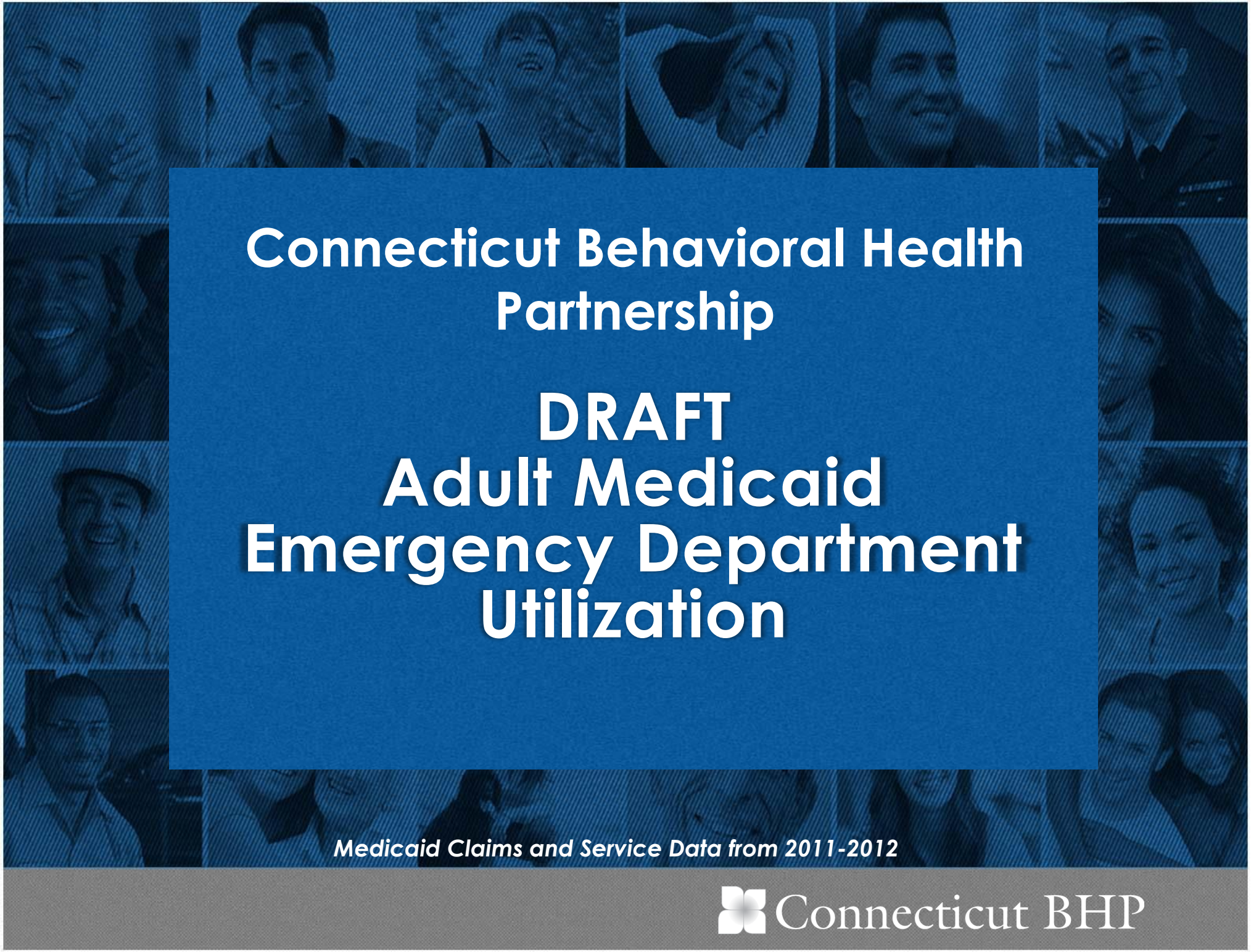


Connecticut Behavioral Health Partnership

DRAFT
Adult Medicaid Emergency Department Utilization

Medicaid Claims and Service Data from 2011-2012

Connecticut BHP

Emergency Department National Studies

- **Nationally, 1 of every 20 ED visits is due to a psychiatric emergency.**
- **90% of frequent ED visitors have at least 1 psychiatric diagnosis.**
- **Frequent visitors tend to be younger, unemployed, and have transient living accommodations.**
  - Studies cited: Boudreaux, et al., 2011; Vandyk, et al., 2013

Emergency Department National Studies

- **Diagnostic Predictors of Frequent ED Visitors**
  - Psychosis
  - Affective Disorders
  - Multiple Medical/BH Co-morbidities
- **Homelessness**
  - Homeless individuals are 3 times more likely to be frequent ED visitors
    - Studies cited: Chambers, et al., 2013; Vandyk et al., 2013.

