


# Quality Assessment in California's Child Health Insurance Expansions

T. Em Arpawong, MPH  
Chris Feifer, DrPH  
Lori Miller Nascimento, MPH  
Gregory D. Stevens, PhD, MHS  
Michael R. Cousineau, DrPH

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# Expanding children's health insurance

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- **763,000** uninsured children in California (CHIS 2005)
- **One-third** of those children do not qualify for existing federal & state health insurance programs
  - Income status
  - Immigration status
- Several counties formed Children's Health Initiatives to offer a comprehensive health insurance product, *Healthy Kids*

## Children's Health Initiatives (CHI) in California

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- Established by diverse **local coalitions** with a common interest in assuring children get needed health care.
- **Funded** by a wide variety of forward thinking private, public, and philanthropic sources.
- As of July 2007, Healthy Kids has covered over **86,000** children statewide



# Goals of Evaluation

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- Assess issues prioritized by funders
  - utilization
  - access
  - quality
- Monitor CHI performance over time
  - standardized measure sets
  - feasible measures
- Compare Healthy Kids to other programs
  - MediCal
  - Healthy Families (California's SCHIP)

# CHI Evaluation Year: 2005

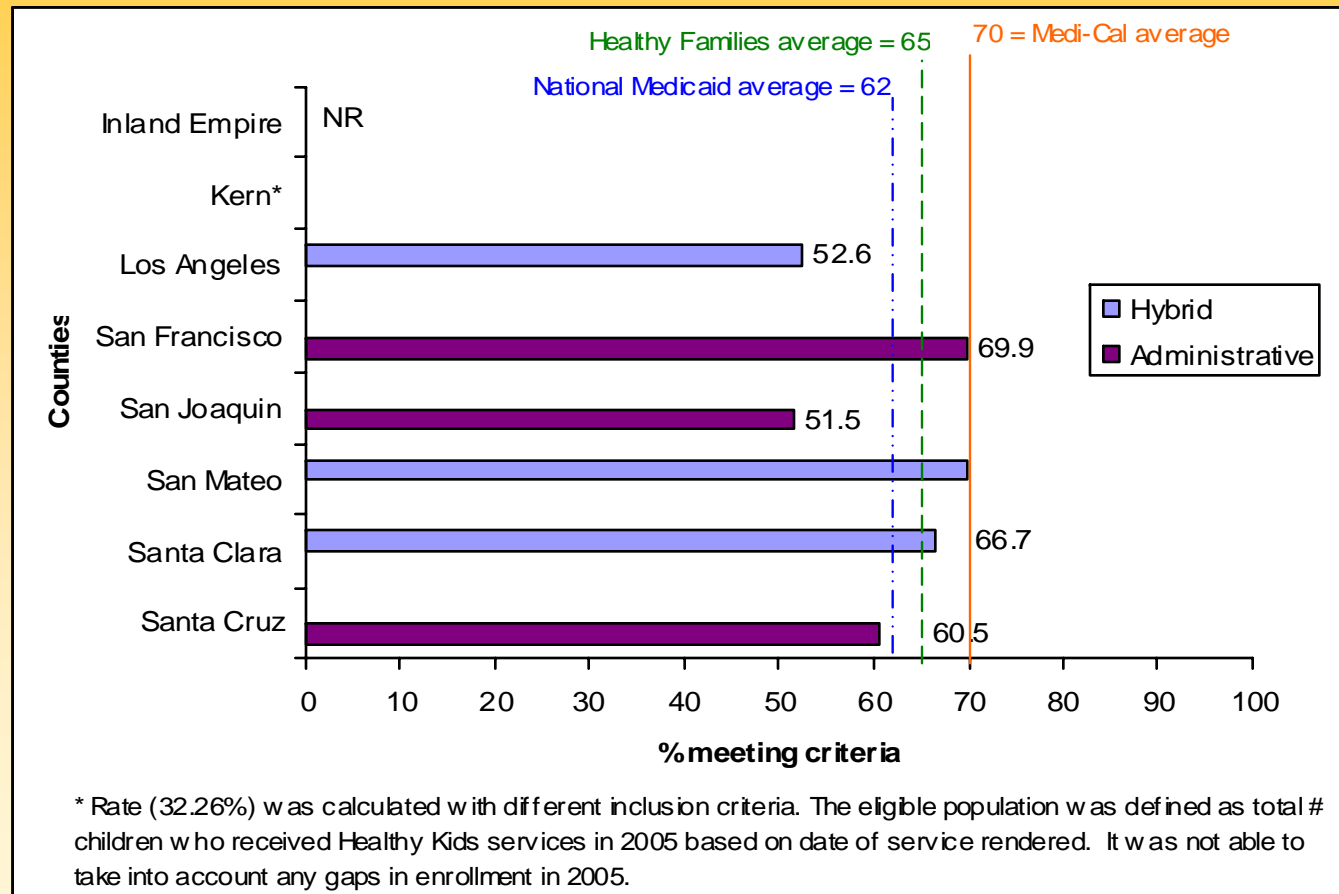
CHI	Start Date (Quarter/Year)	Total Enrolled Children as of December 2005
Kern	Q4, 2004	463
Los Angeles	Q3, 2003	42,613
Riverside	Q3, 2002	6,968
San Bernardino	Q3, 2003	3,220
San Francisco	Q1, 2002	4,088
San Joaquin	Q4, 2003	2,146
San Mateo	Q1, 2003	5,877
Santa Clara	Q1, 2001	13,471
Santa Cruz	Q3, 2004	1,696
<b>TOTAL</b>	--	<b>80,542</b>

