



Hospitalization patterns of children in foster care with chronic medical illness in California

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BACKGROUND: Children in foster care with chronic medical conditions are a distinctly vulnerable population. Little is known about hospitalization patterns in this population and how their health care utilization compares to children with similar diagnoses who are not in foster care.

OBJECTIVES: To describe the hospitalization patterns of foster children in California Children's Services (CCS), California's Title V program for low income children with chronic medical conditions.

METHODS: This is a retrospective cohort study using CCS administrative data from 2009-2013. A two-year period of enrollment was analyzed for each individual. Individuals were excluded if they were enrolled in CCS for less than 3 months. Children in foster care were identified by the use of MediCal Aid codes associated with foster care status at two separate visits during the study period. The Patient Medical Complexity Algorithm as well as the Pediatric complex chronic conditions classification system version 2 were used to stratify patients by complexity.

RESULTS: A total of 313,771 children were enrolled in CCS during the study period. Of those 9,777 (3%) were involved in the foster care system (Table 1). These children had a significantly higher number of mean hospitalizations during the study period (0.95 for foster children compared to 0.68 for non-foster children) (Table 2). They also had significantly higher mean acute length of stay (22 days for foster children vs. 18 days for non foster children) although 30 day readmission rates were similar. Over the study period children in foster care had medical costs 11%-25% higher compared to children of similar complexity not in foster care (Table 3).

CONCLUSION: Children in foster care with medical complexity are hospitalized at higher rates and have longer length of stays than other children with medical complexity. Even when controlling for complexity of their medical conditions, children in foster care with medical complexity have significantly higher medial costs than other low-income children. These findings support having additional resources for this vulnerable population.