

Piloting an Intensive Feeding Program and Collaborating Across Michigan

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Purpose

Purpose:

- Improve access to empirically-supported intervention for pediatric feeding disorders in Michigan
 - Mitigate negative impact of feeding disorders on physical and behavioral health and social functioning

Goals

- Triage children who are referred for behavioral feeding intervention
- Develop an interdisciplinary evaluation clinic
- Implement an interdisciplinary intensive treatment program
- Evaluate the treatment and cost effectiveness of the intensive treatment program
- Train and collaborate with local providers
 - Ensure maintenance of treatment gains
 - Improve access to empirically-supported feeding intervention

Relevance to Medicaid

- A serious shortage of specialized behavioral health care exists in Michigan for pediatric feeding disorders
 - Wait time is 2+ years
 - The longer the delay in starting treatment, the longer the child will need to be in treatment
 - Greater negative impacts, especially for this vulnerable population

Relevance to Medicaid (continued)

- Feeding intervention drastically reduces health care costs

Incremental Cost Savings Per Case Based on Rate of Treatment Success

(Dempster, Burdo-Martman, Halpin et al., 2016)

Rate of Treatment Effectiveness	5-year savings of Intensive Interdisciplinary Behavioral Treatment		10-year savings of Intensive Interdisciplinary Behavioral Treatment	
	Tube removal	Prevent tube	Tube removal	Prevent tube
20%	-\$322,032	-\$243,986	-\$150,313	-\$72,267
30%	-\$72,032	\$6,014	\$99,687	\$177,733
40%	\$11,301	\$89,348	\$183,020	\$261,066
50%	\$52,968	\$131,014	\$224,687	\$302,733
60%	\$77,968	\$156,014	\$249,687	\$327,733
70%	\$94,635	\$172,681	\$266,353	\$344,400
80%	\$106,539	\$184,586	\$278,258	\$356,304
90%	\$115,468	\$193,514	\$287,187	\$365,233
100%	\$122,412	\$200,459	\$294,131	\$372,177

Relevance to Medicaid (continued)

- Since starting 1 year ago:
 - G-tube prevented in 9 children
 - Enteral feeding discontinued in 9 children
 - Success rate: 90%
 - Estimated 5-year cost savings of the intensive treatment program to date: \$2,780,838

Case Study

- Douglas
- 8 year old male
- Autism Spectrum Disorder & ADHD
- Consistently ate only Lay's potato chips and McDonald's French fries for years
- Only drank blue Kool-Aid
- Began vomiting, 15 lb weight loss, abnormal gait, then stopped bearing weight
- Caregivers presented to PCP repeatedly and 3 Emergency Departments over the course of 2 months before he was air lifted from an outside hospital to Mott

Case Study

- Upon admission to our PICU:
 - Severe protein calorie malnutrition
 - Low sodium, potassium, phosphorus, and albumin
 - Iron, zinc, folate, Vitamins B2, B12, & E, Carnitine, and Niacin deficiencies
 - Wet beriberi (thiamine deficiency)
 - Cardiac, kidney, liver, & lung issues
 - Lactic acidosis

