Impact of managed care on publicly insured children with special health care needs

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CRD summary
This review aimed to evaluate the impact of managed care on publicly insured children with special healthcare needs. It concluded that caution should be exercised in implementing managed care programmes for poor children with complex needs. Given the diversity and poor quality of the included evidence, this conclusion appears to be appropriate.

Authors' objectives
To evaluate the impact of managed care on publicly insured children with special healthcare needs (CSHCN).

Searching
The PubMed database was searched from January 1988 to June 2008 for English language evidence. The Cochrane Controlled Trials Register (CENTRAL) and the Cochrane Register of Effective Practice and Organisation of Care (EPOC) databases were also searched. Search terms were reported. In addition, further evidence was sought from reference lists or retrieved papers, bibliographies, expert contacts and the non-peer-reviewed "grey literature".

Study selection
Empirical studies addressing children, special health care needs, and health services provided by State Children's Health Insurance Program (SCHIP) and Medicaid, as well as patient experiences and outcomes were eligible for inclusion in the review. Studies with weaker designs (i.e. cross-sectional, descriptive single group studies, singular case series and registries and case reports), as well as those restricted to behavioural or mental health issues were excluded.

Studies meeting these selection criteria included programmes with voluntary enrolment, mandatory enrolment and those with possible exceptions to mandatory enrolment, including the need for multiple specialists and the use of other health insurance. No studies described capitated plans with specialty service carve outs. The studies included diverse populations of children with special healthcare needs and practice settings. The majority of studies were state specific.

Outcomes included care access, care utilisation, care quality, care satisfaction, health care costs, and health status.

Two reviewers independently selected studies for inclusion.

Assessment of study quality
The validity of included studies was assessed according to published criteria, based on nine domains: study question, population, comparability of subjects, exposure/intervention, outcomes, statistical procedures, results, discussion and project funding/sponsorship. Studies could fully, partially, or not address essential elements within each of these domains. Two reviewers independently rated each study, with disagreements resolved by discussion.

Data extraction
The authors did not state how data were extracted for the review or how many reviewers performed the extraction.

Methods of synthesis
Studies were combined in a narrative synthesis, grouped by type of outcome: care access, care utilisation, care quality, care satisfaction, health care costs, health outcomes and family impact.

Results of the review
A total of 13 observational studies (n > 10,000 children) were included in the review. Four of the included observational studies were prospective in design. Adequacy of description of statistical methods was mixed and no studies fully addressed baseline comparability or selection bias in the enrolment of children.

Seven of nine studies reporting access to care outcomes appeared to show increased health care access for children with special healthcare needs when covered by Medicaid and State Children's Health Insurance Program Managed Care (MSMC) systems, although five of the studies reported similar levels for MSMC and fee-for-service for some aspects
of access. Of nine studies reporting care utilisation, eight reported similar levels for MSMC and fee-for-service; three suggested that MSMC systems can have a beneficial effect on health care utilisation. One study of utilisation reported a decreased probability of specialist visits, vision care visits and prescription drug use among children with special healthcare needs in capitated MSMC systems with carved-out specialist services, compared with fee-for-service programmes. Two of the three studies measuring quality of care outcomes reported a beneficial effect of MSMC compared with Medicaid fee-for-service systems, with the third reporting similar outcomes for the two groups. Two studies of care satisfaction reported conflicting findings for different state plans. One study detailed significant parent-reported improvements in health outcomes for children with asthma enrolled in the New York State Children's Health Insurance Program.

Cost information
One study in Ohio reported no differences in cost per month of outpatient, inpatient, urgent or non-urgent emergency department care between the periods before and during Medicaid and State Children's Health Insurance Program Managed Care systems.

Authors' conclusions
The evidence on Medicaid and State Children's Health Insurance Program Managed Care systems for children with special healthcare needs was heterogeneous in terms of definitions, programme designs and outcomes. Caution should be exercised in implementing managed care programmes for poor children with complex needs.

CRD commentary
The review question was broadly defined in terms of the participants, interventions, outcomes and study designs of interest. Attempts were made to identify published and unpublished studies from multiple sources. Attempts were also made to minimise the potential for errors and bias during the selection and validity assessment procedures. The use of a narrative synthesis appeared appropriate given the clear heterogeneity between the included studies.

Given the diversity and poor quality of the included evidence, the authors' conclusion that caution should be exercised appears to be appropriate.

Implications of the review for practice and research
Practice: The authors stated that caution should be exercised in implementing managed care programmes for poor children with complex needs.

Research: The authors stated that a greatly expanded and coordinated research effort into the policy and programmatic requirements of managed care programmes for poor children with complex needs is warranted.

Funding
Not stated

Bibliographic details

PubMedID
20129481

DOI
10.1016/j.acap.2009.09.007

Original Paper URL
http://www.academicpedsjnl.net/article/S1876-2859(09)00255-1/abstract
Indexing Status
Subject indexing assigned by NLM

MeSH
Adolescent; Child; Child, Preschool; Chronic Disease /economics /rehabilitation; Disabled Children /rehabilitation; Federal Government; Health Services Accessibility /economics; Humans; Infant; Managed Care Programs /economics /utilization; Medicaid /economics /utilization; Outcome Assessment (Health Care); Public Sector; Quality of Health Care; Social Welfare /economics; United States

AccessionNumber
12010001567

Date bibliographic record published
14/04/2010

Date abstract record published
27/10/2010

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.