



C.S. Mott Children's Hospital National Poll on Children's Health



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Seeing Specialists: Roles of Parents & Providers Unclear

Report Highlights

Parents vary widely in views about their responsibilities in getting specialty care for their children.

Parents were most divided about who is responsible for choosing the specialist: 52% say primary care providers, 48% say parents.

Parents see clinical expertise and training in pediatrics as most important characteristics of specialists, and convenience of appointment less important.

Contact us

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics and Communicable Diseases, and the University of Michigan Child Health Evaluation and Research (CHEAR) Unit.

Most children receive health care from a primary care provider (PCP). A PCP is a pediatrician, family physician, or nurse practitioner trained to provide well-child care, as well as care for a broad range of common childhood illnesses. When children show signs or symptoms of a more serious problem, PCPs often refer them to a specialist who has additional training.

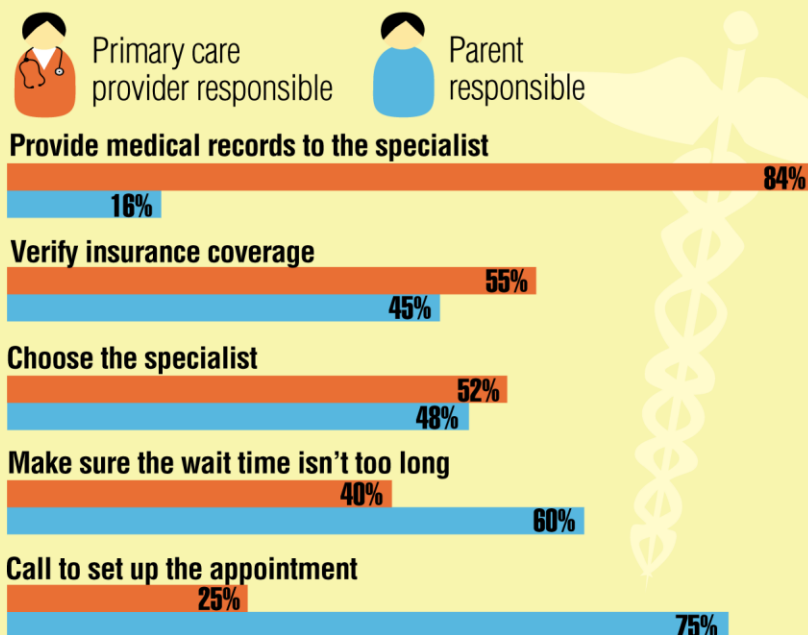
The referral process includes choosing a specialist, setting up the appointment, and providing the necessary information about the child's condition. PCPs have different ways of handling specialty referrals, which may or may not match parent expectations. To examine this issue, the C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents of children 5-17 years about their preferences for specialist referrals for their children.

Referral to Specialists

Among 1,232 parents, 46% report that at least one child has been referred to a specialist.

When asked whether the parent or the PCP should be responsible for different parts of the referral process, parents have a wide range of views (Figure 1.). Most agree that PCPs should be responsible for providing medical records, and that parents should call to set up the appointment. Parents are divided over who is responsible for choosing the specialist and verifying that the child's insurance will cover the specialist visit, and making sure the wait time is not too long.

Figure 1. **Specialist Visits for Kids: Parent Views about Who's Responsible**



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2014

This report presents findings from a nationally representative household survey conducted exclusively by GfK Custom Research, LLC (GfK), for C.S. Mott Children's Hospital via a method used in many published studies. The survey was administered in November 2013 to a randomly selected, stratified group of adults age 18 and older with a child age 5-17 (n=1,232) from GfK's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 54% among the parent panel members contacted to participate. The margin of error is ± 2 to 3 percentage points.

There are no differences in parent views about referral responsibilities based on whether parents have children with a chronic medical condition or have had a prior specialist referral. However, parents of children with Medicaid insurance coverage are more likely than parents of privately insured children to say PCPs should be responsible for choosing the specialist, calling to set up the appointment, and verifying that insurance will cover the specialist care.

In terms of the importance of different characteristics of specialists, parents rate the following as *very important*:

- knowing how to take care of the child's specific condition (89%)
- having training in pediatrics (80%)
- being affiliated with a highly-rated hospital (62%)
- being involved in research so child has access to latest treatment (50%)
- appointment time convenient for the family schedule (43%)
- drive time to the specialist (38%)
- other parents recommending the specialist (38%)

Implications

For a parent, hearing that a child needs to see a specialist is often cause for concern. Confusion about their responsibilities for arranging specialty care can add to parents' anxiety.

A notable finding from this national survey is the lack of consensus among parents regarding their role in arranging for a specialist appointment—even among those who have previously seen specialists for their children. This finding has two key implications. First, PCPs cannot assume that parents will approach the specialty referral process in similar ways. Second, it may be difficult to establish one set of expectations about specialty referrals that will be acceptable to all parents.

Another finding from this Poll is that parents of Medicaid children are more likely to want the PCP to be responsible for referral logistics. This may reflect their lack of confidence in navigating the specialty setting, or prior difficulties with providers who do not accept Medicaid patients. Regardless, it is essential for PCPs to understand that their Medicaid patients may have different expectations about their roles in accessing specialty care.

Although parents differ in their perceived roles in arranging a referral appointment, they are consistent about key attributes for specialist physicians: knowing how to take care of the child's specific condition and having pediatric training. From the parent perspective, clinical expertise trumps affiliation with highly rated institutions or having access to the latest treatment options through research. Even less important are logistical factors such as drive time or appointment convenience.

The take-home messages from this poll are clear. Primary care providers cannot assume that parents understand their responsibilities around making specialty appointments. Clear communication—ideally, with instructions written in plain language—will be necessary to ensure that parents are able to follow through on specialty referrals. For parents of children referred for specialty care, it is imperative to ask for clarification about their roles in the process.

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