The Impact of Concurrent Care on Medically Fragile Children

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Introduction

Children represent 24% of the population. As children have ongoing needs and are dependent on care, services such as Child Health and Disability Prevention (CHDP), First 5 California, and mandatory screenings are trying to decrease the ongoing struggle of access to healthcare. Medically fragile children are an especially vulnerable population. With multiple comorbidities related and unrelated to their primary diagnosis, they struggle to get proper access to care and specialties.

The Affordable Healthcare Act created Concurrent Care Services program for children. Its' aim is to improve patient access and decrease visits to the hospital with the goal of enhancing patients' and families' overall quality of life. In California, there is insufficient data to demonstrate the program's ability to contain costs associated with children who have life-limiting conditions. The expected outcome is that patients on concurrent care experience decreased ER visits, hospitalizations, length of stays when admitted, and thus suggest better care at home and symptom management.

What is Concurrent Care

- Birthed from the Patient Protection and Affordable Care Act (Obamacare) in 2010
- Titled "Concurrent Care for Children" in Section 2302
- Eases criteria for receiving hospice services
- Effectively modified the way in which hospice care is delivered
- Changed the eligibility of terminally ill children for palliative care and hospice

Details of Concurrent Care

- The provision states that children enrolled in the Medicaid or Children's Health Insurance Plan (CHIP) program may receive care related to their primary diagnosis concurrently with hospice care
- Curative treatments may include chemotherapy, radiation, transplant rejection medications, and dialysis, among others
- Program is managed by pediatric hospice team including physician, nurse practitioner, registered nurses, social workers, chaplains, bereavement specialists, and ancillary staff
- Face to face with provider every 60 days to qualify for services
- Nurses visit minimum every 2 weeks and as needed

Study Purpose

- This project is looking at the effectiveness of the concurrent care program within Fresno, Madera counties for children with life-limiting conditions.
- This is a pilot study due to no available studies demonstrating evidence of cost-savings associated with a concurrent care program prior to initiating this project.
- Therefore, the importance of this research and its findings cannot be compared to previous works.

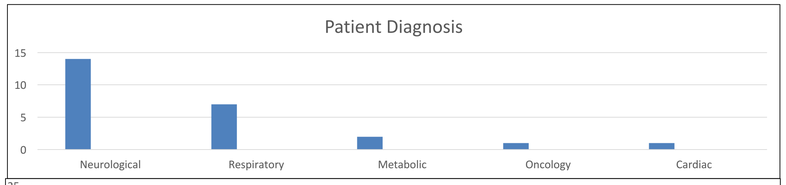
Design, Population and Setting

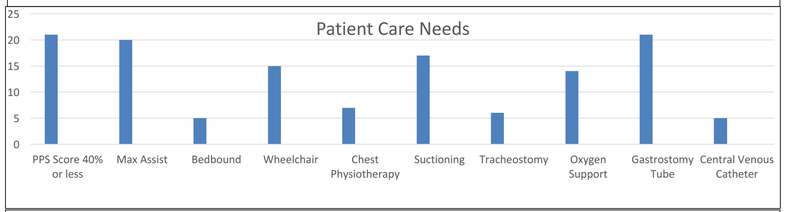
- A retrospective longitudinal design measured the effectiveness of the concurrent care program by looking at those children who previously would not qualify for hospice-like services but now do with concurrent care .
- By examining the number of admissions to the local children's specialty hospital, the length of stays associated with those admissions, and the associated healthcare costs of those admissions over consecutive 12 month period before and 12 month period after enrollment to concurrent care.

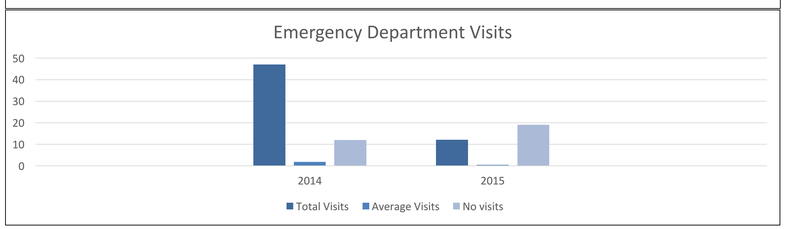
- Population pool of 30 patients; who have been enrolled in the Concurrent Care program for a minimum of twelve months.
- Criteria for inclusion is that the subjects must be ages between 1 and 21 years old, reside(d) Fresno county and is/was enrolled in a Concurrent Care program through hospice for a minimum of 12 months.
- The study sites will include local pediatric hospice in Fresno (outpatient) and local children's hospital in Madera (inpatient).

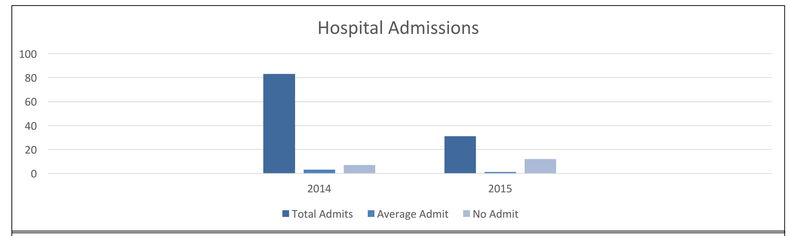
Results

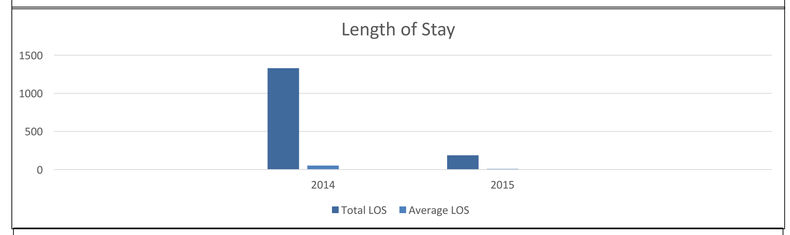
- 75% reduction in emergency department visits
- 19 patients didn't see the ER after enrollment
- 64% reduction in admission rates
- 13 patients didn't get admitted after enrollment
- 87% reduction in length of stay
- More than 1100 days not spent in the hospital after enrollment
- Almost 4 million dollars saved

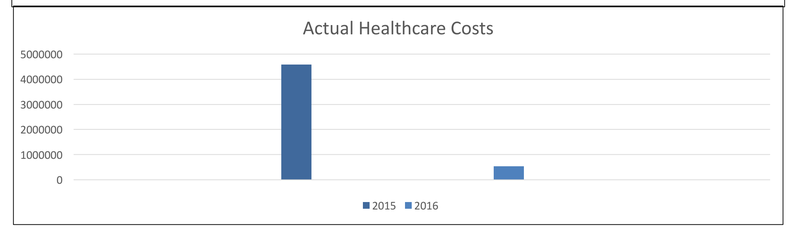












Discussion

- Take this data back to the state legislatures to provide documentation that concurrent care is successful in the few counties who participated in the study
- Examine the cost-to-charge ratio for the hospice and hospital. Can this program generate sustainable revenue?
- Develop a business plan model to provide other counties with the infrastructure to set up pediatric hospices and provide similar levels of care
- Expand the conversation to a national level and look at states who currently are not using a concurrent care program

Conclusions

- Validation

- Concurrent care does contain healthcare costs while able to keep medically fragile children at home.
- The selection process from the palliative care coordinators at the hospital and primary care physicians are on target choosing the groups who have the highest incidence of admissions to the hospital.

- Limitations

- First study examining the concurrent care program in California.
- Sample size due to small number of patients by the hospice company.
- Operating the concurrent care program for approximately 3 years.
- Limited data availability by the institutions.

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