

Children with chronic conditions increasingly use available resources in children's hospitals

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Children with chronic conditions increasingly used more resources in a group of children's hospitals compared with patients without a chronic condition, according to a report that analyzed data from 28 U.S. children's hospitals between 2004 and 2009, and is being published Online First by *Archives of Pediatrics & Adolescent Medicine*.

To compare inpatient resource use trends for healthy children and children with chronic health conditions of varying degrees of medical complexity, Jay G. Berry, M.D., M.P.H., with Children's <u>Hospital</u> Boston and Harvard Medical School, and colleagues, analyzed data from 1,526,051 unique patients hospitalized from January 2004 through December 2009, who were assigned to one of five chronic condition groups.

The authors found that between 2004 and 2009, hospitals experienced a greater increase in the number of children hospitalized with vs. without a chronic condition (19.2 percent vs. 13.7 percent) and the greatest cumulative increase (32.5 percent) was attributable to children with a significant chronic condition affecting two or more body systems. These children accounted for 19.2 percent (n=63,203) of patients, 27.2 percent (n=111,685) of hospital discharges, 48.9 percent (n=1.1 million) of hospital days, and 53.2 percent (n=\$9.2 billion) of hospital charges in 2009.

"Children's hospitals must ensure that their inpatient care systems and payment structures are equipped to meet the protean needs of this



important population of children," the authors conclude.

In an accompanying editorial, Julia A. McMillan, M.D., with Johns Hopkins School of Medicine, Baltimore, writes, "if the data provided by Berry et al can be assumed to be representative of other large pediatric hospitals, there are important implications for pediatric resident education."

"The challenge for residency program directors is to ensure that the lessons learned caring for complex patients with lifelong chronic illness in the inpatient setting are not forgotten when residents see those patients during subspecialty clinic assignments or during their continuity clinic," they conclude.

In another accompanying editorial, Evan S. Fieldston, M.D., M.B.A., M.S., and Steven M. Altschuler, M.D., of The Children's Hospital of Philadelphia, write, "Freestanding children's hospitals play a unique role in caring for <u>children</u>, particularly those with special needs...Therefore, the implications for the future of pediatric health care and its reimbursement are profound"

"Challenges will continue to be present in how to match patient needs and preferences and how to properly align payment for them. Given limited resources, the obligation of pediatric health care providers to society is to do our best to promote the best outcomes at the right level of efficiency and cost," they conclude.

More information: Arch Pediatr Adolesc Med. Published online December 24, 2012. doi:10.1001/jamapediatrics.2013.432
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