
Health Care Utilization for Children in Foster Care

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OBJECTIVE: To utilize hospital EMR data for children placed in foster care (FC) and a matched control group to compare: 1) healthcare utilization rates for primary care, subspecialty care, emergency department (ED) visits, and hospitalizations; 2) overall charges per patient-year; and, 3) prevalence of complex chronic conditions (CCC) and their effect on utilization. **METHODS:** Children ≤ 18 years old with a designation of FC placement and controls matched on age, race/ethnicity, gender, and zip code who had an encounter at an urban pediatric health system between 7/1/11-6/30/12 were identified in the EMR. Data on outpatient, ED, and inpatient encounters and charges for 7/1/12-6/30/13 were obtained. A general linear mixed effects model was applied to estimate means and rates for each group. Analyses were repeated among the subpopulations of children with and without CCCs. **RESULTS:** 1,156 FC cases were matched to 4,062 controls (mean=3.5 controls/case). FC cases had significantly higher rates (per 100 patient-years) of hospitalizations (18.5 vs. 12.7, $p=0.005$), and subspecialty visits (173.3 vs. 113.6; $p<0.001$) but not ED (50.4 vs. 45.2, $p=0.056$) or primary care visits (154.6 v. 149.8; $p=0.50$). FC cases had higher charges (\$14,372 vs. \$7,082; $p<0.001$). Among children with CCCs, healthcare utilization rates and charges were higher among FC cases (all $p<0.001$). Among children without CCC, rates and charges were similar for FC cases and controls (all $p>0.2$). **CONCLUSIONS:** FC children utilized more hospitalizations and subspecialty office visits. The increased utilization rates and charges among children in FC were driven by the subset of children with CCCs.

Journal:

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