# County Responses

Indicator	# reported*			% of respondents reporting data for all three programs
	HK	MC	HF	
1. Well-child visit	3	6	5	<b>25%</b>
2. Well-adolescent visit	3	7	5	<b>25%</b>
3. Emergency visits	4	4	4	50%
4. PCP visit	8	6	7	63%
5. Dental visit, 2-18 yrs	5	0	1	0%
6. Immunization, combo 2	2	7	5	<b>13%</b>
7. Asthma meds, 5-17 yrs	0	7	3	0%

\* Counts hybrid or preferred method only

# Utilization: Well Child Visits, 3-6yrs

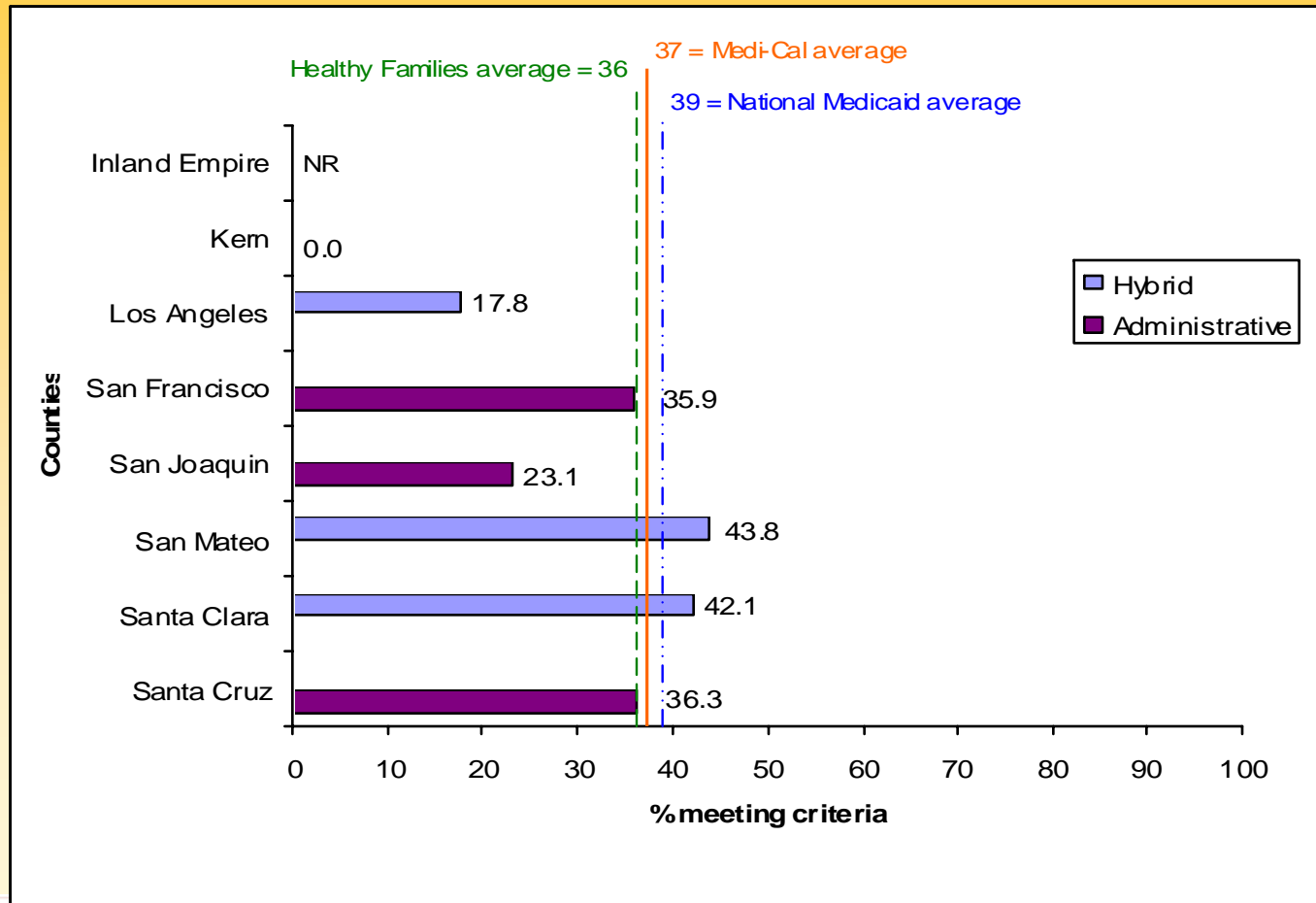


- Healthy Kids delivers preventive care at rates similar to other state and federal health insurance programs



