

Pediatric Health Services Research using VHCURES



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- I have no conflicts of interest to disclose
- The analyses, conclusions, and recommendations from these data are solely those of the researchers, and are not necessarily those of the Green Mountain Care Board

FUNDING

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- U18 HS25297 Agency for Healthcare Research & Quality
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Highlighting Five Topics of Research

Topic	Focus
1. ATTRIBUTION	Children to medical homes
2. QUALITY IMPROVEMENT	Asthma control
3. TRENDS OVER TIME	Developmental screening
4. WORKFORCE	Family medicine & pediatrics
5. POLICY	Opioid prescriptions

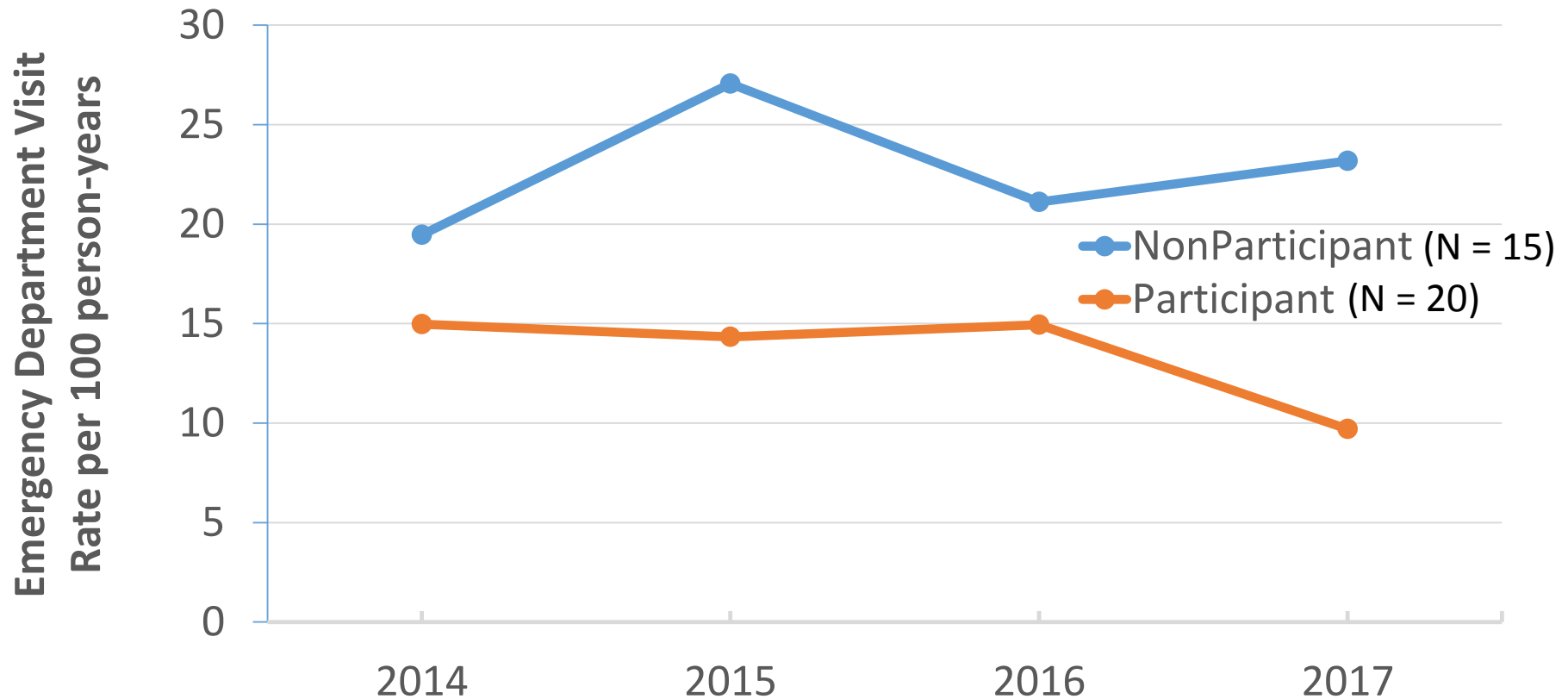
1. ATTRIBUTION: Children to medical homes

Year = 2017

Population	Practice Type	0-11 months	12 mos to 4 yrs	5 to 10 yrs	11 to 17 yrs	18 to 26 yrs	Total
Child-Serving	Pediatrician	11%	23%	31%	30%	5%	56,385
	Family Medicine	5%	10%	18%	27%	40%	30,968
	Mixed Practitioner	8%	18%	25%	29%	20%	5,431
	Nurse Practitioner	0%	0%	0%	10%	90%	115
	Naturopathic Physician	11%	20%	26%	19%	24%	1,834
	UVMHC Children's Specialty Clinic	2%	13%	27%	37%	21%	1,133
	Child-serving practice, not attributed	4%	11%	19%	24%	41%	8,898
Adult-Serving	Internal medicine, adult-serving	1%	3%	6%	10%	81%	2,451
	OB/GYN, female adult-serving	0%	0%	0%	7%	93%	2,993
	Specialists, not attributed	1%	3%	12%	24%	61%	12,871



2. QUALITY IMPROVEMENT: Asthma control



Intervention:

Quality Improvement learning collaborative Oct.2015 – Apr.2016

Measure:

Rate of Emergency Department visits for asthma among patients with asthma at participating practices compared to patients with asthma at non-participating practices

