

# Seeking Care for Pediatric Illness: Health System Perspective



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The authors have no conflicts of interest to disclose.

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Received for publication March 12, 2019; accepted March 16, 2019.

**KEYWORDS:** child; emergency service, hospital; health services accessibility; utilization; quality of health care

**ACADEMIC PEDIATRICS** 2019;19:355–356

GIVEN THAT LOW-QUALITY primary care is associated with increased emergency department (ED) use in children, it seems to follow that high-quality primary care could prevent future ED visits.<sup>1</sup> The article by Kenyon et al<sup>2</sup> evaluated the potential effect of timeliness of primary care access on the revisit rate after ED visit or hospitalization in children with respiratory illnesses (croup, pneumonia, asthma, or bronchiolitis). Interestingly, this article counters what we might expect. Instead of decreasing the ED revisits or inpatient readmission, this study found that improved timeliness of primary care is not associated with decreased revisits. It is important to think about how we should consider these results in light of existing literature related to child ED use.

The fragmented US health care system provides navigational challenges for parents. The variety of care options (eg, primary care, urgent care, and ED care) creates difficulty in determining where to seek care. Many ED visits are nonurgent; other conditions, including some from this study, are for ambulatory care-sensitive (ACS) conditions. These ACS conditions (eg, asthma, pneumonia) when managed appropriately as outpatient, have reduced ED or inpatient use by preventing the worsening of symptoms and thus preventing the need for urgent visits.<sup>3</sup> Understanding the reasons for using the ED and factors influencing why parents seek care in a certain location is important to discuss.

A parent's choice to seek ED care for a child is multifactorial and complex. Many sociodemographic factors associated with increased ED use have been associated with both nonurgent and ACS ED use, including low household income and minority race/ethnicity.<sup>3,4</sup> These helpful associations show who has the greatest need; however, by themselves these characteristics are not amendable to change. A recent systematic review succinctly summarized the reasons that parents seek nonurgent ED care: 1) perceived urgency, 2) ED advantages such as testing or treatment, 3) problems with primary health care

services, 4) convenience and access, 5) after hours, 6) primary care referral, 7) lack of health insurance, 8) need for reassurance, and 9) gaining a second opinion.<sup>4</sup> One other factor, health literacy, influences parents' understanding of the condition and the health care system, as well as the perception of illness severity.<sup>5</sup> Parents with low health literacy perceive their child to have greater illness severity and have a greater perceived urgency, even for nonurgent illnesses, leading to greater ED visit rates and more nonurgent visits.<sup>5</sup> We find it helpful to consider the findings of Kenyon et al with respect to some of these reasons.

For patients in the study by Kenyon et al, perceived urgency, a common reason parents bring children to the ED, may be greater due to the recent hospitalization. The respiratory conditions studied may see the effect of primary care access for the prevention of progression to urgency, but unlikely in the setting of a posthospitalization. These children already have shown that they have more severe disease, leading both parents and primary care physicians to recommend a patient be brought back to the ED for further testing or treatment. Timely access to primary care may therefore not have an effect on subsequent use, especially after hospitalization, as the family has high level of perceived urgency and may perceive the need for ED resources.

In this study, fewer than one half of the revisits were for the same condition as the discharge diagnosis. We don't know any details about the diagnoses for these visits. It may be that parents may now perceive their child to be more ill (vulnerable child syndrome) and seek care for any sign of illness.<sup>6</sup> After a hospitalization, children are more likely to be perceived as a vulnerable child. Parents perceiving their child to be vulnerable bring the child to the ED more. Something as seemingly simple to medical providers as a hospitalization may in fact set off a cascade of events leading to parental concern for illness frequently after that event resulting in more ED visits.

One condition, croup, showed a weak association of increased primary care timeliness with greater ED

revisits. Croup likely sits apart from the other conditions studied when considering ED revisits. Croup exacerbates at night, when the primary care office is closed. Timely response to phone calls may therefore result in immediate direction to the ED for care, given the heightened awareness brought about by the previous visit. It is not known whether a call to the primary care physician directed the parent to the ED, whether it was a parental decision for reassurance, due to after-hours treatment needed, or worsening disease status, but all of these factors contribute to greater ED use. As an isolated finding, we will focus on the lack of decreased visits associated with greater timeliness scores.

The authors found that an increased timeliness score did not lower ED revisit rates after hospitalization. This finding is an excellent contribution to the literature, knowing that, on its own, an intervention increasing access to primary care after a hospitalization is unlikely to be the only intervention required to reduce posthospitalization visits. Reducing ED visits for nonurgent and ACS conditions is difficult. Few previously trialed interventions have been successful. Some successful interventions to reduce nonurgent ED use have focused on increasing knowledge about acute health conditions.<sup>7</sup>

This study showed that increased timeliness score is not associated with lower ED revisits as we would expect. Instead, multiple factors, including perceived urgency, perceived need for ED treatment, convenience and access, after-hours treatment, need for reassurance, vulnerable child syndrome after hospitalization, and low health

literacy likely all contribute to the findings of no difference or even increased ED revisits after hospitalization for these respiratory conditions. Use of the ED for ambulatory-sensitive or nonurgent conditions will always exist. In consideration of value-based population care, it is important to consider those marginalized families who find the ED the best place to seek care. As part of the continuum of care, we should leverage access to vulnerable populations in the ED to initiate care and educate about acute and chronic illnesses.

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