

Department of Research Abstracts

ASSOCIATION OF TRAVEL TIME FOR SUBSPECIALTY CARE AND LOCAL-AREA EXPERIENCES OF PRIMARY CARE PEDIATRICIANS Scott Shipman, William Cull, Chiang-hua Chang.. Pediatrics, Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, NH; Research, American Academy of Pediatrics, Elk Grove Village, IL; Center for Healthcare Research and Reform, Dartmouth Institute for Health Policy and Clinical Practice, Lebanon, NH. **Presented at the May 2009 Pediatric Academic Societies Annual Meeting.**

BACKGROUND: There is concern about the availability of pediatric subspecialty care within many areas of the US.

OBJECTIVE: To compare satisfaction with subspecialty care and use of adult specialists between Primary Care Pediatricians (PCPs) who practice in relative proximity to pediatric subspecialists and PCPs whose practices are more isolated from pediatric subspecialists.

DESIGN/METHODS: A national random sample of AAP members was surveyed through the AAP Periodic Survey of Fellows in 2007 (N=1605; 56% response rate). For 593 pediatricians who provide primary care, travel times from their practice zip code to the nearest pediatric subspecialist for 8 subspecialties were provided by The Dartmouth Institute, based on ArcView GIS calculation incorporating speed limits, road types, and rural/urban characteristics. Travel times were dichotomized at $<$ or \geq 1 hour, and an aggregate measure of geographic access was defined as 4 or more of the 8 subspecialties being further than 1 hour from the PCP. Multivariate logistic regression models were used to examine the associations of travel time to PCP satisfaction with subspecialty care for their patients and to PCP use of adult specialists while controlling for practice characteristics.

RESULTS: PCPs from areas with greater isolation from pediatric subspecialists reported lower overall satisfaction with the subspecialty care that children in their practice receive (AOR = .53; 95CI = .33, .83). More specifically, they reported too few subspecialists who care for children in their area (AOR = 8.11; 95CI = 5.04, 13.06) and too long of waiting times to see subspecialists (AOR = 2.41; 95CI = 1.51, 3.84). PCPs without nearby pediatric subspecialists in the appropriate field were more likely to use adult specialists to care for children aged 1 to 5 yrs with a wide range of specific conditions including: pediatric surgery--appendicitis (AOR = 11.57; 95CI = 6.95, 19.27), pediatric endocrinology--recent onset of diabetes (AOR = 4.73; 95CI = 1.34, 16.60), pediatric rheumatology--juvenile arthritis (AOR = 2.42; 95CI = 1.13, 5.22), and pediatric gastroenterology--inflammatory bowel disease (AOR = 5.8; 95CI = 1.90, 17.79).

CONCLUSIONS: Longer travel times to pediatric subspecialists were associated with PCP-reported barriers to quality subspecialty care for their patients and with markedly greater use of adult specialists, even for children 1-5 years of age.

