An Examination of Patient Demographics in a Behavioral Medicine Clinic

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Abstract

This study examined the demographic variables of the pediatric Behavioral Medicine Clinic at Munroe-Meyer Institute that serves youth with developmental, behavioral, or emotional disorders. Analyzing sociodemographic variables is integral for clinics to determine health service utilization, basic information for grant-writing purposes, as well as adherence to a clinic's mission, focus, and goals. Results from the investigation will provide practitioners and administrators with concrete information that can be used in a variety of health care settings to determine efficacy of services. Additionally, suggestions for expanding diversity and reaching underserved and uninsured populations are included among recommendations of the presentation.

The approach that was utilized in completing this study involved reviewing patient files, building a database from data collected, and running basic descriptive analysis of the data. Through this approach two goals were accomplished: (a) the Behavioral Medicine Clinic practitioner’s have a better understanding of the patient base being served in the clinic, and (b) the Behavioral Medicine Clinic practitioner’s can utilize this information to tailor their services to address specific patient needs which were identified through examining unique patient characteristics.

The study was based on a sample of 27 patients being seen in the Behavioral Medicine Clinic. Patients ranged from ages 6 to 18. The sample population was composed of 22 males and 5 females. Of the patient files reviewed, 81.5% were Caucasian, 14.8% were African American, and 3.7% were Native American. The results of the study suggest that the clinic is meeting its stated goal of providing multi-modal services to children with long-term complex or chronic disorders based on an analysis of patient demographics. More than 40% of the clinic’s patients were diagnosed by the physician with Attention Deficit Hyperactivity Disorder, a chronic disorder marked by inattention and/or hyperactivity and impulsivity. However, less than 10% of the clinic’s patients are of minority descent, which suggests that the clinic could benefit from engaging patients from underserved and underrepresented populations.

Purpose

The choice for this study and presentation originated from social work graduate students participating in Munroe-Meyer Institute’s Behavioral Medicine Clinic. Following participation in the clinic, the social work graduate students suggested that a study of patient demographics would benefit practitioners by providing them with "real world" data. Research regarding demographics has important implications in developing services to provide to specific patient populations and identifying and removing barriers to service which potentially could impede patients’ access to services. For example, according to Liberman (2002), there is a disproportionate prevalence of disability among families who can file as single-parent households, whose identified needs are different than that of traditional families. In reviewing demographic information, such as single parent households, this study examined the specific identified vulnerabilities of these households, which included income limitations and insurance restrictions.

Additionally, one purpose of the Behavioral Medicine Clinic is to provide families and children with therapeutic support regarding behavior disorders. A recognized method of treatment for behavior disorders is through mental health services. Therefore, in addition to developing a comprehensive picture of the patient population, practitioners in the Behavioral Medicine Clinic would benefit from considering mental health aspects and any barriers patients face when seeking mental health services. With this understanding practitioners could determine gaps in services and how to improve services that were already being provided. Kataoka, Zhang, and Shells (2002) believe that there are many issues impacting the provision of mental health services to children. For example, they found that ethnic minorities and those without insurance were especially vulnerable to having unmet mental health needs. Kataoka et al. (2002) identified additional barriers existed in the form of cultural differences. Standards of care required that all ethnic populations have access to mental health services. According to Minsky, Vega, Maiman, Gara and Escobar (2003), African Americans and Latinos are underrepresented in behavioral health systems.

Introduction

This study examined demographic variables of the Behavioral Medicine Clinic. The data consists of the following variables: age, gender, race/ethnicity, physician and therapist diagnosis, special education or individualized education plan (IEP), grade level in school, marital status of caregivers, who child currently lives with, the number of siblings, any medications, socioeconomic status based on zip code of residence, form of payment/insurance carrier, length of treatment, and significant medical testing. These variables were identified to provide clinical practitioners with suggestions, impressions, and inspiration to examine and focus on patient demographics. This, in turn, could impact the family and the patient’s treatment success.