CT ADULT ED DATA

Who uses the ED and what are their patterns of use?

This presentation of CT Adult ED data will include an overview of the following:

- ✓ Parameters, Limitations and Cohort Definitions of the data
- ✓ ED Use
  - ✓ Within the Adult Medicaid Population
  - ✓ Within the Behavioral Health Adult Cohort
  - ✓ Within the DMHAS Behavioral Health Cohort
- ✓ ED Use and Housing Status
- ✓ Next Steps

Data Parameters, Limitations and Definitions

Parameters and Limitations of the Data

This data represents a first look at the Adult ED-BH cohort and helps to inform the next steps to address ED utilization (i.e., the Frequent Visitor Pilot)

The data in this presentation excludes dually eligible clients

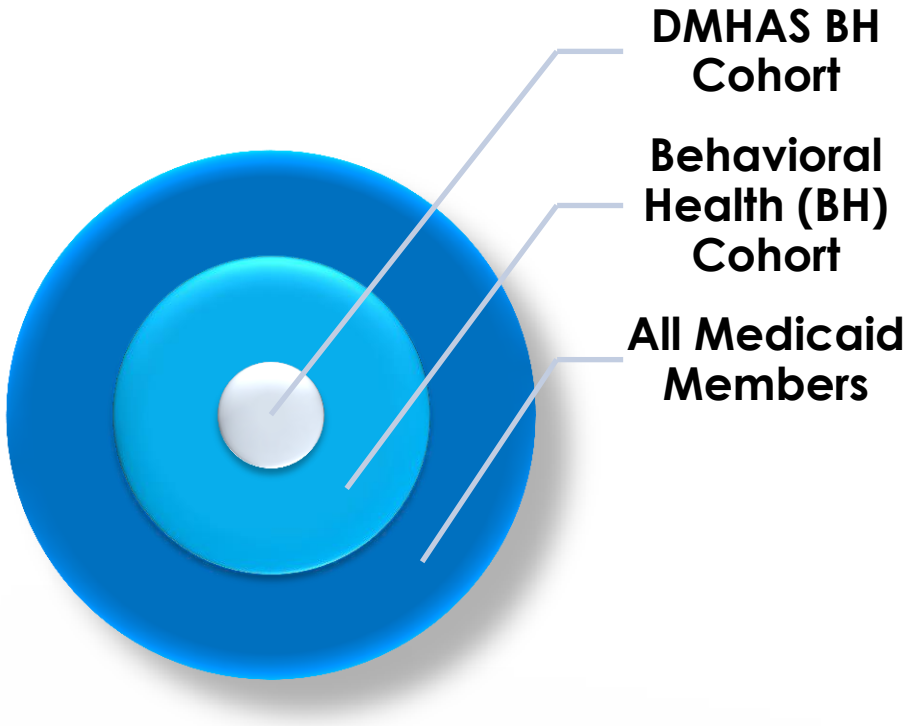
66%	Percent of Medicaid Husky C population is dually eligible, thus excluded from this data
10%	Percent of clients receiving treatment services in the DMHAS service system are dually eligible

No statistical tests of significance were performed where simple comparisons are shown

Additional Parameters of the Data

Data for this study is derived from Medicaid claims for Adults over the age of 18 during the 24-month period of CY2011 and CY2012

Claims data for those who did or did not use the ED during the time period was reviewed within the following cohorts:



Definitions

BH Cohort

Members who utilized a Medicaid BH service from any Medicaid provider at any time over the 2-year period

