


Post Discharge Care of the Medically Complex Child

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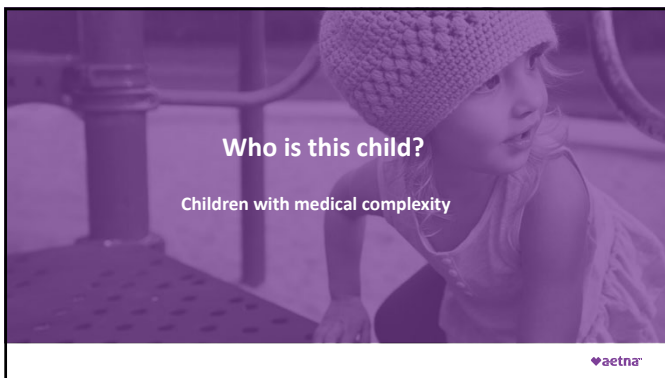
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Who is this child?

Children with medical complexity



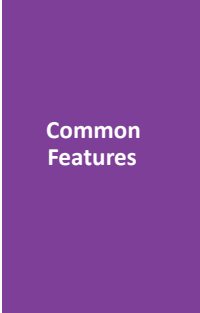


Definitions

- Multiple significant chronic health problems
- Multiple organ systems resulting in:
 - ❖ functional limitations
 - ❖ high healthcare utilization
 - ❖ technologically dependent
- Impacted by their health conditions such that they cannot participate in activities that may be common for typically developing children their age
- Technological dependence on devices such as gastrostomy tubes, tracheostomies, home ventilators etc.

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Common Features


Common medically complex children may often have:


- High prevalence of neurologic/neuro-developmental disorders
- May have underlying genetic disorder
- Prematurity

Example:

A four-month old former 26-week premature neonate, with history of intraventricular hemorrhage, status post necrotizing enterocolitis, with seizure disorder, now with gastrostomy tube, tracheostomy tube, requiring home nursing and durable medical equipment (DME)

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How did we get here?


- Even with advances in medical care, most of these conditions do not have cures, but they sustain chronic diseases that need ongoing management.
- An unintended effect of improved treatment is that patients with complicated diseases are growing in number and take up an increasing percentage of health care resources.

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Why Should We Care?

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Member Impact

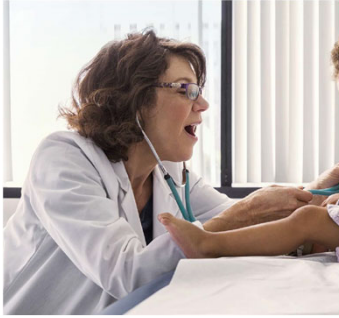
- Unmet needs - Risk of health care inequities, poor health outcomes and lifelong developmental challenges
- Family and community impact - Loss or reduction of parental income
- Cost of medications, skilled care, equipment, supplies
- Caregiver and family stress, siblings with emotional and behavioral problems

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Impact on Health Care Spending and Utilization


- Nationally accounts for roughly 50% of Medicaid spending on hospital care for all children
- Estimated 30% of care spending for all children (\$100 billion)
- Readmission rate equals or exceeds rate of elderly Medicare beneficiaries i.e. (20%) or higher (median of 38 days apart)
- Comprise about 1% of all children
- 55% of child hospital admissions
- 85% of the cost for 30 days unplanned readmissions


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Challenges to providing care


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<h4>Providers</h4> <ul style="list-style-type: none"> ▪ Expertise ▪ Time ▪ Financial challenges <h4>Family</h4> <ul style="list-style-type: none"> ▪ Stress ▪ Limited health literacy ▪ Finances 	<h4>Health System</h4> <ul style="list-style-type: none"> ▪ Fragmented Care ▪ Lack of specialized therapies/specialists 
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A typical Child with Medical Complexity would need

<ul style="list-style-type: none"> • Neurologist • Neurosurgeon • Ophthalmologist • Pulmonologist • Gastroenterologist • Physiatrist • ENT Specialist • Primary Care Physician 	 <ul style="list-style-type: none"> • Geneticist • Nutritionist • Speech Therapist • Occupational Therapist • Physical Therapist • Skilled Nursing
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Effectiveness of care coordination

- Positive impact on the health of child and family
- Increasing self management through education and support
- Families increasingly engaged in care and negotiating goals and priorities together
- Appropriate resource allocation while considering issues such as social determinants of health
- Coordination between primary care, specialty care and external organizations such as hospitals and managed care organizations
- Reductions in hospitalizations and emergency department utilization

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A Final Word: CARE

The Children's Hospital Association is a resource for additional information on transforming care delivery and payment for children with medical complexity.



https://www.childrenshospitals.org/Care?utm_source=right_rail&utm_medium=button&utm_campaign=ca_re

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QUESTIONS?

