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Even insured kids don't get care: Shortcomings blamed on less time with doctors

By [CHERIE BLACK](#) AND [PAUL NYHAN](#), P-I REPORTERS, 10/11/07

Children in the United States do not get recommended health care more than half of the time, according to a new study conducted in Seattle and elsewhere to be published Thursday in the New England Journal of Medicine. Researchers found that children are not receiving recommended preventive care and screening services, such as regular weight and measurement checks to make sure they are growing and not at risk for obesity. They also aren't receiving standard care for conditions such as asthma and diarrhea. **Children received 68 percent of recommended care for severe medical problems, 53 percent of recommended care for chronic medical conditions and 41 percent of recommended preventive care**, according to the study.

"Nobody is getting that kind of relationship with the physicians that allows questions before they (issues) really become urgent or emergent," said Kristin Nelson, 34, a Seattle-area mother of three ages 4, 2, and 6 months. Nelson loves her pediatrician, but still feels rushed during visits. "You can't keep trying to squeeze more and more out of the same seven-minute office visit."

The study was conducted by Seattle Children's Hospital Research Institute, the University of Washington School of Medicine and the non-profit research RAND Corp. and paid for by grants from the Robert Wood Johnson Foundation, the Centers for Medicare & Medicaid Services, and the California HealthCare Foundation. The findings are the first comprehensive look at children's health care quality, and are startling to many because nearly all of the children studied had health insurance, and 82 percent were privately insured.

Even though some Seattle parents were shocked by the data, they also realized the days of "doctor knows best" are over. **"More and more parents need to know what they want for their children and make sure it is being delivered,"** said Kristen Dobson, a parent of two and managing editor of the Seattle-based family magazine Parent Map. "Don't leave there without discussing concerns you have about your own child." In fact, researchers urged parents to bring their own checklists to checkups. "We are human and there are things we forget to do during visits," said Dr. Rita Mangione-Smith, lead author of the research study, who practices at Seattle Children's Hospital. "As a parent, arm yourself with as much information as you can," she said.

Mangione-Smith's advice should be welcome news to Kristin Nelson. "Doctors always say they hate patients going to the Internet, but you are kind of forced down that path ... by the fact that you are going to have a very brief interaction," Nelson said.

The researchers admitted they had incomplete medical records for some children, talked to no children from rural areas and more than half the families asked to participate didn't respond. They **called the results a "best-case scenario" of the many shortcomings in children's health care, since the majority were also white and middle class.** Researchers reviewed the medical records of more than 1,500 children randomly selected from 12 metropolitan areas, including Seattle, whose parents provided written consent. Most of the children were white and middle class. Other areas surveyed included Boston, Phoenix, Orange County, Calif., Indianapolis and Miami.

The researchers found **major differences depending on the medical condition.** For example, 92 percent of children received care for **upper respiratory infection** while children with **asthma** received just 46 percent of the care they needed overall. The study found that just 44 percent of children with persistent asthma had a prescription for an anti-inflammatory medication. Also, during regular check-ups, only 31 percent of children ages 3 to 6 were weighed and measured. Only 15 percent of adolescents who saw a doctor were weighed and measured. Urine cultures were performed in only 16 percent of very young children who had undiagnosed fever and were at high risk for a urinary tract infection. Children receive 38 percent of recommended care for severe diarrhea, which accounts for up to 500 child deaths each year, according to the Centers for Disease Control and Prevention.

Mangione-Smith said the fact that physicians are seeing more patients during shorter periods of time is just part of the problem. She said **pediatricians have little training on how to screen to prevent illnesses, as opposed to treating serious problems.** She recommended that pediatricians use a checklist to make sure they have screened for everything at each child's visit. In the shadows of the national children's health insurance debate, she said the push has been to see how productive physicians are by the number of patients they see while reimbursements for preventive care have decreased.

Emily Healy is raising three kids in Seattle and says the reported gaps in medical care highlight that doctors are trained to deal with diseases, not prevent them. "M.D.s right now are being trained to recognize a disease and prescribe a medication for that disease, when you want to go back to preventive" medicine, said Healy, whose kids are 11 months to 6 years old.

Dr. Joseph Hagan, chairman of the American Academy of Pediatrics Bright Futures Committee, **called the study a little slap in the face of pediatricians, noting that it wasn't about pointing fingers specifically at physicians, but calling attention to the need for a better system.** He said one way to help fix the system is to adopt a universal set of guidelines for pediatricians to follow. **Such guidelines, which have been preordered by thousands of pediatricians, will be available on the academy's Web site at the end of the month, Hagan said.** The guidelines not only tell pediatricians what should be checked and

when, but offer evidence from studies or rationale when evidence isn't available. He also said better insurance reimbursement is an incentive to perform more screenings and tests on children during visits. "It's not just whether the practitioner values what needs to be done, but does the system or community value it?" he said. "We've all decided what's good to do but we won't pay for it."

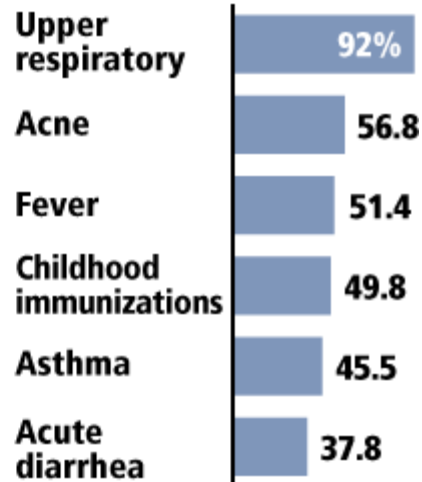
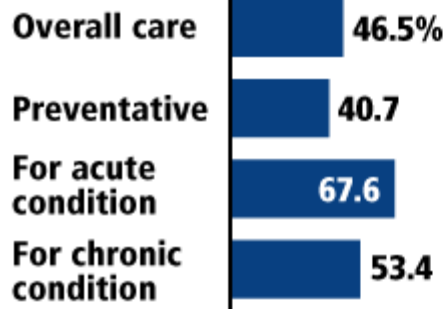
Still, the nation spends more on health care per capita than other industrialized nations, said Kristin Rowe-Finkbeiner, the Seattle-area based leader of the parents-rights group Moms Rising. "Research like this (shows) we aren't getting much for the money we spend and we can do it better, we can have more healthy kids," she added. As alarming as her findings are, Mangione-Smith is hopeful the medical community can address the problems. "I don't think parents should be freaking out because there are things that can be addressed," she said. "My assumption is this data is going to be a call to action."

HEALTH CARE FOR KIDS

A recent study on the health care of children in the U.S. was full of startling findings, such as that children got better care for acne than acute diarrhea.

Percentage of recommended care provided to children

Ages 0 to 18 years



Source: Seattle Children's Hospital Research Institute, Rand Corporation, University of Washington, and the New England Journal of Medicine.

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