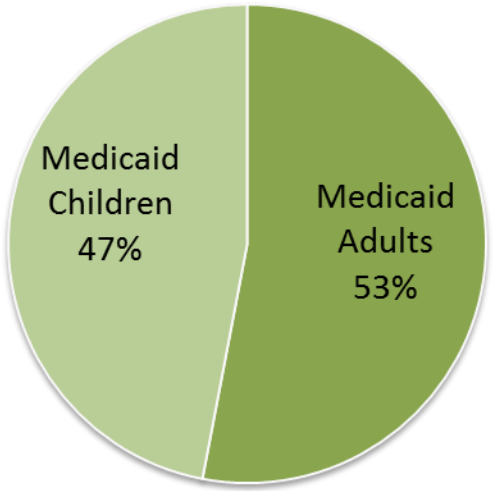
DMHAS BH Cohort

Members who utilized a Medicaid BH service ***and*** used any DMHAS funded programs/services at any time during the 2-year period **regardless of frequency or level of engagement**

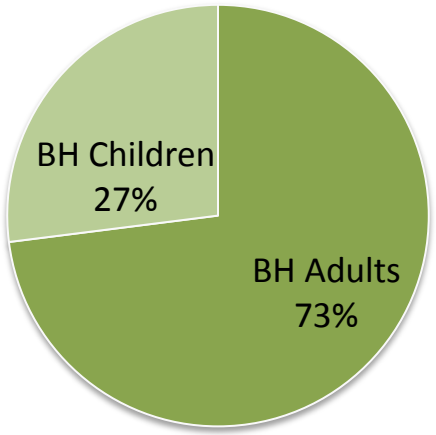
Medicaid Population

Medicaid Population Data

Medicaid Adults/Children



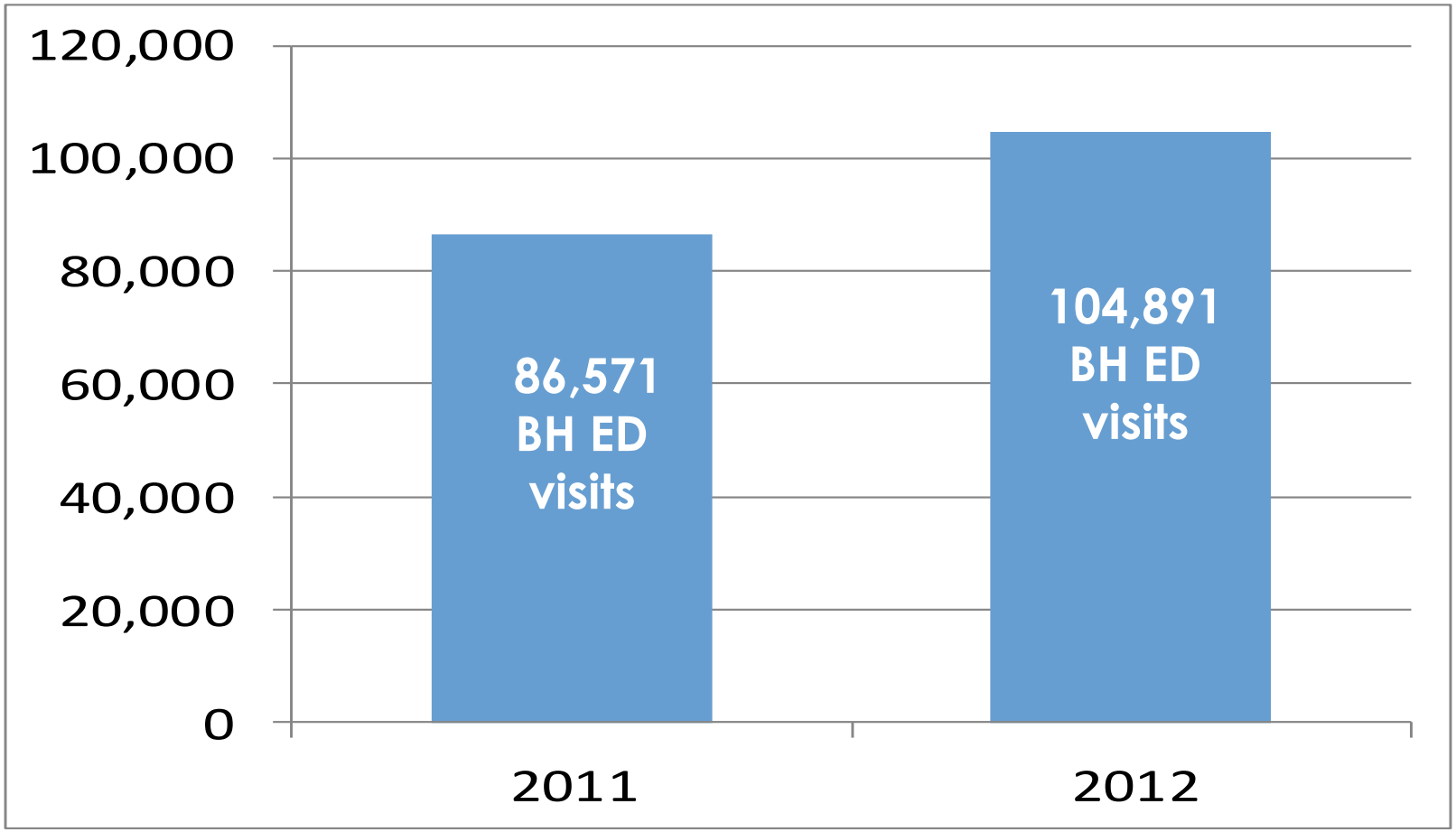
Medicaid Adult/Child Utilization of BH Service



