

Connecticut Medicaid Adult Emergency Department Utilization Data Brief

Review of Medicaid Claims and Service Data from 2011-2012

This report was made possible through the collaborative effort of the Connecticut Behavioral Health Partnership. Multiple data sets and complex statistical analyses were used to provide a comprehensive summary of how adults with Medicaid, utilize emergency department (ED) services, with a specific focus on mental and behavioral health ED utilization.



Emergency Department (ED) Utilization

Adults, ages 18+, made up the vast majority (73%) of all ED visits. A total of 226,458 individual adults collectively went to the ED 827,141 times during the study period. While the majority (77%) of ED visits were for medical care, 23% of visits had BH needs. A total of 88,521 adults went to the ED collectively 191,275 times for either a primary or secondary BH need (Figure 1). Additionally, there was a 21.2% increase in adult ED utilization from 2011 to 2012 (Figure 2).

Fig. 1 - Adult % of ED Visits by Diagnosis

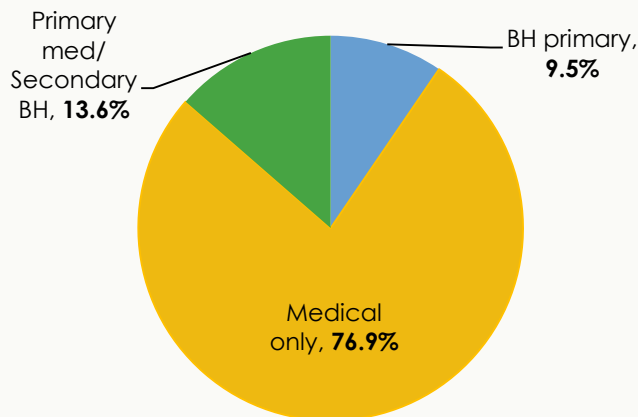
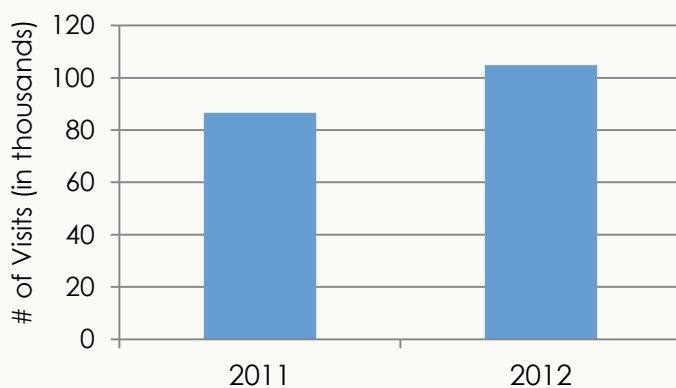


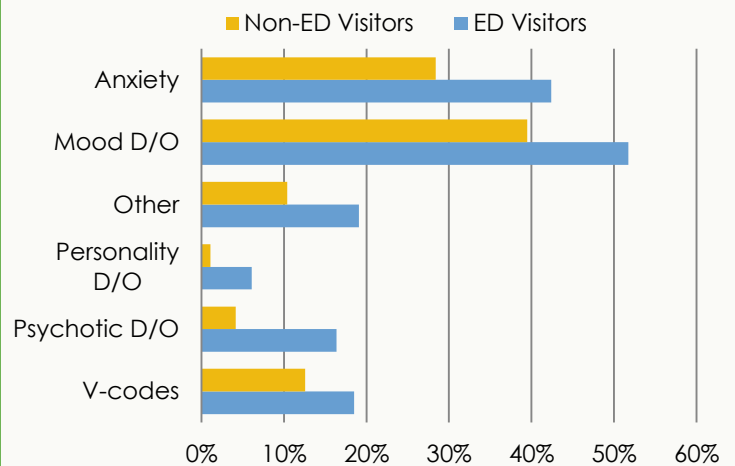
Fig. 2 - Medicaid Adults Volume of ED Visits



Mood & Anxiety Disorders

Anxiety Disorders and Mood Disorders were the two most commonly diagnosed mental health disorders among adults who received any non-ED BH service and those that visited the ED with a BH diagnosis (Figure 3). Further disseminating/supporting best practices for treating mood disorders in adults appears indicated including: treatments for postpartum depression, treatment algorithms for primary care, and best practices such as Cognitive Behavioral Therapy and Interpersonal Psychotherapy.

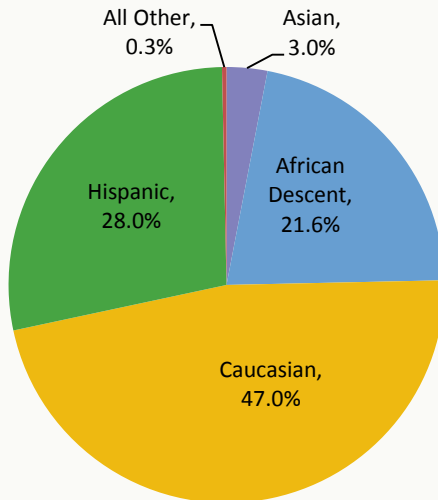
Fig. 3 - Rates of Top 5 Diagnoses on BH Claims



Multiple entities, including selected hospitals, community providers, State agencies and ValueOptions, have engaged together in a project to reduce the use of the ED by frequent visitors using targeted interventions. Predictive analyses of those adults at highest risk for frequent use of the ED are also being tested.



