Quality of Care: Outpatient Care Before Hospitalization

THE FINDINGS

- 12% of CCS enrollees had no outpatient care during the 28 days prior to hospital admission.
- 42% of CCS enrollees had no MD clinic visits during the 28 days prior to hospital admission.
- Those in the following categories had higher-than-average rates of “no visits in 28 days:”
  - Ages 13-21 years
  - Non-complex chronic conditions (e.g., Diabetes, Inflammatory Bowel Disease, Sickle Cell Disease, Hemophilia)  

POLICY IMPLICATIONS

- “Outpatient care before hospitalization” may be a useful quality indicator for some CSHCN. This may be particularly true for children with specific, non-complex chronic conditions.
- Systems of care may be able to reduce some preventable hospitalizations, by identifying and improving outpatient-care delivery to children most at risk for “no outpatient care before hospitalization.”

1 Mangione-Smith, in press

Outpatient visit includes MD, EPSDT, diagnostics, physical therapy and occupational therapy.

MD visit includes any EPSDT, dental, and psychiatric visits.

Index hospitalization is defined as the hospitalization that occurred 6 months after CCS enrollment and more than 28 days after the start of fiscal year 2006 and that did not have a prior hospitalization 28 days prior.

CCS enrollee is any child enrolled in California Children’s Services for > 6 months from 7/1/2006 to 6/30/2012. As the nation’s largest Title V program, CCS provides case management each year for >150,000 children with a serious chronic medical condition and whose family has an eligible adjusted annual income. Most CCS enrollees are enrolled in MediCal or Healthy Families. http://www.dhcs.ca.gov/services/ccs. Data analyzed were de-identified information from all paid claims for these CCS enrollees, as abstracted from the state’s Management Information System / Decision Support System.

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