- ✓ *This difference is consistent with the manifestation and diagnosis of many BH symptoms during late adolescence or early adulthood*

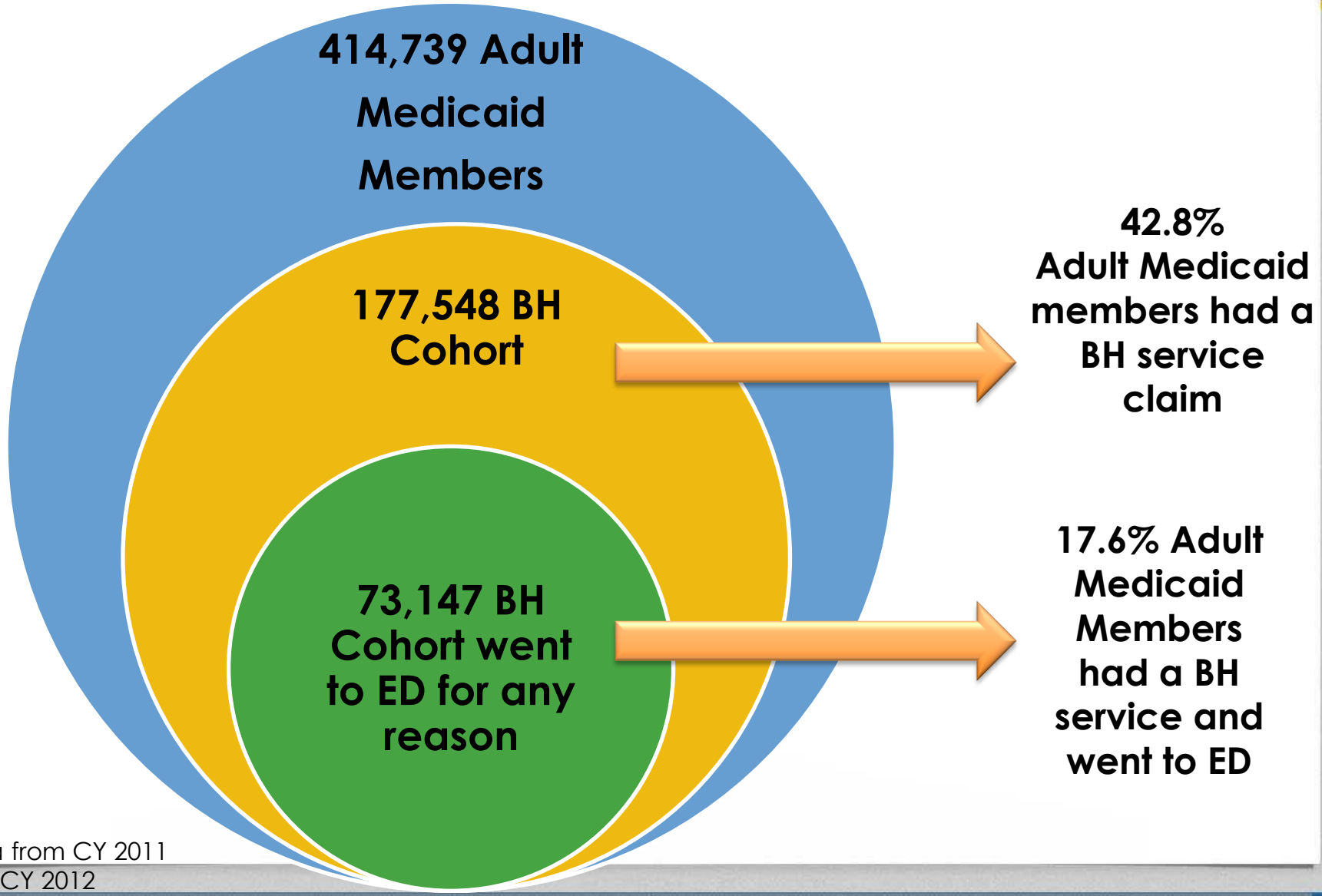
Data from CY 2011 and CY 2012

Unique BH ED Visits by Adults



