Utilisation of outpatient pediatric services

Introduction

The health care of children and adolescents in Germany is provided mainly by way of outpatient treatment. Paediatric medicine plays the most important role here.
Children can be treated in paediatric medicine practices up to the age of 18 years, after which time further treatment is only possible in exceptional circumstances. This field of medical specialisation focuses on the special needs and health problems of infants, toddlers, primary school children and adolescents and the treatment thereof. As childhood and adolescence are generally regarded as a phase of life with good health, one of the main areas of emphasis lies in the prevention of developmental disorders and diseases. This includes in particular examinations for the early detection of diseases (the so called "U"-check-ups for children) as well as vaccinations.

Indicator

In KiGGS Wave 1, the following question was used to record how often paediatricians had been consulted in the last 12 months: "Has your child been to see a paediatrician in the last 12 months?" For the 0 to 13 age group, the parents were asked to provide information in a telephone interview, whereas adolescents aged 14 to 17 were questioned directly on the telephone. The report below deals with those children and adolescents who had been to see or had been visited at home by a paediatrician at least once in the 12 months prior to the interview. The 12-month prevalence is stratified in the tables by sex, age, social status and place of residence (urban/rural).

Key results

- 67.9 % of children and adolescents aged 0 to 17 years (67.1 % girls, 68.7 % boys) have been to see a paediatrician in the last 12 months.
- Paediatricians are consulted most often during infancy, with the frequency of utilisation declining sharply with increasing age.
- There are no significant differences with regard to sex or social status where the consultation of paediatricians is concerned.
- Children and adolescents who live in urban areas visit a paediatric medical practice significantly more often than their counterparts in rural regions.

Conclusion

The percentage of children and adolescents who have been to see a paediatrician in the past year lies at 67.9 %. Whereas almost all children are taken to a practice for paediatric medicine in the first year of infancy, the percentage drops significantly among adolescents. This strongly age-dependent distribution is typical of paediatric care (Kamtsiuris et al. 2007; Barmer GEK 2012; Rattay et al. 2014). The higher utilisation in the younger age groups can be explained by the larger number of early detection check-ups and vaccinations on the one hand and the fact that paediatricians are perceived as specialists for the health problems of infants, toddlers and primary school children on the other. Once they reach adolescence, medical care offered by general practitioners gains in significance (Rattay et al. 2014, Barmer GEK 2012).
Compared to the KiGGS baseline study conducted between 2003 and 2006, a significant increase in the 12-months-prevalence of consultation of paediatricians of 8.7 percentage points can be observed in KiGGS Wave 1. This trend is presumably attributable to the expansion of the range of pediatric services in recent years (Rattay et al. 2014). For instance, vaccinations against human papillomavirus (HPV), Type C meningococcal meningitis and booster inoculations

against chickenpox and pertussis were introduced. Moreover additional preventive medical check-ups ("U7a", "U10", "U11", "J2") were included in the range of services provided by the statutory health insurance funds. In addition to this, participation in the early detection check-ups "U1" to "U9" has also increased (Rattay et al. 2014). The reasons for this are presumably the expansion of Art. 26 of Volume V of the German Social Code V (SGB V) which obliges the health insurance funds to ensure that more use is made of the health screening programme for children as well as the mandatory invitation, reminding and reporting system which were introduced in recent years with regard to increase child welfare (Rattay et al. 2014).
While sex and social status have no influence on the frequency of utilisation of paediatricians in KiGGS Wave 1, significant differences can be seen in the urban-rural comparison according to which children and adolescents in urban regions consult a paediatrician more frequently than their counterparts in rural areas. This could be attributable to poorer regional availability of paediatric health care services in rural areas (Barmer GEK 2012), but it also means that the services provided by general medical practitioners assume an important role in the health care of children and adolescents in these areas (Rattay et al. 2014).

Note: A detailed description of the study as well as explanations on the method are available on the KiGGS study website, www.kiggs-studie.de, and in Lange et al. (2014).

Further results regarding the participation in early detection check-ups for children can be found in Rattay et al. (2014) and Robert Koch-Institut (2015b); more information on vaccinations against human papillomaviruses can be found in Poethko-Müller et al. (2014) and Robert Koch-Institut (2015a).

Literature

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Table 1
Percentage of 0 to 17 year-old girls who consulted a paediatrician in the last 12 months by age, social status and place of residence

	12-month prevalence	
	%	(95 %-CI)
Girls	**67.1**	**(64.9–69.3)**
Age		
0–2 Years	95.9	(91.3–98.1)
3–6 Years	90.6	(87.6–92.9)
7–10 Years	68.8	(64.6–72.7)
11–13 Years	53.1	(48.6–57.7)
14–17 Years	36.8	(33.2–40.5)
Social status		
Low	67.2	(61.6–72.3)
Middle	65.9	(63.4–68.4)
High	70.9	(67.8–73.8)
Place of residence		
Rural	59.5	(54.4–64.3)
Urban	69.0	(66.7–71.2)
Total (girls and boys)	**67.9**	**(65.9–69.8)**

Table 2
Percentage of 0 to 17 year-old boys who consulted a paediatrician in the last 12 months by age, social status and place of residence

	12-Monats-Prävalenz	
	%	(95 %-CI)
Jungen	**68.7**	**(66.3–70.9)**
Alter		
0–2 Years	97.5	(95.6–98.6)
3–6 Years	91.7	(89.0–93.8)
7–10 Years	71.5	(67.2–75.5)
11–13 Years	55.7	(51.5–60.2)
14–17 Years	35.4	(31.8–39.1)
Social status		
Low	65.8	(60.5–70.6)
Middle	68.9	(66.2–71.5)
High	71.0	(67.9–73.9)
Place of residence		
Rural	60.4	(52.6–67.7)
Urban	70.5	(68.4–72.6)
Total (girls and boys)	**67.9**	**(65.9–69.8)**

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