



# 2013 Medicaid Youth Inpatient Utilization BHPOC

June 10, 2015



# Overview of 2014 Inpatient Performance Target

## 1. Medicaid Youth Population Characteristics

- Sample is from 2013 Medicaid Claims Data

## 2. Acute Care Hospital Indicators

Admission Rate from the ED

Use of Observation Beds

Inpatient Length of Stay

Connect to Care within 7 & 30 Days

Readmission within 7 & 30 Days



## 3. Predictive Modeling: *Risk of Failure to Connect to Care Following Discharge from Inpatient Stay*

# **MEDICAID YOUTH POPULATION CHARACTERISTICS**

# Inpatient and BH Utilization

- During 2013, <1% of Medicaid youth (0.7%) utilized acute inpatient services

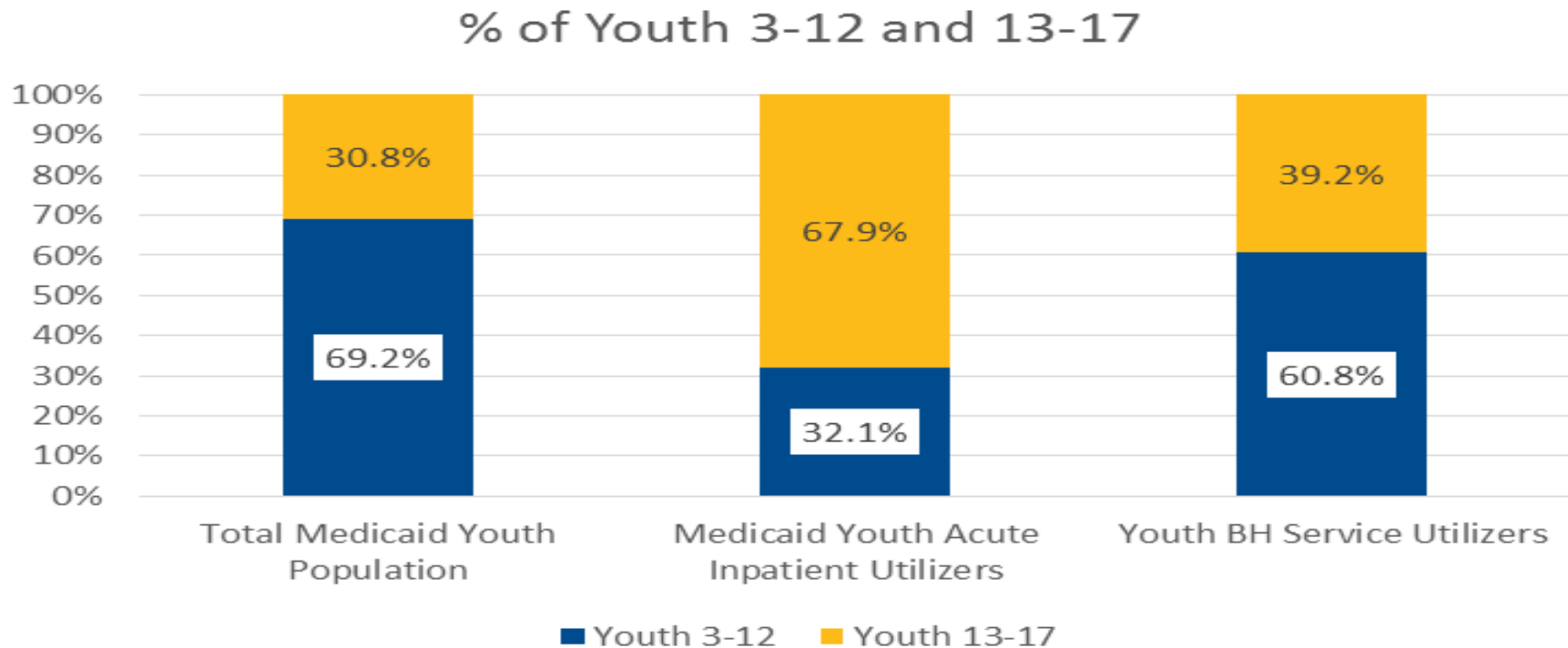


- 20.3% of Medicaid youth utilized BH services



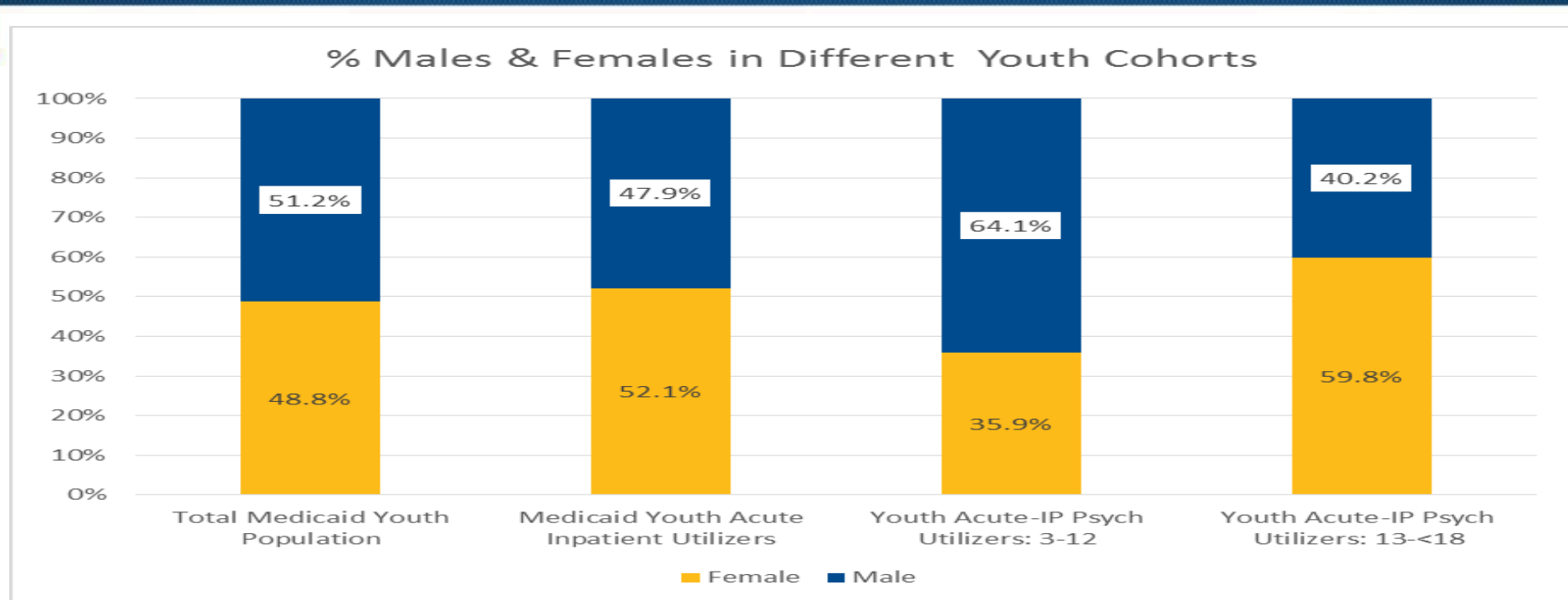


# Comparison of Youth Inpatient Utilizers to All Medicaid Youth and BH Utilizers by Age Groups



- Within the youth Medicaid population, 69.2% are between the ages of 3 and 12 and 30.8% are between the ages of 13 and 17
- Among Inpatient Utilizers, 32.1% were between the ages of 3 and 12 and 67.9% were 13 to 17.
- Among Behavioral Health Utilizers, 60.8% were 3-12 and 39.2% were 13-17