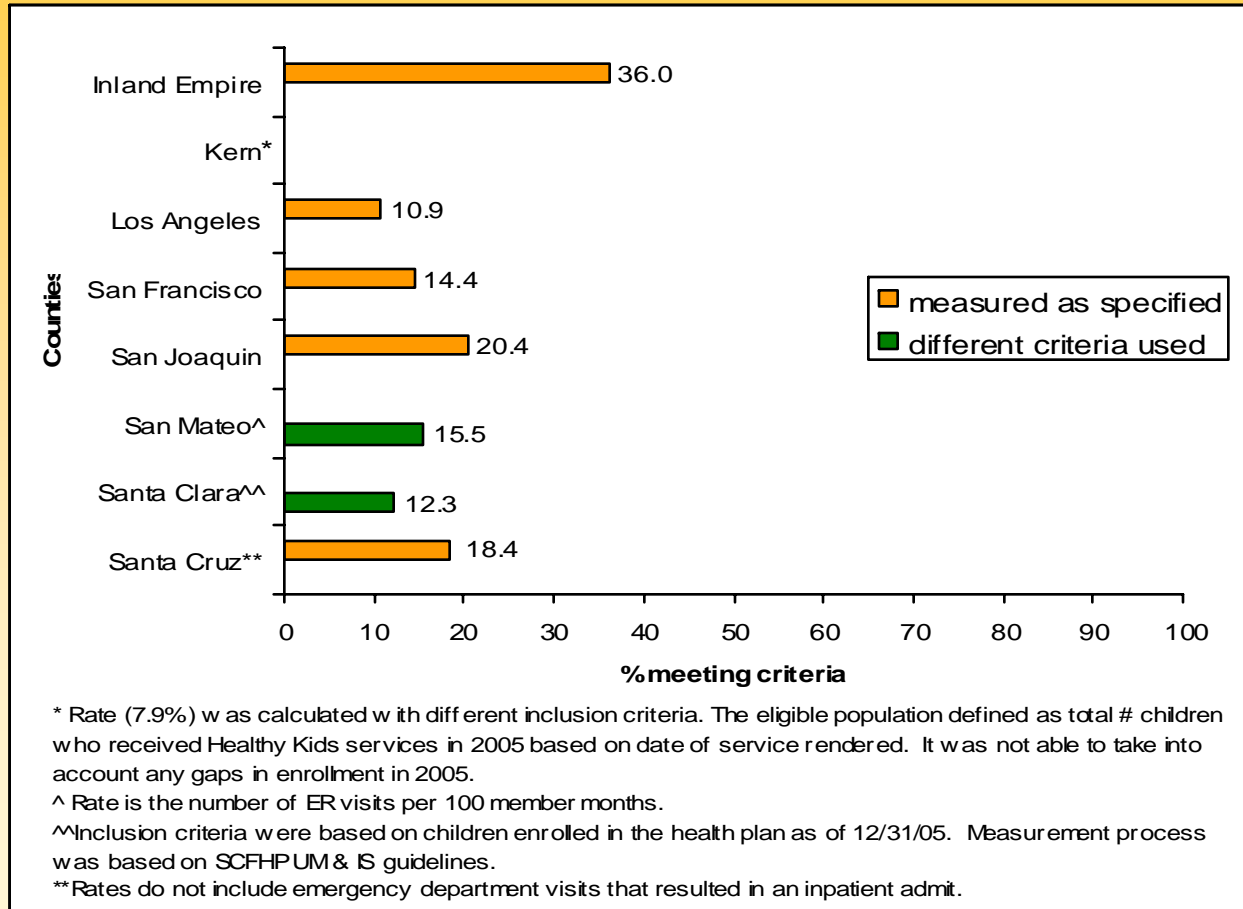
Utilization:

