

Constipation-Related Healthcare Utilization Before and After Hospitalization for Constipation



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Background

- ❖ While constipation is largely addressed in the outpatient setting, children are sometimes hospitalized for this issue
- ❖ The impact of hospitalization for constipation on subsequent constipation-related healthcare utilization is poorly understood

Methods

- ❖ First admissions for constipation in 2010-2011 were identified in the Truven Marketscan Medicaid Database, which includes children enrolled in Medicaid in multiple de-identified states
- ❖ Admissions were identified using ICD-9 codes for constipation (564.0), intestinal impaction (560.3), or encopresis (307.7) as the primary diagnosis code or as a secondary code with a non-specific abdominal diagnosis as the primary code
- ❖ The number of outpatient visits and spending for the same ICD-9 codes were identified in the 12 months before and after the index admission
- ❖ We also examined spending for inpatient constipation treatment and re-hospitalization for constipation within 12 months of the index admission

Results

- ❖ We identified 780 inpatient constipation visits
- ❖ There were more outpatient constipation visits in the 12 months after compared to the twelve months before hospitalization for constipation (Table 1)
- ❖ Mean and median spending for outpatient visits before and after admission were not different (Table 1)
- ❖ Mean and median spending for inpatient visits were **\$7,565 and \$5,295** (IQR 2756,8267) respectively
- ❖ 78 patients (10.0%) were readmitted for constipation treatment within 12 months of the index admission

Table 1 – Outpatient Constipation Visits and Spending Before and After Hospitalization for Constipation

	12 Months Before Index Hospital Visit	12 Months After Index Hospitalization	P value
Mean Number of Outpatient Visits	2.17	2.48	0.01
Median Number of Outpatient Visits (Inter Quartile Range)	1 (0,4)	2 (0,4)	0.001
Mean Outpatient Constipation Spending	\$516	\$508	0.904
Median Outpatient Constipation Spending (Inter Quartile Range)	\$110 (0,429)	\$132 (0,431)	0.232

Conclusions

- ❖ Median spending for one hospitalization for constipation was 48 times higher than median spending for 12 months of outpatient constipation visits
- ❖ Constipation-related healthcare utilization did not decrease after hospitalization for constipation
- ❖ One in ten patients hospitalized for constipation were re-hospitalized for the same issue within 12 months

Implications

- ❖ Given the large differential expense of inpatient vs. outpatient treatment and the lack of decrease in subsequent utilization after inpatient constipation care, further study is needed to identify if there is clinical benefit to hospitalization for constipation

Acknowledgments

