

OPINION

Economic imperative

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Figuring out how to best deliver — and finance — healthcare for individuals with autism is more critical than ever: An estimated **700,000 people with the disorder are under 18** and will soon hit adulthood.

A new study shows that the cost of caring for individuals with autism **increases with age** — by approximately five percent for each year of age throughout childhood and adolescence.

The study, published 1 September in the *Journal of Autism and Developmental Disorders*, is not the first to look at this economic burden. But it is the first to break down the use of different healthcare services by individuals with autism, and the costs associated with them, by age.

Another report, released in May by one of the same researchers, pegs the **lifetime cost** of caring for someone with autism and intellectual disability at \$2.3 million, most of which is incurred in adulthood. (Only a portion of these costs is medical.)

The new study is based on data for more than 45,000 children with autism, aged 3 to 20, who were enrolled in 2005 in **Medicaid**, a federal health insurance program for people with low incomes or disabilities.

The researchers divided the children into four age groups: ages 3 to 6, 7 to 11, 12 to 16 and 17 to 20. They then compared each group's use and associated costs of specific services, including long-term care, psychotropic medications, inpatient hospitalizations and outpatient services, such as diagnostic assessment, speech therapy, medication management and respite care.

In addition to the overall relationship with age, another important trend emerged: Older children, especially those in the 12-to-16 and 17-to-20 age groups, are more reliant on high-cost, intensive

hospital-based care.

Older children use more inpatient and long-term care, and specific outpatient services, including case management, medication management, day treatment, personal care and respite care, than do 3-to-6-year-olds, who served as the reference group. In contrast, the use of cheaper, community-based outpatient services, such as occupational or physical therapy, speech therapy and family therapy, drops off with age.

The question is, why?

It could be that older children with autism genuinely need more intensive therapy to cope with symptoms of the disorder that emerge later in development. But it could also be that appropriate therapies that are less intensive or expensive don't exist, so the healthcare system can't meet their needs in any other way.

A 27 August report by the Agency for Healthcare Research and Quality, a division of the U.S. Department of Health and Human Services, found just **32 intervention studies aimed at adolescents or adults with autism**, and most of those studies were of poor quality. Behavioral, vocational, educational and medical interventions are all included in the analysis.

Lowering autism's costs — both medical and non-medical — is becoming an economic imperative. **Early intervention** is one way to lower the costs of the disorder. But as this study makes clear, finding creative ways to meet the needs of children as they grow older may be just as important.