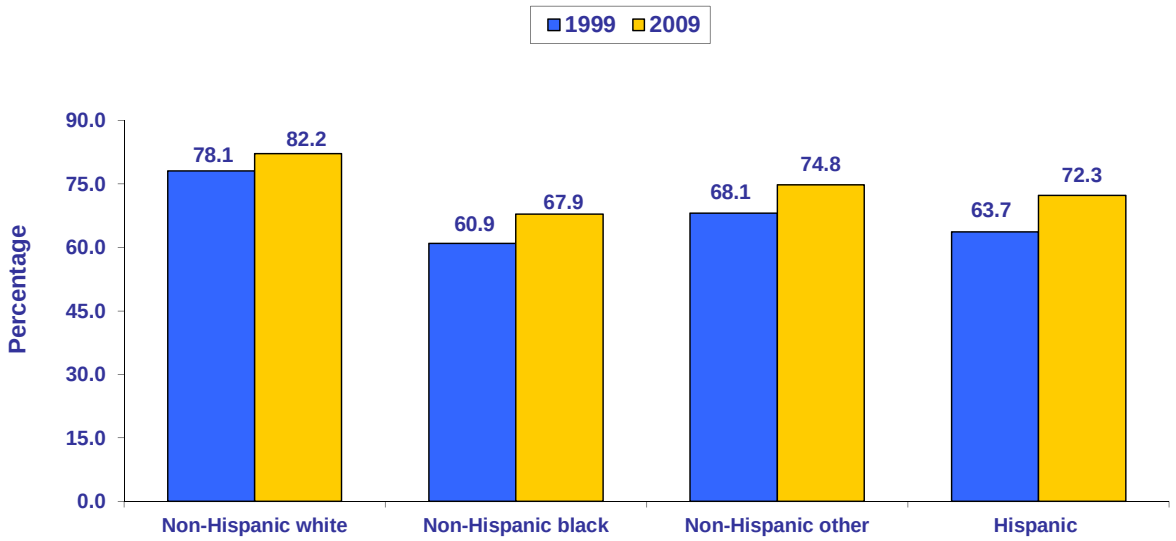
Figure 1. Use of ambulatory care among children (less than 18 years), 1999 and 2009



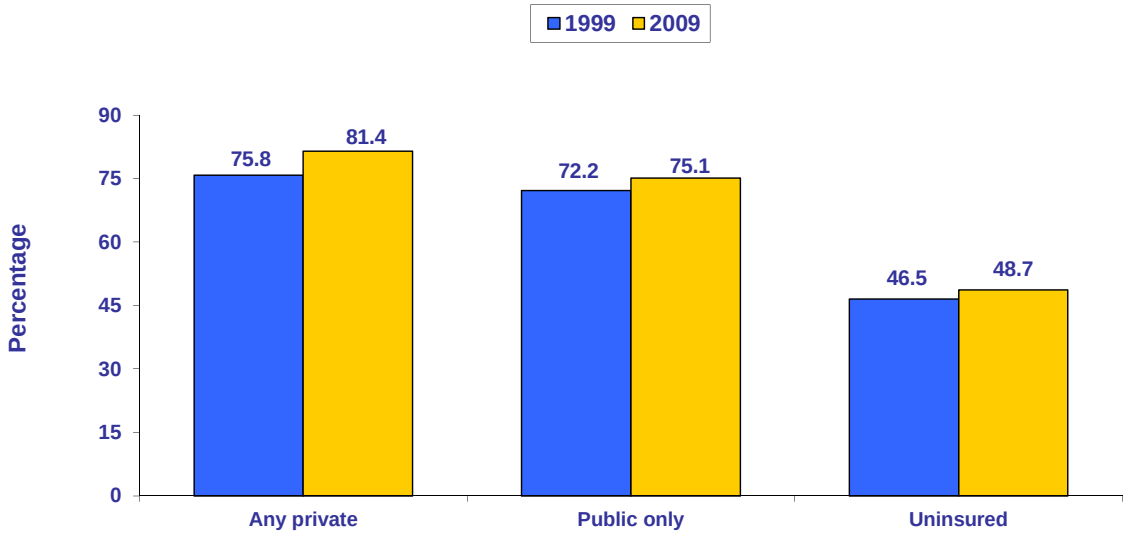
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1999 and 2009

Figure 2. Percentage of children (less than 18 years) with ambulatory care visits by race/ethnicity, 1999 and 2009



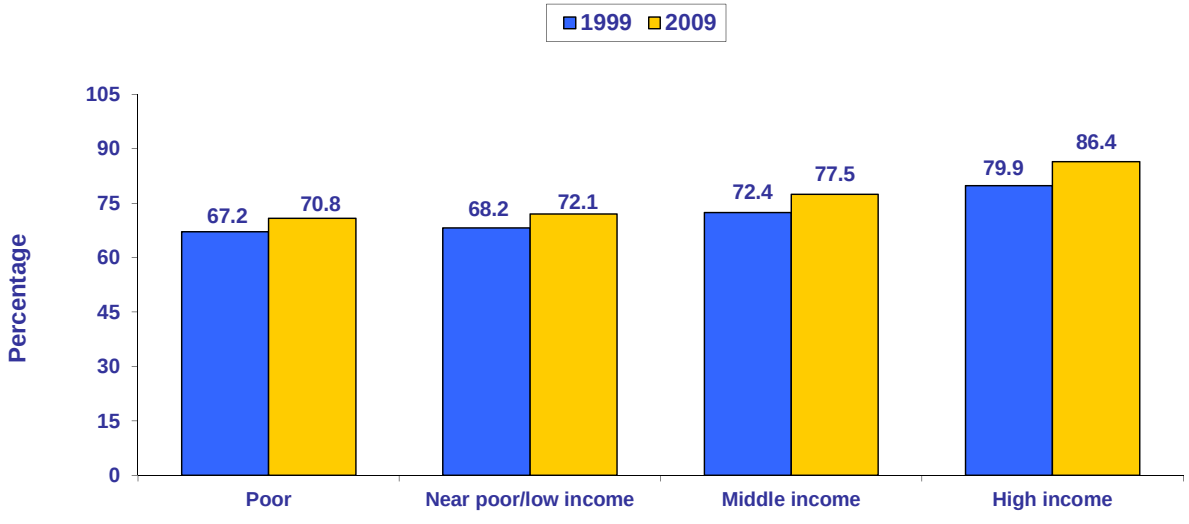
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1999 and 2009

Figure 3. Percentage of children (less than 18 years) with ambulatory care visits by insurance coverage, 1999 and 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1999 and 2009

Figure 4. Percentage of children (less than 18 years) with ambulatory care visits by income, 1999 and 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 1999 and 2009