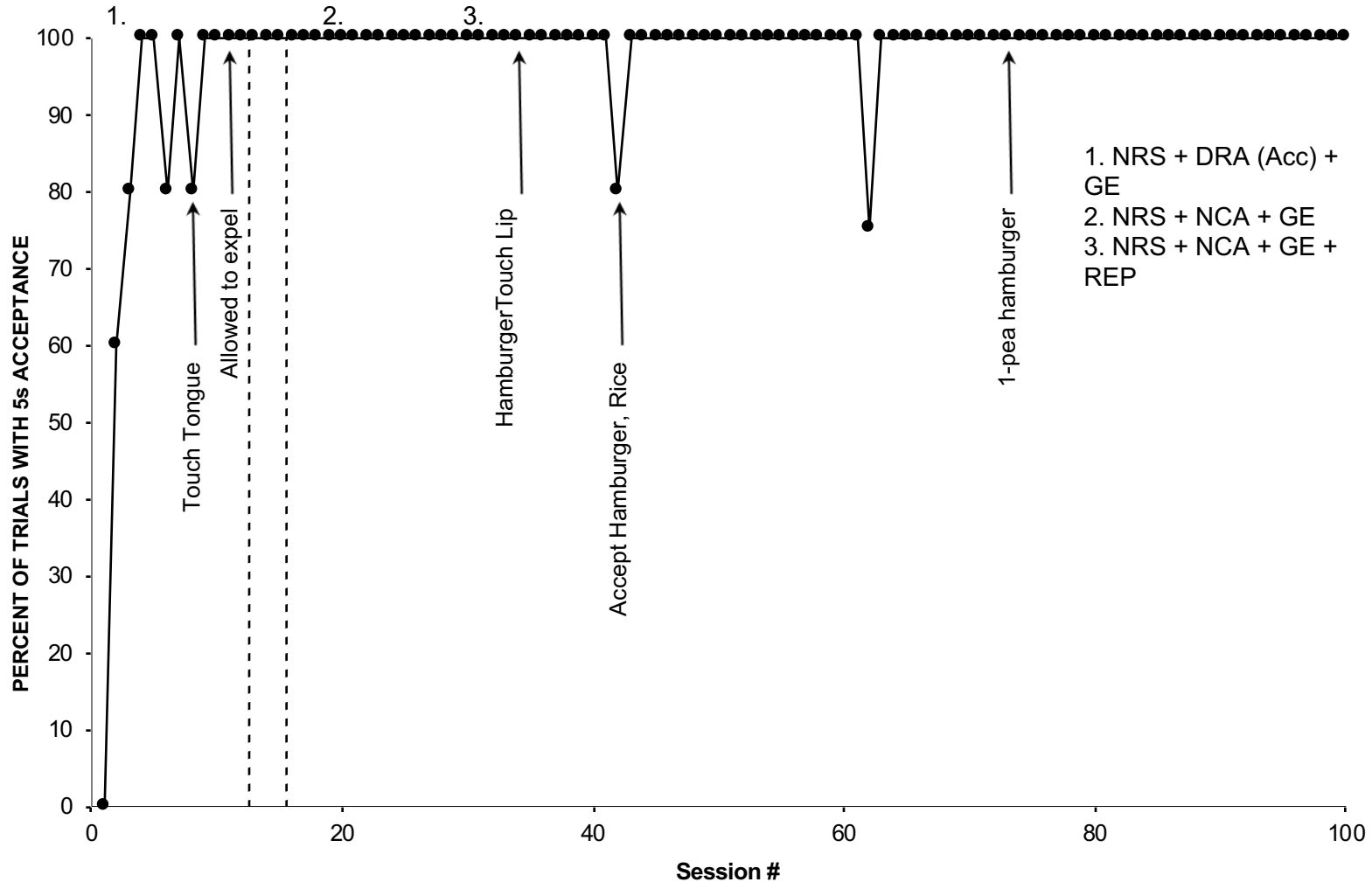
Case Study

- 36 days in PICU, 28 days on vent
- 30 days on general floor
- 40 days inpatient rehab
- G-tube placement
- Helicopter life flight
- Various testing found no medical cause for selective eating
- Very, very, very conservative estimate of cost of care= \$735,281.48

Case Study

- 100% g-tube dependent and no progress in non-behavioral intervention
- Implemented intensive behavioral intervention (3-4 meals/day, 5 days/week)

Case Study



Case Study

- Mastered 16 foods plus 2 fluids in 22 days
 - 3 or more foods from each food group
- G-tube feeds discontinued after 15 days
- G-tube subsequently removed
- Cost of intensive, interdisciplinary, behavioral intervention= \$22,000

\$22,000 < \$735,281

Future Directions

- Pilot video visits:
 - Increase collaboration with local therapists across Michigan
 - Improve access to care
 - Improve generalization of gains from clinic to home
- Without policy changes, children with Medicaid will not have coverage post funding period

Future Directions

- Establish a per diem rate for intensive feeding
 - To ensure access for children on Medicaid
- Ensure coverage of intensive feeding services for severe food selectivity
 - Work with insurance companies and policy makers