Enhancing the medical homes model for children with asthma. [Med Care. 2009]

Domino ME, Hambly C, Lawrence WW Jr, Wegner S.
Department of Health Policy and Management, The University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7411, USA, domino@unc.edu

Abstract

BACKGROUND: Medical Home is an evolving concept of patient-centered care yet little information is available on its effect on health care expenditures for children.

OBJECTIVES: To quantify differences in patterns of care and costs to the North Carolina (NC) Medicaid program for children with asthma across 3 programs: fee-for-service (FFS), primary care case management (PCCM), and Medical Homes.

RESEARCH DESIGN: NC Medicaid claims from 1998-2001 for children with asthma were used to examine monthly expenditures and patterns of health care use, including emergency department and hospital use. Children in the FFS program served as controls for trends in asthma care over the study period. Tests examined the potential for selection by program and fixed-effect 2-part model regressions were used to control for differences in program enrollees.

SUBJECTS: Children under age 21 with asthma.

MEASURES: Monthly Medicaid expenditures and measures of health service use.

RESULTS: We found considerable evidence of quality improvement in patterns of care for children enrolled in both the PCCM and Medical Homes models in NC. After controlling for selection into these programs, use of maintenance as well as rescue medications increased, use of services increased, and emergency department and hospital use went down. Total spending (asthma and nonasthma related) on children in the Medical Homes program was $148 greater than spending for FFS children (95% bootstrapped confidence interval: $140-$158) per child per month and no difference in spending between Medical Homes and PCCM was detected.

CONCLUSIONS: Our results indicate that enhancement of PCCM programs is one way for Medicaid programs to improve care, but may require substantial investments by states.


PMID: 19786921 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

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