

Primary Care for Teens Shifting to Pediatricians

BY MARKETTE SMITH

FROM THE JOURNAL OF PEDIATRICS

Internists and family physicians no longer account for most office visits by adolescents.

New data reveal that between 2000 and 2006, the proportion of visits by adolescents (aged 11-17 years) to general pediatricians increased from 38% to 53% (J. Pediatr. 2010 [doi:10.1016/j.jpeds.2010.01.003]).

"Previously it had been the case that this age group had a majority of visits to family physicians or internists," noted Dr. Gary L. Freed and his associates at the University of Michigan, Ann Arbor, and the research committee of American Board of Pediatrics.

The reasons for the steady, upward shift could be due to a series of demographic trends in the United States, most notably the increasing number of older Americans, Dr. Freed and his associates said.

"Because a growing proportion of the population in the United States is in the adult and elder age range, it follows that family physicians, who care for patients across the life course, would have similar growing proportions of their

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patient panels at the expense of pediatric patients."

As a result, there are fewer family physicians who are performing obstetrics, which affects the number of newborns entering their practices, the investigators noted.

Financial considerations also may help explain why internists and family physicians are seeing fewer child patients. The fact that Medicare reimbursement rates for the elderly are higher than Medicaid reimbursement rates for pediatric patients may be a factor, Dr. Freed noted.

In addition, concerns about an actual or imminent nationwide shortage of primary care physicians for adults and the elderly may be driving some family physicians and internists to focus exclusively on those age ranges (JAMA 2009;301:1920-2).

Researchers examined data from the National Ambulatory Medical Care Surveys (NAMCS). The surveys, which used a physician-patient encounter (doctor's visit) as a sampling unit, were conducted between 1980 and 2006 by the Centers for Disease Control and Prevention's National Center for Health Statistics. During the years studied, the total number of samples ranged from 20,760 to 71,594.

Physicians across 15 specialties were

examined: family practice, osteopathy, internal medicine, pediatrics, general surgery, obstetrics and gynecology, orthopedic surgery, cardiovascular diseases, dermatology, urology, psychiatry, neurology, ophthalmology, otolaryngology, and a category containing all the other specialties.

The NAMCS then divided the physician specialties into four subcategories: pediatric generalists, pediatric special-

ists, nonpediatric generalists, and non-pediatric specialists.

The trend of more and more children seeking care from pediatricians (as opposed to nonpediatric generalists and nonpediatric specialists) is likely to continue as long as the elderly remain America's "fasting-growing age range," Dr. Freed wrote.

The study also showed that the number of visits made by all children—from

infancy to adulthood—to general pediatricians also continues to grow. The percentage of nonsurgical physician office visits that children aged 0-17 years made to general pediatricians rose to 71%. This is a 10% increase since 1996. ■

Disclosures: This study was funded by a grant from the American Board of Pediatrics Foundation. Dr. Freed and his colleagues reported no conflicts of interest.

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Systemic Sclerosis and Pulmonary Hypertension
Rheumatic Diseases in Children

FEATURING

Case sessions: 360 Degrees: A Multi-Specialty Approach
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LEARNING OBJECTIVES

- At the conclusion of this conference, participants will be able to:
- Describe the long-term safety and efficacy of biologic and other systemic agents in the treatment of rheumatoid arthritis, psoriasis and psoriatic arthritis.
 - Explain the connection between rheumatic diseases and cardiovascular risk.
 - Outline the clinical course of SLE and cutaneous lupus; explain the importance and benefit of early treatment.
 - Identify the aspects of care, treatment, and overall outcomes that are important in the management of pediatric patients with rheumatic diseases.
 - Develop a strategy for a diagnostic workup to accurately establish (or rule out) fibromyalgia as a cause of a patient's symptoms.
 - Apply the most current information regarding the risk factors for, the clinical manifestations of, and the cutting-edge treatments for hyperuricemia and gout.
 - Compare and contrast the efficacy and safety profiles of pharmacologic therapeutic options for osteoarthritis and identify their limitations.
 - Identify and describe the clinical manifestations and complications of systemic sclerosis and pulmonary hypertension.

ACCREDITATION STATEMENT

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This activity has been reviewed and is acceptable for up to 11.75 Prescribed credits by the American Academy of Family Physicians.

NURSING CREDIT

This program has been approved by the Kentucky Board of Nursing for 14.4 contact hours through the University of Louisville School of Nursing, provider number 3-0046-01-2013-141, expiration date January 31, 2013. Complete contact information is posted at www.rheumatologynewsperspectives.com.

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