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Utilization of care by infants with neonatal abstinence syndrome in Delaware

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Abstract

There is little information regarding use of expected well care by infants diagnosed with neonatal abstinence syndrome (NAS) post initial discharge. Via a de-identified State of Delaware Medicaid data set, claims for inpatient and outpatient care were extracted for one year after birth and were examined regarding utilization rates for primary care, immunization, urgent or emergency care, and re-hospitalization. Key findings include less than expected well-child visits and immunizations along with higher hospital re-admission rates. This represents missed opportunities for care, also demonstrating the need for more robust social support. Potential for prospective outpatient management and avenues for future research are outlined.

Expected Utilization of Care

- Nineteen infants without codes after discharge were excluded from the analysis. These infants were likely moved to another form of insurance or relocated outside of state. The final n=499.
- Any well-child visit within two weeks before or after the recommended age was considered to meet the AAP well-child requirement.
- Immunization coding did not allow for delineation of which vaccine was received, therefore information is presented in aggregate.

Demographics

- One month rates were low and affected by the initial hospitalization with 18% (n=90) of the cohort still hospitalized at 30 days and 8% (n=40) at 45 days.
- The highest rate of adherence to the AAP recommended schedule was at two months of age, when 65% (n=324) of infants met the AAP goal.
- At six months, the rate was 38% (n=190) which is below the published rate for a cohort of Medicaid admitted at 30 days and 8% (n=40) at 45 days.
- Adherence decreased over time and was 70% (n=151) at nine months. As the data ended at 365 days of life, 12-month adherence was not calculated.
- Two percent of children never received a well-child visit in the first 365 days of life.

Well Child Adherence

Immunizations

- Children received immunizations at both well visits and visits to the primary care office for other reasons.
- The total number of infants who received any immunization in the first year of life was 459, or 92% which is inclusive of immunizations received during the birth hospitalization.
- The mean number of immunizations received per child was 12.6 with a standard deviation of 6.6.
- Eight percent (n=40) never received any immunization.
- Fifty-eight percent (n=23) of those not receiving immunizations were Caucasian and 42 percent (n=17) were Black/Asian/Hispanic.
- Of these 40 infants, only 33 had a well visit, 35 had a primary care visit, and 16 visited the emergency room.
- This lack of immunization is higher than the baseline US rate of one percent (CDC, 2014) and represents a lost opportunity for well-child care.

Unexpected Utilization of Care

- Fifty-two percent (n=261) had a visit to the Emergency Department during the first year of life. The mean number of visits per child was 2.1 with a standard deviation of 1.5.
- Seven percent (n=33) visited an urgent care clinic.
- Fifteen percent (n=74) of infants needed hospitalization in the first year of life which is higher than the baseline for term infants of 9.5%.
- Of those infants admitted, 78% (n=58) had one admission, and 22% (n=16) had two or three admissions.

Primary Reasons for Utilization of Care at Differing Sites

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Conclusions

Ninety-seven percent of children had some form of well-child or primary care visit. Over time the rate of attendance at a well-child visit dropped to only 30%. Eight percent of NAS infants studied never received any vaccinations, compared with a recent national average of less than one percent. The baseline hospitalization rate for term infants in the first 365 days of life is 9.5%; in this cohort, 15% required admission with 22% of those infants requiring more than one admission. Visits to the emergency department for head trauma and other morbidity and mortality were noted. Lack of attendance at well-child visits means a loss of preemptive well care, developmental screening and early intervention. Full engagement in primary care may also decrease the need for urgent and emergency room care.

Findings of this nature present an opportunity for education and demonstrate the need for social supports to enable safe environments. Future research should include real-time and prospective analysis of healthcare utilization with a case management focus, research to examine changes in utilization of urgent care, work to inform plans of safe care, and research into how to best support the substance exposed mother-infant dyad and their families.

Selected References


Selected References