# Comparison of Gender of Youth Inpatient Utilizers with Other Cohorts



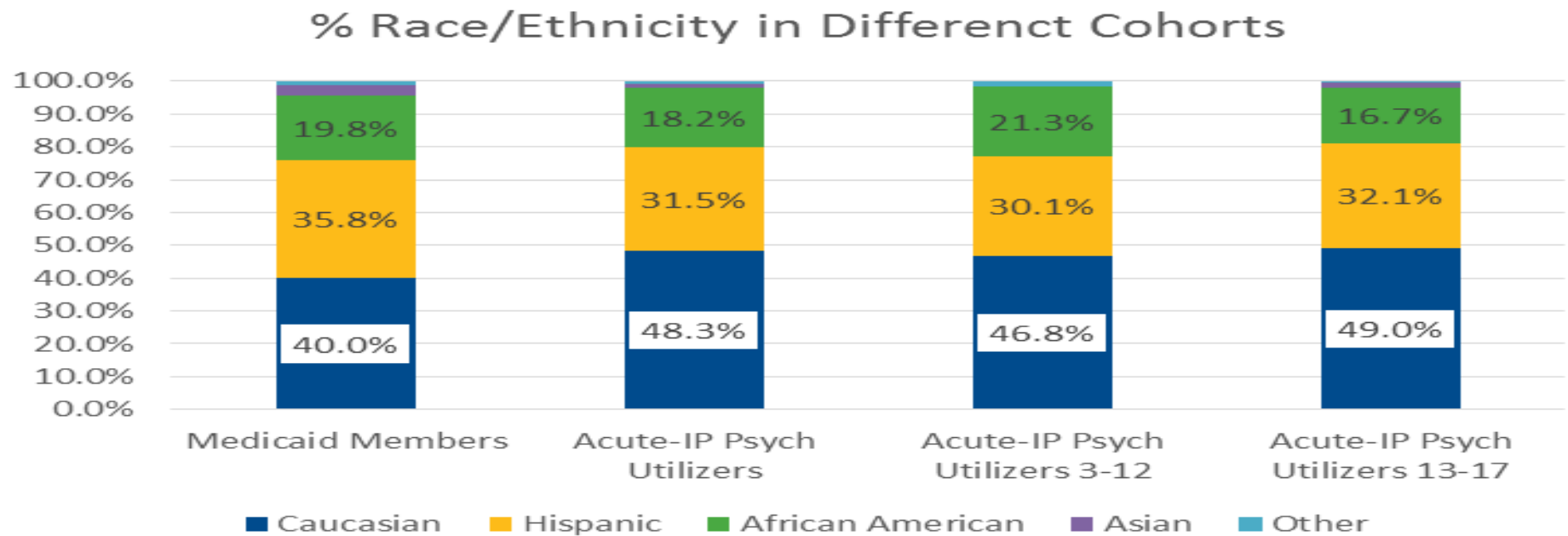
**Within the youth Medicaid population, 48.8% are female and 51.2% are male**

**Among Youth Acute Inpatient users:**

- 52.1% were female and 47.9% were male
- For inpatient users between the ages of 3 and 12: 35.9% were female and 64.1% were male
- For inpatient users between the ages of 13 and 17: 59.8% were female and 40.1% were male

