UTILIZATION OF PEDIATRIC HEALTH SERVICES IN JERUSALEM

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ABSTRACT: The high rate of utilization of health services and rising health care costs in Israel, have prompted the need for reform of the health care system. Preventive and curative aspects of mother and child health care in Israel have traditionally been addressed by independent but parallel health systems. Prior to the pilot integration of these services, current patterns of utilization of health services by children during their first year of life, and determinants of use, were analyzed. Mothers of 651 children from five neighborhoods, representing the middle-low, middle and upper social class Jewish population were interviewed. Overall, a high degree of compliance with recommended visits to the preventive family health centers was found, with an average of eleven visits to the public health physician or nurse. The children also made an average of 12 visits to curative practitioners. Combined with all other health care consultations, these children averaged 26 health care visits in the first year of life. This pattern of frequent visitations, and its determinants, is discussed in context of the current framework of parallel health care systems. Multivariate analysis revealed that the birth order of the child was the key factor in determining the number of preventive visits, while the mother's perception of her child's health status held the major influence on the number of curative visits. No association between utilization of services and social class was discovered. Comparison of utilization patterns arising from this study with subsequent investigation of the planned integrated services allows for the assessment of the effects of a major change in the structure and delivery of pediatric services.
INTRODUCTION

Child health care is concerned with the prevention of disease, the early detection of problems effecting growth and development, the promotion of health, the treatment of acute and chronic disease and rehabilitation.

In Israel, these health care components are addressed by two different health service systems. Historically, preventive and promotive health care for pregnant women and children was established in 1912, with the aim of reducing malnutrition and infant mortality among the poor residents of the City of Jerusalem. From these first initiatives grew a national network of preventive services—the Family Health Centers (FHC). Today, 98% percent of the infant population in Israel is registered and receives care at the FHC in their area of residence. As these services are provided free of charge (only a symbolic sum is paid by the care recipient) the FHCs are available and accessible to all.

These preventive services were already well established when the Labour Union organized medical insurance for its members and established their Sick Fund, which provides ambulatory and inpatient curative care services. Approximately 70 percent of the population of the country receives ambulatory curative care through the Labour Union’s Sick Fund, with several smaller funds providing care to the rest of the population. All these funds operate along the lines of health maintenance organizations (HMOs). In the City of Jerusalem, preventive health care is provided to the entire population through 27 FHCs operated by the Municipality; 65 percent of the Jerusalem population is insured with the Labour Union’s Sick Fund for curative care, while the rest of the population is insured by the other HMOs. Emergency services are provided by the ‘Magen David Adom’ (an equivalent of the Red Cross) and the four hospital emergency wards in the city.

The existence of the two parallel services for infants, children and pregnant women (the FHCs and the sick funds), has led to the fragmentation of mother and child health care and a probable overuse of the health services. A survey in 1979 indicated that the average number of visits to the FHCs was 17 per child during the first year of life, while the 0-4 year olds made an average of 17.6 curative visits per year.

The problem of over-utilization of services has only recently become a real issue in Israel, as rising health care costs have forced a re-evaluation of the hitherto unquestioned social values and policies aimed at the achievement of optimal health and welfare of the entire population regardless of cost. As one means of reducing duplication of services and the resultant increased costs of care, the Ministry of Health recently