# Well Adolescent Visits, 12-21yrs



## Utilization:

# Emergency Dept Visits, 0-5yrs\*



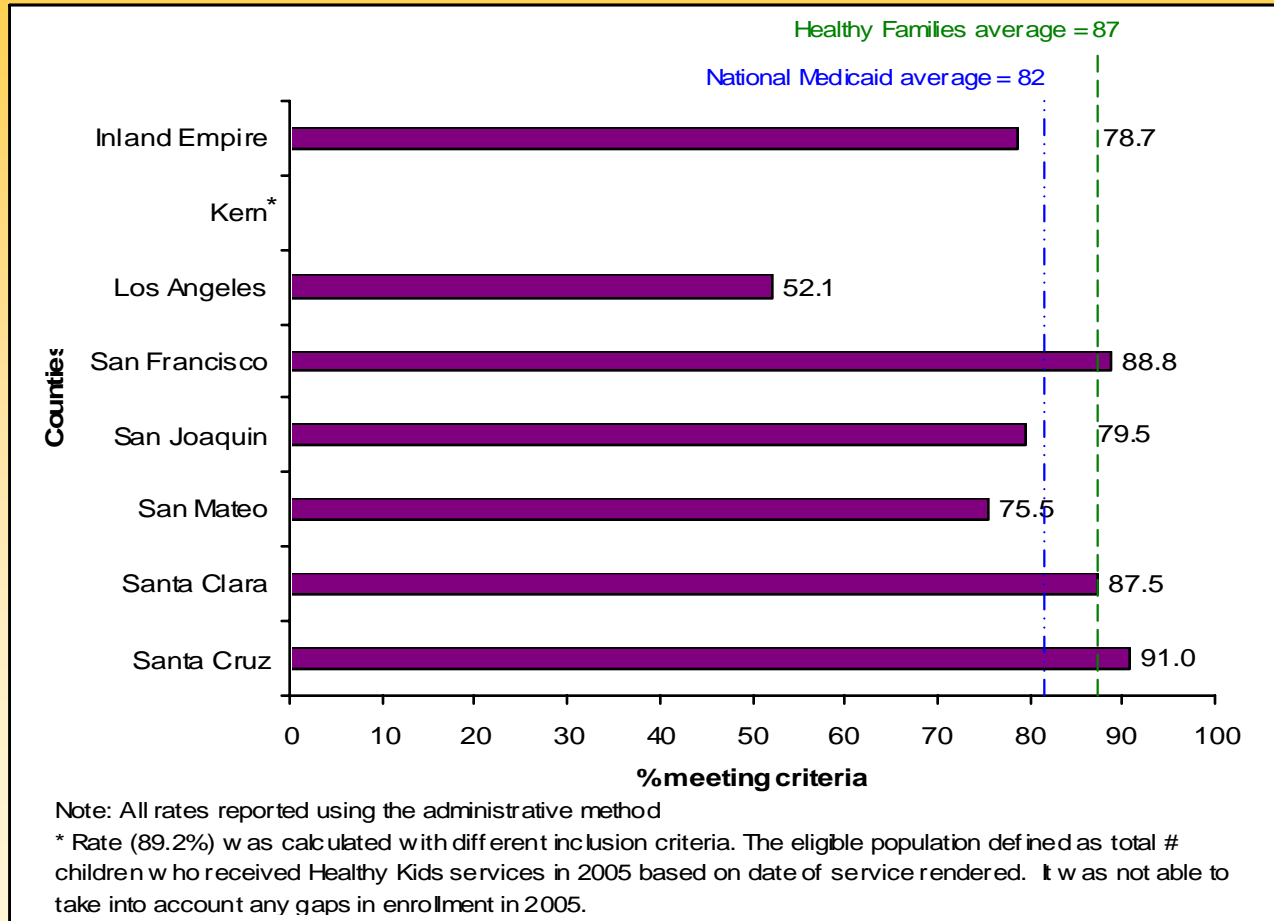
### Averages

- Medi-Cal 38%
- SCHIP 27%
- Rates of ED visits for Healthy Kids is consistently lower than for those covered by other state programs

\*Rates for children 6-18 are lower (5.8-26.8)

Access:

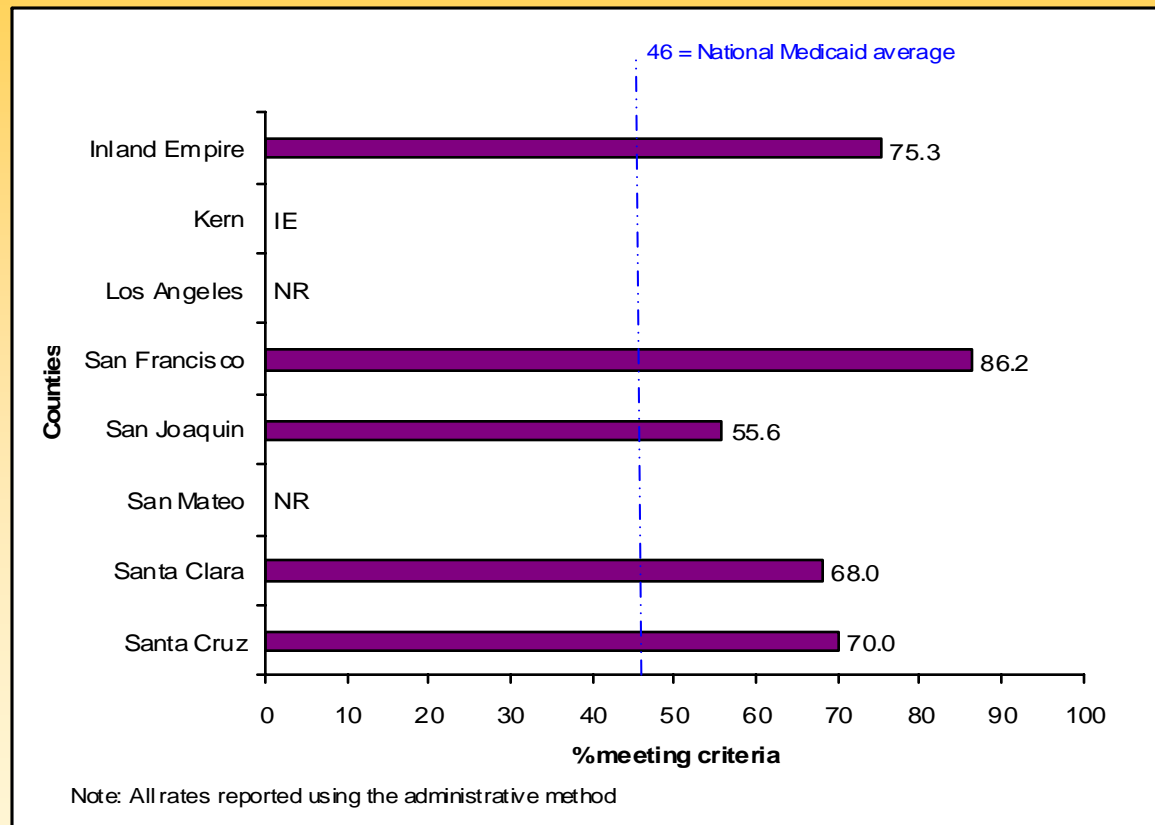
# Primary Care Visits, 25m-6yrs\*



- 7 CHIs reported rates above 75%
- Healthy Kids is helping to fill a gap in needed health care, demonstrating rates similar to or above other state and federal programs