**The 2013 findings essentially replicated the findings from the 2012 population analysis**

# Comparison of Race/Ethnicity of Youth Inpatient Utilizers with Other Cohorts



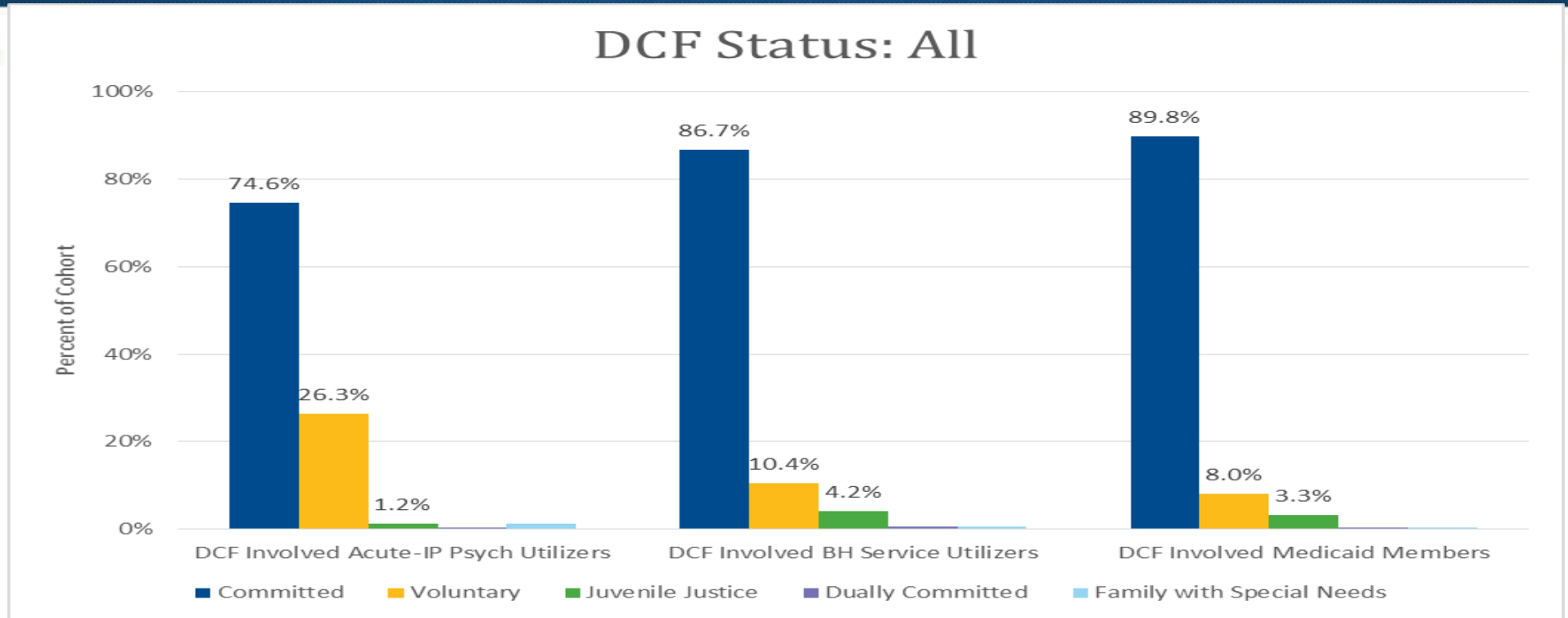
Within the youth Medicaid population, 40.0% are Caucasian, 35.8% Hispanic, 19.8% African-American and 3.1% are Asian

Among Youth Inpatient users:

- **Caucasians are disproportionately over-represented and most so among adolescents**
- **Hispanics are disproportionately under-represented and particularly so for ages 3-12**
- **Overall African-Americans use disproportionately less inpatient services**
  - However, they are somewhat over-represented among children 3-12 and under-represented among adolescent inpatient users



# Comparison of DCF Status Categories of Youth Inpatient Utilizers with Other Cohorts



- DCF-Involved youth account for 3.6% of the Medicaid youth population and 5.9% of the youth who use inpatient services
- Among all DCF-Involved Medicaid youth, the majority were Committed (89.8%) followed by Voluntary (8.0%) and Juvenile Justice (3.3%).
- Among DCF-Involved Youth Inpatient Utilizers, Voluntary youth were most disproportionate in their use of inpatient services (26%).
- This finding also replicates findings from the 2012 Population analysis



# Medicaid Youth Inpatient Utilizers: Most Frequent BH Diagnoses

	All Youth IP Utilizers: Ages 3-17	Youth 3-12 IP Utilizers	Adolescent 13-17 IP Utilizers
Mood Disorder NOS	91.70%	88.10%	93.40%
Psychotic Disorder	64.70%	71.20%	61.60%
Attention Deficit Disorder	53.90%	75.10%	43.80%
Disruptive Behavior Disorder	51.00%	71.40%	41.30%
Stress Disorder	46.70%	51.40%	44.50%
Major Depression	40.50%	18.60%	50.90%

- Prevalence rates of BH Diagnoses vary by age groups
- Psychotic Disorder, Attention Deficit and Disruptive Behavior Disorder are more prevalent among Child IP utilizers
- Mood Disorders and Major Depression are more prevalent among the Adolescent inpatient utilizers

