

For kids with asthma, hospital care is comparable for Medicaid and non-Medicaid patients

July 6 2016

Children covered by Medicaid and equally sick children not covered by Medicaid received essentially similar asthma treatment in a given pediatric hospital, according to a new study. In a national sample, researchers analyzed hospital practice patterns by comparing inpatient costs, lengths of stay and use of the intensive care unit (ICU).

"Because Medicaid payments to providers may be considerably lower than reimbursements from private medical insurance, we asked whether the care of Medicaid patients differed from the care of non-Medicaid patients within the same [hospital](#)," said study leader Jeffrey H. Silber, M.D., Ph.D., director of the Center for Outcomes Research at The Children's Hospital of Philadelphia (CHOP). "From a policy perspective, the answer is reassuring—Medicaid and non-Medicaid patients received comparable treatment."

Silber and colleagues from CHOP and the Perelman School of Medicine at the University of Pennsylvania co-authored the study appearing today in *Pediatrics*.

The research team studied more than 17,000 pairs of pediatric asthma inpatients, matched for age, sex and asthma severity, from 40 major U.S. children's hospitals in the Pediatric Health Information dataset. All the children were admitted for acute asthma during 2011 to 2014.

The authors chose asthma, because it's the most prevalent chronic illness among children, and is a leading cause of hospitalization among U.S. children aged one to 15 years.

Unlike many previous studies, Silber said, using matched pairs of patients helped ensure that patient populations had similar clinical presentations, such as severity of illness. The authors write in the paper, "This is very different from asking whether Medicaid patients are more expensive because they are sicker." Silber added, "This matching methodology allowed us to better compare patient resource usage within hospitals," he said.

The median patient cost was \$4263 for Medicaid patients versus \$4160 for non-Medicaid patients, very similar results. The median length of stay was one day for both groups, and ICU use was also comparable: 7.1 percent of Medicaid patients used the ICU, as did 6.7 percent of non-Medicaid patients.

In addition, there was only slight variation across hospitals. Only two of the 40 hospital stood out for especially large differences between the two groups of patients. One hospital had higher costs for Medicaid patients, which the other showed the opposite pattern—higher costs for non-Medicaid patients.

Silber concluded that "Ongoing monitoring for disparities in treatment is a fundamental responsibility of any insurance system, but must be done with great care." He added, "We have demonstrated that multivariate matching is ideally suited to ensure fairness when comparing groups of children, allowing for more meaningful audits, and for potentially actionable results should differential care be observed. For asthma, we are glad to report that we did not find meaningful differences in treatment style between Medicaid and non-Medicaid children hospitalized for [asthma](#) inside [children's](#) hospitals."

More information: Jeffrey H. Silber et al, "Practice Patterns in Medicaid and Non-Medicaid Asthma Admissions," *Pediatrics*, published July 6, 2016. [DOI: 10.1542/peds.2016-0371](https://doi.org/10.1542/peds.2016-0371)

Provided by Children's Hospital of Philadelphia

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