Managed Care Reduced Medicaid Readmissions Among Children With Type 1 Diabetes, AJMC Study Finds

Hospital readmissions are a key quality indicator, and reducing those means learning which at-risk patients return for care. A study in The American Journal of Managed Care examined children with type 1 diabetes enrolled in Managed and Traditional Medicaid programs across 25 states, who are more likely to have incidents of diabetic ketoacidosis, a costly cause of readmission.

PLAINSBORO, N.J. (PRWEB) April 22, 2016 -- Being in managed care meant children enrolled in Medicaid who were hospitalized for type 1 diabetes were less likely to be readmitted within 90 days, according to a new study in The American Journal of Managed Care.

The study, led by Kathleen Healy-Collier DHA, CSSBB of Brookwood Medical Center in Birmingham, Ala., is the first national study to examine the effects of managed care on readmission within the pediatric type 1 diabetes (T1D) population enrolled in Medicaid. This is significant, because other studies have shown that youth with diabetes were more likely to be hospitalized if they have Medicaid or no insurance than if they have commercial coverage. The full study can be found here.

According to the authors, the findings suggest that the tools of managed care, such as case management and the use of health IT, make a difference in preventing readmission. The findings come as transitions to Medicaid managed care have been hotly debated in several states, including Iowa and Arkansas.

“We encourage policymakers to look at the benefits of care coordination as they weigh whether to bring managed care to Medicaid, or expand existing programs,” Healy-Collier said. “Children with type 1 diabetes have distinct needs that involve specialists and regular follow-up, so case management is critical—especially as these patients reach their late teens.”

The National Institutes of Health and JDRF funded the study.

Researchers examined data from 42 hospitals in 25 states, which they obtained through the Children’s Hospital Association for the years 2008-2011. Among 14,544 individual discharges of children with T1D enrolled in Medicaid, there were 4,985 readmissions, including 1,792 cases of diabetes ketoacidosis. The caseload covered 12,618 individual patients, as some were readmitted more than once; of the group, 14.9% were readmitted, and 12.1% were readmitted for diabetic ketoacidosis (DKA). The mean time to readmission was 38.5 days.

The study team was especially interested in whether having managed care had an effect on readmission for DKA, which costs the United States an estimated $2.4 billion a year. DKA incidents can be the first sign that a child has T1D. Because the body cannot break down sugar as energy, it draws energy from tissue instead, producing ketones and building up acid levels in the blood. A person can pass out from a DKA episode, have cardiac or pulmonary complications, or even die.

The study found that being in Medicaid managed care made children with T1D less likely to be readmitted generally—but not more likely to be readmitted for DKA than those in traditional Medicaid. The authors speculated that children in Medicaid outside of managed care may be more likely to use the emergency room
for primary care, or that a DKA episode will send patients to the hospital regardless of insurance type.

After adjusting for the severity of their illness, researchers found children with T1D in traditional Medicaid plans had an odds ratio of 1.12 (1.04-1.20 95% CI) of being readmitted for any diabetes-related cause within 90 days. The team looked at this time frame because it is more clinically relevant in T1D than the 30-day window used to gauge quality after surgery or other medical conditions. Estimated savings from reduced readmissions for hospitals studied was $2.6 million.

The authors also found significant disparities by race, with African-American children more likely to be readmitted for T1D, and wide variation among the states in the number of days between readmissions, even after taking the severity of disease into account.

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Contact Information
Mary Caffrey
The American Journal of Managed Care
+1 609-731-8802

Nicole Beagin
The American Journal of Managed Care
http://www.ajmc.com
609-716-7777 131

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