The investigation of patient demographics can satisfy current and future clinic operations. The data collected can also serve as a foundation for further research. The study results can be expanded upon and reviewed for different purposes. The results could also be compared to other behavioral medicine clinics or patient demographics, enhancing knowledge of patient populations.

Methods

Sociodemographic Variables (continued)

Any medications
Type of payment/insurance carrier
Location of treatment
Significant medical testing
Special education or individualized education plan (IEP)
Socioeconomic status based on zip code of residence
Physician and therapist Diagnostic and Statistical Manual of Mental Disorders
Interdisciplinary Nature of Research

Behavior Medicine Clinic combines disciplines of social work, nursing, and developmental medicine.

Students consulted with Cindy Ellis, MD, Director of Developmental Medicine, Mark Shriver, Ph.D., Psychology, and Deborah Reay, Ph.D., Director of Social Work, and the Patient Information Office.

Results

The results of this investigation were presented as they pertain to the purpose of the study stated in the IRB: to enable practitioners to gain a better understanding of the patient base that is being served in the clinic, and to provide practitioners the opportunity to tailor services to specific patient needs through examining patient characteristics.

Basic characteristics

22 were male (82%) and 5 were female (19%)
82% were Caucasian, 15% were African American, and 3% were Native American; Hispanic (see Figure 1)
Patients in age group of four to 18, with an average age of 10.3 years of age

Physician diagnoses (see Figure 2):

Most frequent diagnoses:

Attention Deficit Hyperactivity Disorder (41%)
Pervasive Development Disorder-Intelligent autistic (15%)
Other – Developmental disorders:

Moderate Mental Retardation (11%)
Other Sex Chromosome (7%)
Anomalies of the Brain (4%)
Learning Disorder (4%)
Sensory Disorder (3%)
Mild Mental Retardation (3%)
Other – Non-developmental disorders:

Oppositional Disorder (4%)
Elective Mutism (4%)
Adjustment Reaction (4%)

Mental/handicap diagnoses:

Oppositional Defiant Disorder (60%)
Adjustment Disorder (26%)
Disruptive Behavior (7%)
Behavior Disorder (7%)

Discussion

The typical patient is a Caucasian male who is 10.3 years old, receives special education services, is in 5th grade, lives with his biological mother and father, has an average of 1 sibling, and has been engaged in services at the clinic for an average of 33 months. More than fifty percent of patients being served in the Behavioral Medicine Clinic come from middle to upper class income brackets, reflecting caregivers with stable employment with good benefits. Overall, the graduate students were pleased to find that the Behavioral Medicine Clinic meets its stated goal and mission of serving patients with chronic or long term developmental disorders. In addition, this clinic is meeting the Munroe-Meyer Institute’s mission of reaching underserved populations, based on the definition of underserved being those who cannot access services due to location.

Findings

This study was not able to reflect the total number of patients being seen in the clinic, therefore the study may not be a true representation of the patient demographics.

There was a discrepancy in patient information included in files reviewed. A portion of files did not contain information regarding the variables that were being investigated.

Several patient files did not contain information that was necessary for the study.

Inability to access current information within patient files.

Unable to identify a source in the chart that reflects income, necessitating the need to develop a proxy variable. Investigators had to make assumptions based on this variable, which might not reflect actual income of the patient’s caregiver.

There are several possible reasons accounting for patients having Medicaid or Medicaid as alternative insurance while living in zip codes with high income levels.

Recommends

Develop a simple case management system such as a one page form that can be placed in the patient’s file, thereby providing an easy to read, and find, crucial patient information for practitioners and the larger University system.

Develop more streamlined ways for researchers and practitioners to access information needed for important research endeavors such as writing grant proposals and being able to accurately describe client populations.

Expand diversity by engaging patients from underserved and underrepresented populations and increase efforts to reach populations below the federal poverty level.

Improve uniformity and formatting of patient files for this clinic.

The investigation of patient demographics can satisfy current and future clinic operations. The data collected can also serve as a foundation for further research. The study results can be expanded upon and reviewed for different purposes. The results could also be compared to other behavioral medicine clinics or patient demographics, enhancing knowledge of patient populations.

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