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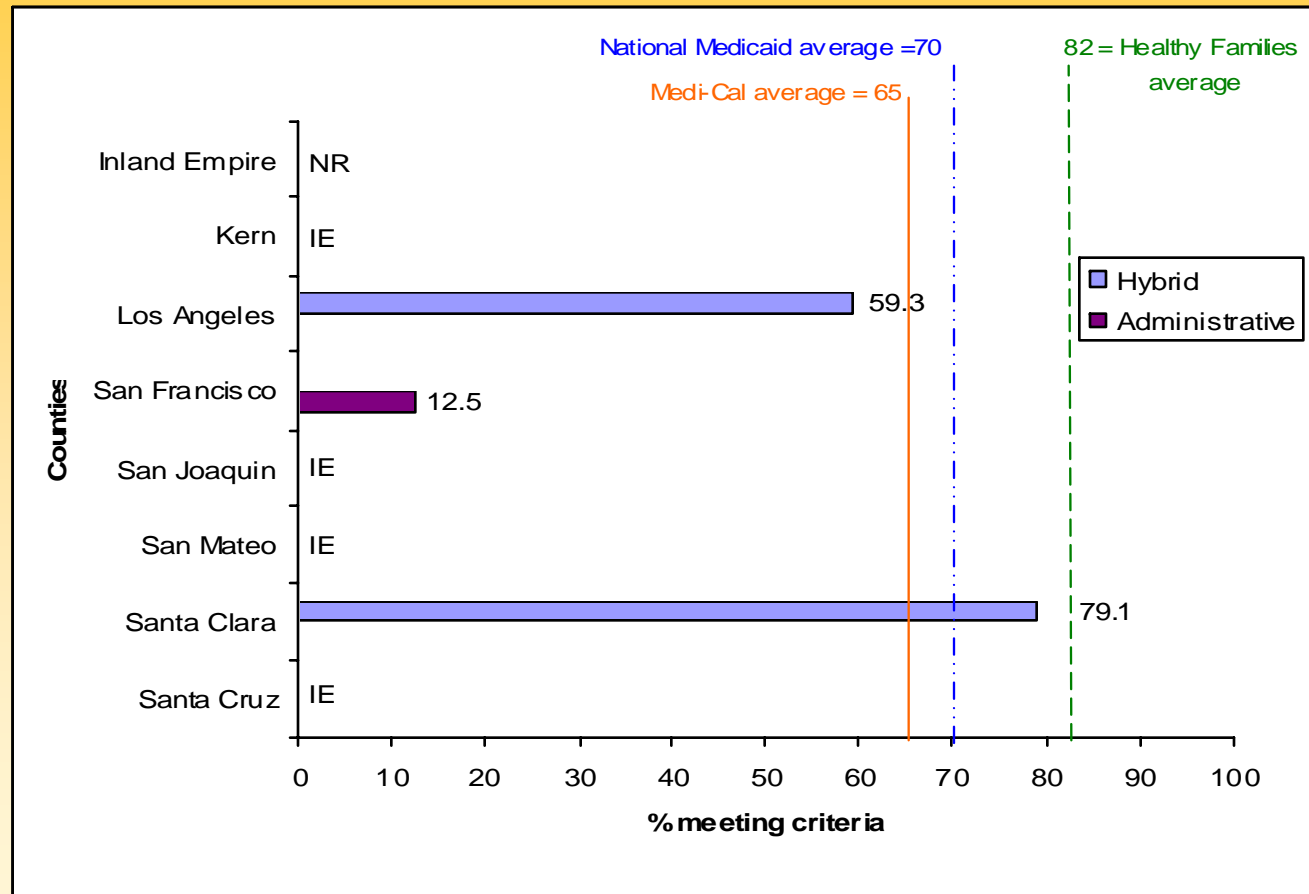
# Dental Visits, 4-6yrs\*



Age group	Healthy Kids	Medi-caid
4-6	71%	46%
7-10	74%	48%
11-14	64%	44%
15-18	57%	38%

- Healthy Kids programs fulfill an urgent need for dental care among members, in all age groups

# Quality: Immunization, combination 2



- Size of CHIs affected their ability to report rates
- Immunizations were more difficult to assess with administrative data: Child Health and Disability Prevention (CHDP) program, school clinics, etc.

# Quality: Asthma Medications

**Insufficient Eligibility**

Age Group	HK rate	# CHIs	MC rate	# CHIs	HF rate	# CHIs
0-5 yrs	IE	9	NA	--	NA	--
5-9 yrs	IE	9	84.9%	7	87.9%	3
10-17 yrs	IE	9	84.3%	7	79.5%	2

# Comparison to Other Markers

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- **Well-child and Well-adolescent visits:** 1/2 of the CHIs with data > state SCHIP and Medicaid, or national Medicaid
- **Primary care visits:** all but 1 CHI > or close to state SCHIP and national Medicaid, but < state Medicaid
- **Dental visits:** all > national Medicaid

# Limitations

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- **Insufficient eligibility** (continuity requirements, children <2yrs, asthma age groups, teens)
- **Gaps in data** may result in rates that misrepresent the actual performance
- We are unable to account for **county differences** in:
  - populations
  - hospital contracts
  - provider resources
  - other factors influencing quality



# Policy Implications

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- CHIs demonstrate **benefits** of expanding coverage for children who do not qualify for other public programs
- Rates of utilization reflect considerable **achievements** of CHIs in reaching and serving vulnerable children
- Reporting on a **per county** basis for an individual program such as Healthy Kids is problematic for evaluation purposes
- **Merging** ongoing quality monitoring efforts for all children in California would help to achieve consistency in reporting, allow state-level comparisons, and reduce the administrative burden on counties.