# Youth Inpatient Utilizers: Most Frequent Medical Diagnoses

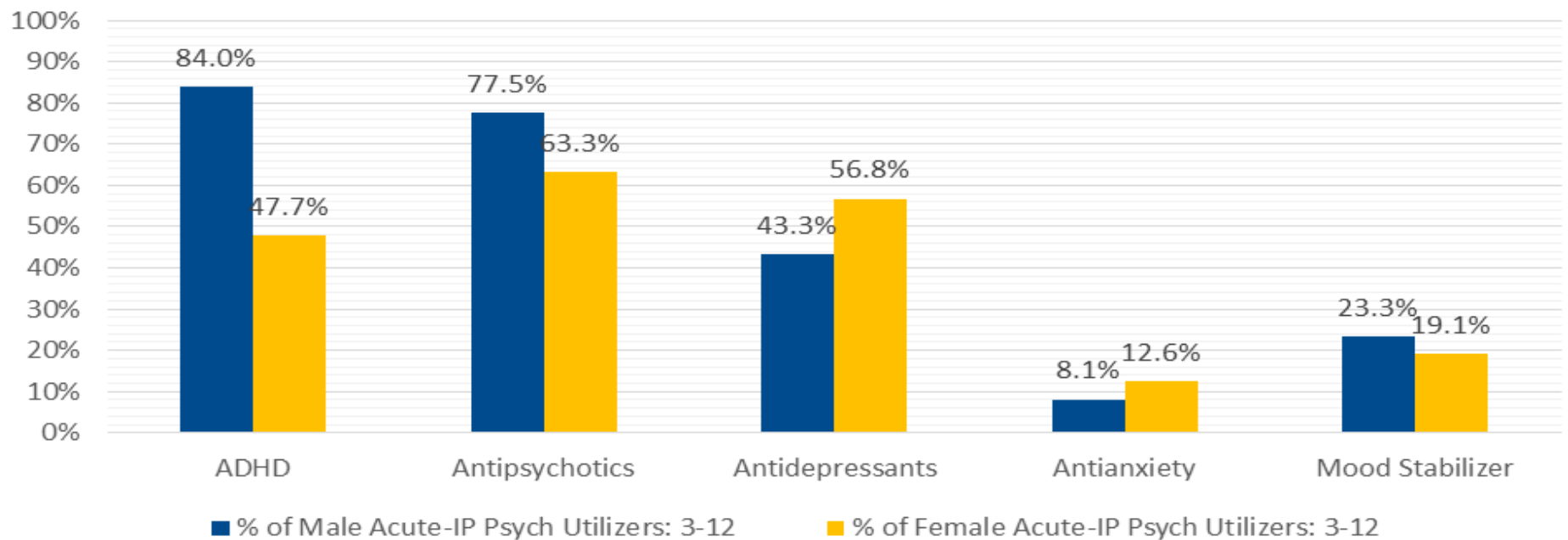


	All Medicaid Youth	All Youth IP Utilizers	Youth 3-12 IP Utilizers	Youth 13-17 IP Utilizers
<b>Asthma</b>	<b>14%</b>	<b>28.0%</b>	<b>31.0%</b>	<b>27.0%</b>
<b>Epilepsy</b>	<b>1%</b>	<b>4.0%</b>	<b>5.0%</b>	<b>3.0%</b>
<b>Migraine</b>	<b>1%</b>	<b>2.0%</b>	<b>1.0%</b>	<b>3.0%</b>
<b>Diabetes</b>	<b>1%</b>	<b>4.0%</b>	<b>3.0%</b>	<b>4.0%</b>

**The prevalence of the four most frequently occurring Medical Diagnoses for the Youth Medicaid population are significantly higher in the Youth Inpatient Utilizer cohort**



