

HIGH COST USERS OF HEALTH CARE AMONG ADULTS WITH DEVELOPMENTAL DISABILITIES

(APPLIED HEALTH RESEARCH QUESTION)

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Health Care Access Research
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Data
Discovery
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CONTEXT

The Health Care Access Research and Developmental Disabilities Program (H-CARDD) has studied the health service use of over 66,000 adults with developmental disabilities and demonstrated that they have more complex health profiles and are more likely to use hospital based services than adults without developmental disabilities. However, no research has been conducted to date on the costs of such health care services. Moreover, there is no information on how common it is for adults with developmental disabilities to be high cost users of health care. The Health Systems Policy Research Network (HSPRN) has focused on health care costs of various vulnerable groups in Ontario, but has not targeted developmental disabilities specifically.

OBJECTIVES

The objective of this project is to determine the proportion of adults with developmental disabilities from within the H-CARDD cohort who might fall within in the target population of Health Links, based on total health care costs. We aimed to describe the demographic and clinical profiles of high cost users with developmental disabilities, compared to other adults with developmental disabilities within the H-CARDD cohort with lower health care costs.

METHODS

The HCARDD team worked jointly with the HSPRN to study “high cost users” with developmental disabilities (DD) FY-2009/10 and 2010/11. We computed health care costs for the 2009/10 fiscal year for all adults within the H-CARDD cohort, and then categorized them with cost cut offs determined for the broader Ontario adult population under age 65.

FINDINGS

1. Overall, approximately 20% of adults with DD fell in the “top 5%” category of health care users, using costs for the general population age 18 to 64. This would suggest that these adults are disproportionately represented in the high cost users category.
2. Individuals in the “top 5%” were older and more likely to be women than lower cost users. The majority were receiving ODSP. They tended to be living in similar neighbourhood income categories to lower cost users.
3. Individuals in the “top 5%” were more likely to have a range of chronic diseases and had overall higher morbidity than lower cost users. Individuals with moderate morbidity were equally likely to be in the low and high cost user groups.
4. The majority of individuals in the high cost users group were incurring outpatient, hospitalization, and medication costs.
5. There was some stability in who was a high cost user one year later.

CONCLUSIONS

This study has allowed us to report for the first time the overall health care costs of adults with developmental disabilities in our province. Based on our findings, health-based initiatives such as Health Links, which focus on individuals with complex needs, would be relevant to a substantial subgroup of adults with developmental disabilities

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