

Department of Research Abstracts

IMPACT OF PATIENT AGE ON REFERRAL PATTERNS OF CHILDREN TO PEDIATRIC AND ADULT SUBSPECIALISTS Beth Pletcher, Mary Rimsza, William Cull, Scott Shipman, Richard Shugerman, Karen O'Connor. Pediatrics, New Jersey Medical School, Newark, NJ; Pediatrics, University of Arizona, Tucson, AZ; Department of Research, American Academy of Pediatrics, Elk Grove Village, IL; Pediatrics, Dartmouth Medical School, Lebanon, NH; Pediatrics, University of Washington, Seattle, WA. **Presented at the 2008 Pediatric Academic Societies Annual Meeting.**

Background: In order to address the adequacy of the pediatric subspecialist workforce, it is critical to understand the current referral patterns of primary care pediatricians (PCPs). However, there has been little research on the subspecialty referral patterns of PCPs in the US.

Objective: To explore PCPs' current referral patterns to pediatric subspecialists and adult subspecialists for 13 common diagnoses occurring in younger (1-5 year old) and older (10-15 year old) children.

Design/Methods: A national random sample of US AAP members was surveyed via mail through the Periodic Survey of Fellows in 2007 (N=1605 with a 56% response rate). Analyses were limited to 607 pediatricians who provide primary care. Respondents were asked to whom they usually refer younger and older children with various clinical conditions. McNemar nonparametric tests were used to compare the likelihood of using an adult specialist for older and younger children. Comparisons were made separately for PCPs practicing in rural and non-rural settings.

Results: For all 13 conditions examined, PCPs were significantly less likely to refer younger children to adult specialists than older children (p-values ranged from $p < .001$ to $.008$). This pattern of greater referral of older rather than younger patients to adult specialists was reported across conditions in both rural (older 40%; younger 10%, $p < .001$) and non-rural (older 32%; younger 6%, $p < .001$) locations. Of the 13 conditions examined, for the 10 to 15 year old group, appendicitis (65%), large hemangioma (57%), and recurrent headaches (47%) were the conditions that PCPs were most likely to refer to an adult specialist. The conditions for which PCPs were least likely to refer 10 to 15 year olds to an adult specialist included: pathologic cardiac murmur (9%), recent onset type 1 diabetes (14%), and juvenile rheumatoid arthritis (23%). Appendicitis was the condition that showed the greatest difference in referral to adult specialists between rural and non-rural areas (among older 91% vs. 61%, $p < .001$; among younger 50% vs. 18%, $p < .001$).

Conclusions: Pediatricians are more likely to refer older children to adult specialists in both rural and non-rural areas. The use of adult specialists varies considerably across medical and surgical conditions.

