

Quality of Care: Outpatient Care Before Hospitalization

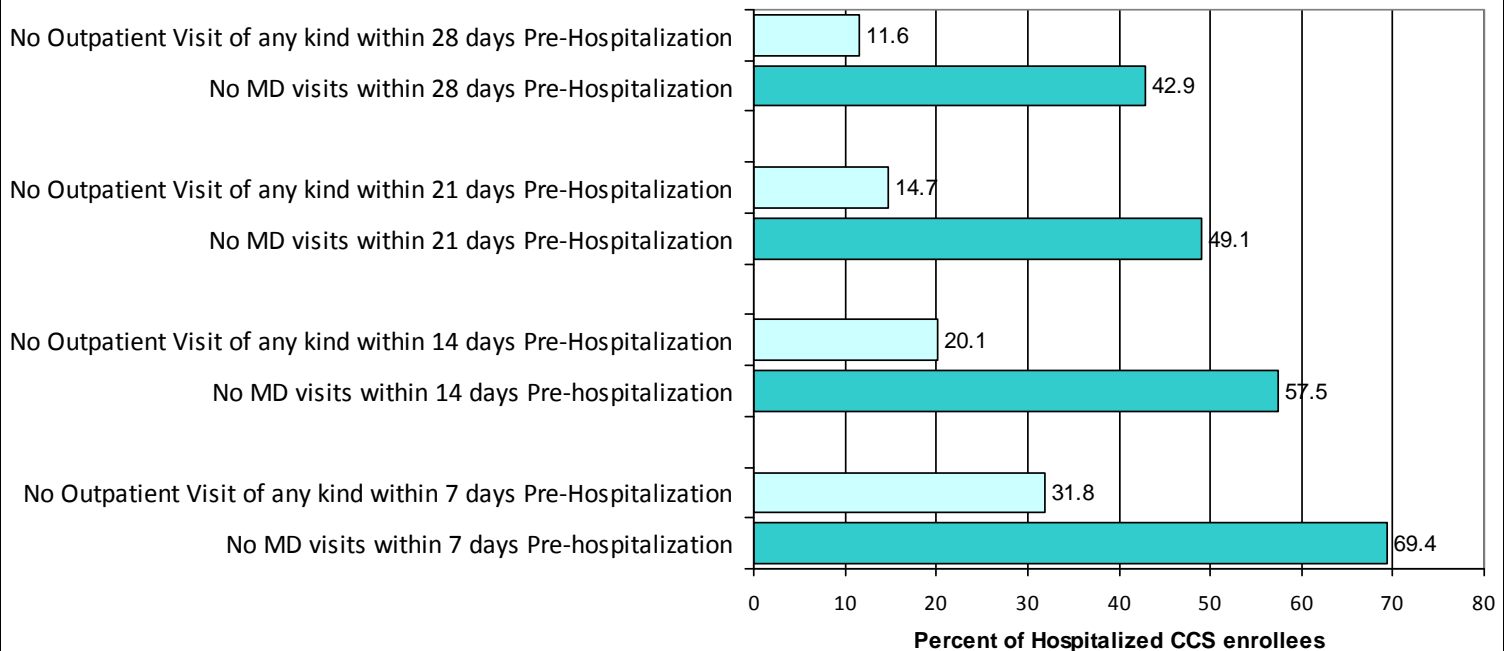
THE FINDINGS

- 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) ¹

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.”

Percent of Hospitalized CCS Enrollees without an Outpatient Visit 28 Days Prior to Hospitalization



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.

¹Mangione-Smith, in press