Individuals with Down syndrome (DS) have specific health care needs and require additional screening and surveillance for common associated conditions. This is especially true for infants and children with DS. To assist with this specialized care, the AAP Committee on Genetics have provided clinical guidelines in “Health Supervision for Children with Down Syndrome” and DS specialty centers and have been established to ensure provision of care.

What is the financial impact of a specialized DS Center?

Chart review for fiscal year 2018 (June 2018 – June 2019).

Reviewed to gauge adherence to current guidelines of care and charges (using CMS chargemaster) were calculated as a surrogate marker for financial impact.

A total of 574 patient encounters were conducted; 99 were new patients.

Most patients were 1-13 years old.

Annual charges for diagnostic testing and referrals totaled $1,187,637.

The 1-5 year-old age group accounted for greater than half of the total charges.

The greatest proportion of charges resulted from sleep studies, and other procedures.

Only data available within CHP was used for this project. Care received outside of the system would not be recorded and may result in figures being underestimations of true totals. In addition, some down-stream revenue may not have been documented/reported to be pulled for this chart review.

Future work should seek to better map down-stream revenue production, as well as work to define other value-added services (such as reduction in hospital admissions, reduction of unnecessary testing and procedures, etc.).

REFERENCES