Children's Hospital of Philadelphia PolicyLab

Health Care Utilization for Children in Foster Care

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OBJECTIVE: To utilize hospital EMR data for children placed in foster care (FC) and a matched control group to compare: 1) healthcare utilization rates for primary care, subspecialty care, emergency department (ED) visits, and hospitalizations; 2) overall charges per patient-year; and, 3) prevalence of complex chronic conditions (CCC) and their effect on utilization. METHODS: Children ?18 years old with a designation of FC placement and controls matched on age, race/ethnicity, gender, and zip code who had an encounter at an urban pediatric health system between 7/1/11-6/30/12 were identified in the EMR. Data on outpatient, ED, and inpatient encounters and charges for 7/1/12-6/30/13 were obtained. A general linear mixed effects model was applied to estimate means and rates for each group. Analyses were repeated among the subpopulations of children with and without CCCs. RESULTS: 1,156 FC cases were matched to 4,062 controls (mean=3.5 controls/case). FC cases had significantly higher rates (per 100 patient-years) of hospitalizations (18.5 vs. 12.7, p=0.005), and subspecialty visits (173.3 vs. 113.6; p<0.001) but not ED (50.4 vs. 45.2, p=0.056) or primary care visits (154.6 v. 149.8; p=0.50). FC cases had higher charges ($14,372 vs. $7,082; p<0.001). Among children with CCCs, healthcare utilization rates and charges were higher among FC cases (all p<0.001). Among children without CCC, rates and charges were similar for FC cases and controls (all p>0.2). CONCLUSIONS: FC children utilized more hospitalizations and subspecialty office visits. The increased utilization rates and charges among children in FC were driven by the subset of children with CCCs.

Journal:

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