ABSTRACT

Study Design: A six-year retrospective cohort study was conducted using Missouri Medicaid claims data to evaluate the “Care Beyond the Bedside” coordinated care model at Ranken Jordan Pediatric Bridge Hospital.

Main Finding: Children with Medical Complexity (CMC) on Missouri Medicaid who received care at Ranken Jordan under the “Care Beyond the Bedside” coordinated care model experienced equal or better post-discharge outcomes and costs to the state are equal or lower, compared to CMC who receive care under traditional models.

INTRODUCTION

Three million American kids are classified as Children with Medical Complexity (CMC), and this number grows 5% annually.1 Though CMC make up a very small portion of the entire pediatric Medicaid population, they account for about 40% of pediatric Medicaid costs.2 CMC require multidisciplinary sources of care, the coordination of which is difficult to manage. To be classified as medically complex, patients must have 1) severe health conditions, 2) substantial health service needs, 3) major functional limitations, and 4) high health resource utilization. By reducing both duplication of services and gaps in care, well-coordinated CMC care leads to improved outcomes and lower costs. However, current CMC care is commonly fragmented and disorganized. Without care coordination incentives and collaborative care networks, it has historically been difficult to provide a continuum of care for these children.2

Ranken Jordan Pediatric Bridge Hospital (RJ) in St. Louis specializes in transitioning CMC patients from the acute care hospital to home. This unique 34-bed inpatient facility also has comprehensive outpatient components, including outpatient therapy, intensive day treatment, and a comprehensive orthopedic rehabilitation clinic.3 RJ’s unique “Care Beyond the Bedside” model emphasizes rehabilitation and healing through therapy and play beyond the confines of a hospital bed. Patients spend the majority of waking hours in community with other RJ kids and staff. Families are trained and empowered to successfully care for their child after the transition home.

METHODS

Comprehensive medical claims data were pulled for all CMC fitting 8 patient profiles (Tables 1&2) who were covered by Missouri Medicaid from 2007-2012. Post-discharge costs and outcomes for RJ patients were compared to those of CMC served by traditional models of care. Propensity Score Weighting was used to adjust for medical and social differences between the RJ and All Other groups in all models. Outcome variances (Table 2) were log-transformed, and OLS regression models used to estimate the changes in the ratio of the geometric mean of the outcome variables, after adjusting for gender, age, race, geographic region, foster care, and proportion of time on a state-contracted managed care health plan for Medicaid beneficiaries.4 Descriptive statistics are presented in Table 1, and estimates for the Ranken Jordan variable from each model are in Table 2.

REFERENCES