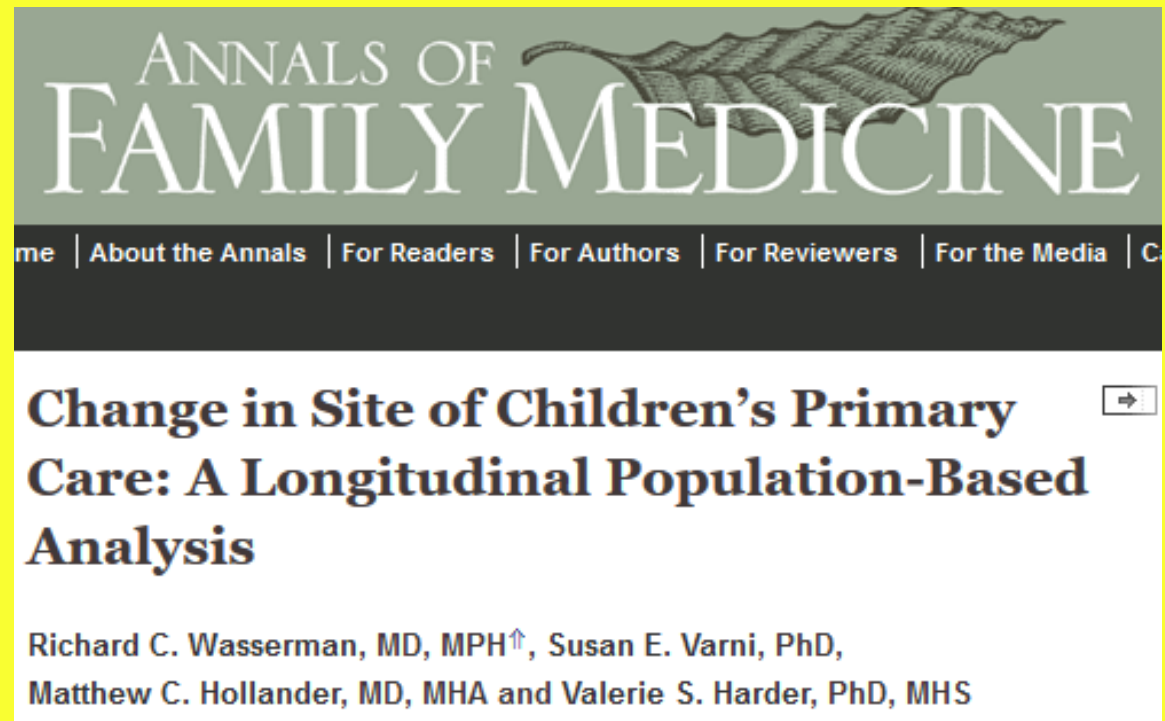
3. TRENDS OVER TIME: Developmental Screening

Title: The number and percentage of 1-3 year olds who received at least one developmental screen in the year, over time, for years 2015-2017

		2015 N (%)	2016 N (%)	2017 N (%)
Overall	Total Sample	15,682	13,486	12,473
	With DS	7,300 (47%)	7,128 (53%)	7,334 (59%)
Turned 1 year old	Total Sample	5,034	4,182	3,989
	With DS	2,166 (43%)	2,040 (49%)	2,313 (58%)
Turned 2 years old	Total Sample	5,336	4,618	4,115
	With DS	3,342 (63%)	3,206 (69%)	3,024 (74%)
Turned 3 years old	Total Sample	5,312	4,686	4,369
	With DS	1,792 (34%)	1,882 (40%)	1,997 (46%)

4. WORKFORCE: Family Medicine & Pediatrics

Children are receiving care at family medicine practices less frequently since 2009.



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Change in Site of Children's Primary Care: A Longitudinal Population-Based Analysis [→](#)

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Tip Sheet

Fewer Children Seeing Family Physicians in Rural Areas

A Vermont study suggests that a declining proportion of children receive care in family medicine practices. These same children, particularly those in isolated rural areas, are more likely to visit pediatric practices. Using statewide all-payer claims data from 2009-

5. POLICY: Prescription opioids



OBJECTIVE

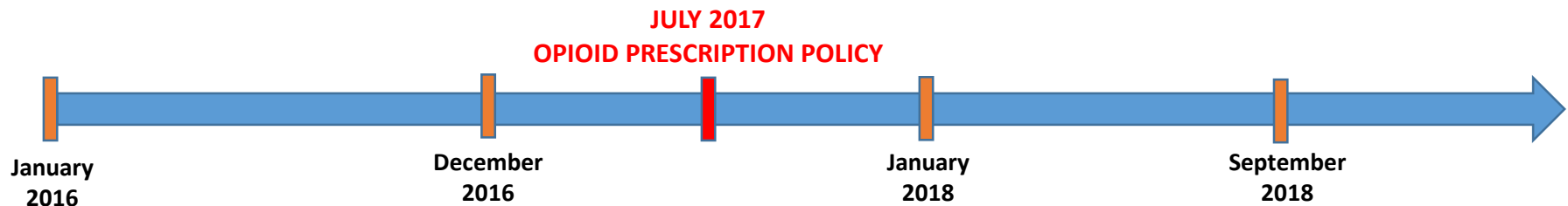
Assess the impact of opioid prescribing policies on

- 1) Opioid/opiate overdoses and
- 2) Opioid-related adverse effects



July 1, 2017: Opioid Prescribing Policy

- Moderate pain: up to 120 MME total
- Severe pain: up to 160 MME total
- Extreme pain (documented): up to 350 MME total
- Prescription Monitoring Program check required



PRELIMINARY RESULTS

1) Overdoses:

The strongest predictor of opioid overdoses was summertime
Possible increase in opioid overdose rate after policy change

2) Adverse effects:

Decrease in opioid related adverse effects after policy change

Thanks to our collaborators and community partners!



IMPLEMENT FOR CHILD HEALTH



Thank You!



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