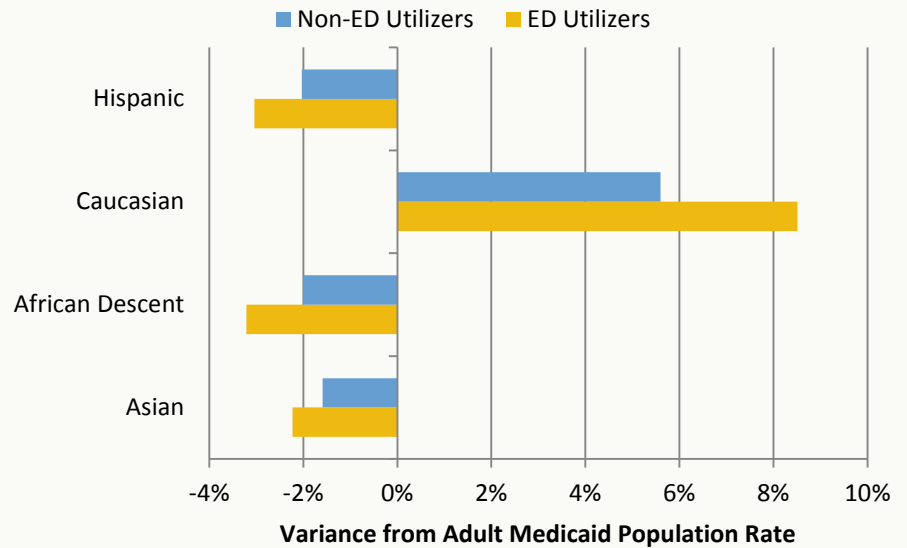
Adult Medicaid Population



The presence of disparity in accessing BH services through the ED mirrors other healthcare disparities noted in the national literature. Further study is required to determine the impact of unequal access to ED care. Coordination across agencies and systems will be required in order to reduce or eliminate disparate treatment.

Racial and Ethnic Disparities in the use of Behavioral Health Services

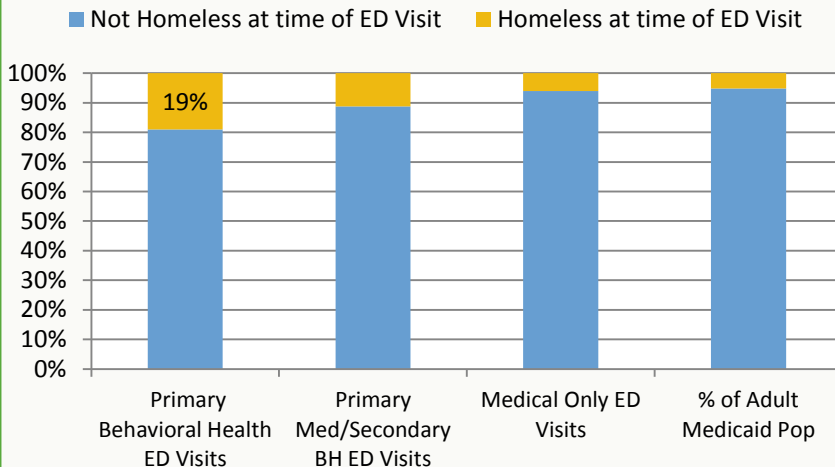
Caucasians utilize the ED and other BH services more than would be predicted by their base rate in the Medicaid Population. Hispanic, African American, and Asian adults utilize the ED for BH needs and non-ED BH services less than would be predicted based on their base rate in the Medicaid population. This was particularly true for Hispanic adults.



Note: The "All Others" category was not graphed because their utilization mirrored their population rate.

Homelessness and ED Utilization

National research has demonstrated that homeless individuals are 3 times more likely to be frequent ED visitors than those with stable housing (Chambers, et al., 2013; Vandyk et al., 2013). In CT, among the adult population utilizing the ED, 19% of the ED visits with a primary BH diagnosis were by adults who were homeless at the time of their ED visit (figure below). Despite comprising only 5% of the total Medicaid population, homeless individuals accounted for nearly 15,000 ED visits during the study period. The data also showed that as the number of BH ED visits increased, so did the percentage of visits accounted for by homeless individuals.



The VO ED Frequent Visitor Program has joined forces with the Homelessness and Health Initiative sponsored by the Connecticut Hospital Association and the Partnership for a Stronger Community to assist homeless individuals that are frequent visitors to the ED to obtain stable housing and improve connections to care.

This data brief summarizes the key points of a more extensive report. If you are interested in further information on this topic or are interested in a presentation to your group, committee, or agency, please contact Dr. Bert Plant, Ph.D at Robert.Plant@valueoptions.com.