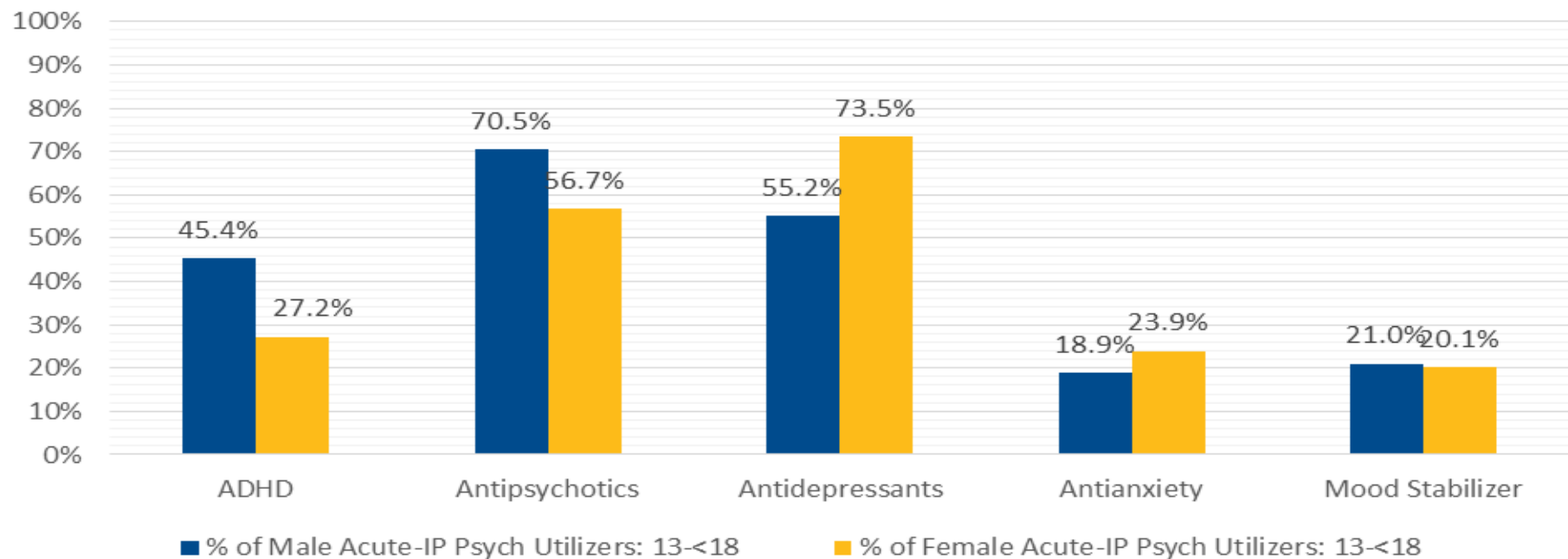
# Medication Categories Utilized by Youth Inpatient Cohort by Gender: Ages 3-12



- **Male Inpatient utilizers ages 3-12 (N=356) are more likely to receive medications for ADHD (84%) and Antipsychotics (77.5%) than are Female Inpatient Utilizers ages 3-12 (N=199)**
- **Female Inpatient utilizers ages 3-12 are more likely to receive Antidepressants (56.8%) and Antianxiety (12.6%) medications than are Male Inpatient utilizers ages 3-12**

Please Note: These rates are based on those youth who filled a prescription following discharge from the hospital for any type of BH medication

# Medication Categories Utilized by Youth Inpatient Cohort: Ages 13-17



- **Adolescent Male Inpatient utilizers (N=471) continue to be more likely to receive ADHD and Antipsychotic medications than Adolescent females**
- **Adolescent Female Inpatient utilizers (N=702) were more likely to receive Antidepressant medications than were males, and more than the younger Female Inpatient utilizers.**

Please Note: These rates are based on only those youth who filled a prescription after discharge for any type of BH medication



# Summary - Takeaways and Hypotheses

- **Age** - Adolescents are far more likely to be hospitalized than younger children
- **Gender by Age** – Boys are disproportionately over-represented in the 3-12 Cohort while girls are over-represented in the 13-17 Cohort
- **Race-Ethnicity** – Caucasian's disproportionately over-represented and Hispanics disproportionately under-represented
- **Race by Age** – Blacks are slightly disproportionately under-represented overall and within the adolescent population, and over-represented in the 3-12 age group

- **DCF Status** - Children in DCF care utilize inpatient care at rates considerably higher than would be predicted by their numbers in the DCF population
  - Voluntary Services are significantly disproportionately over-represented in the inpatient cohort
- **Comorbid Conditions** - Youth with inpatient psychiatric hospitalizations have disproportionately higher rates of comorbid medical diagnoses
- **Diagnosis** – The most common diagnostic categories are Mood Disorder and Psychotic Disorder



# Questions & Discussion