There was a 21.2% increase in BH adult ED visits while the penetration rate increased by 11% between CY 2011 and 2012

Medicaid Population ED Utilization

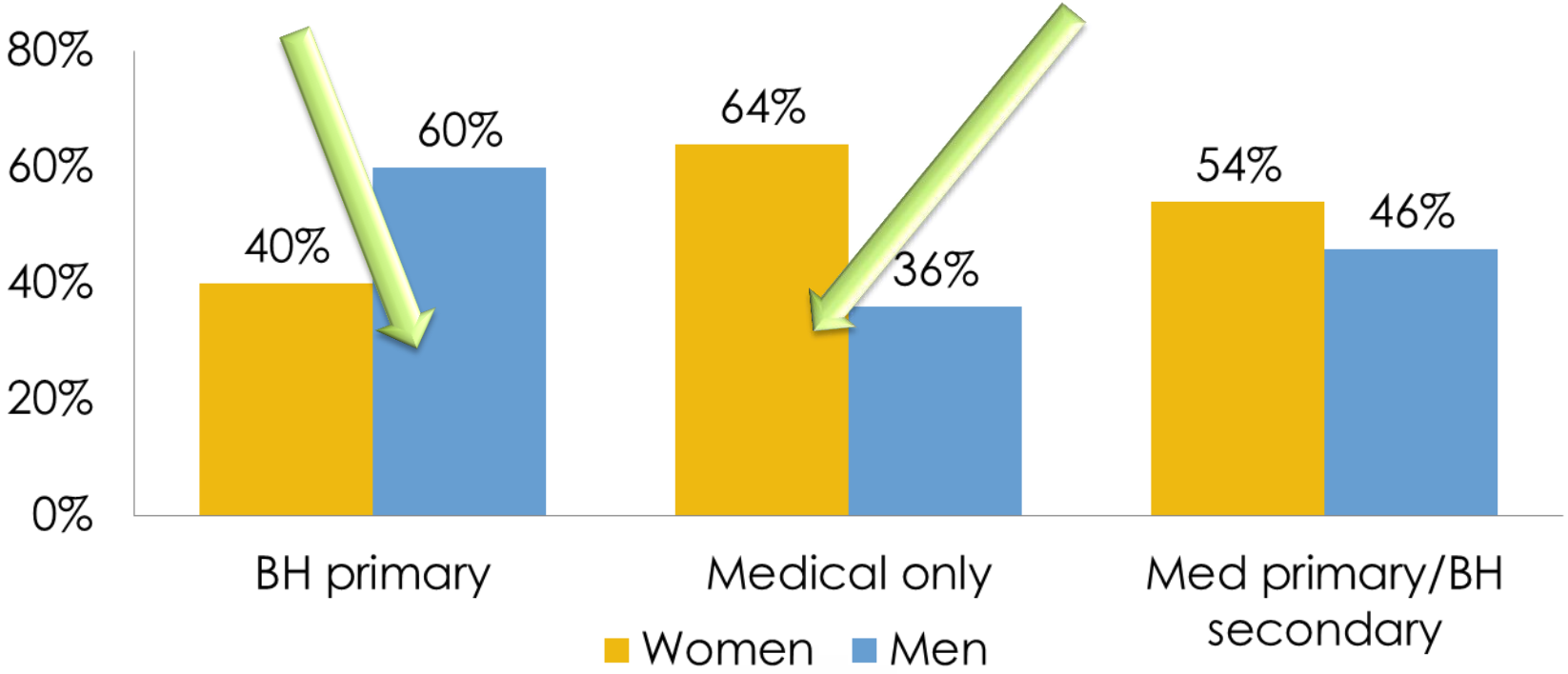


Data from CY 2011 and CY 2012

Gender - ED visits and Primary/Secondary Dxs

Men are more likely to visit the ED for BH reasons

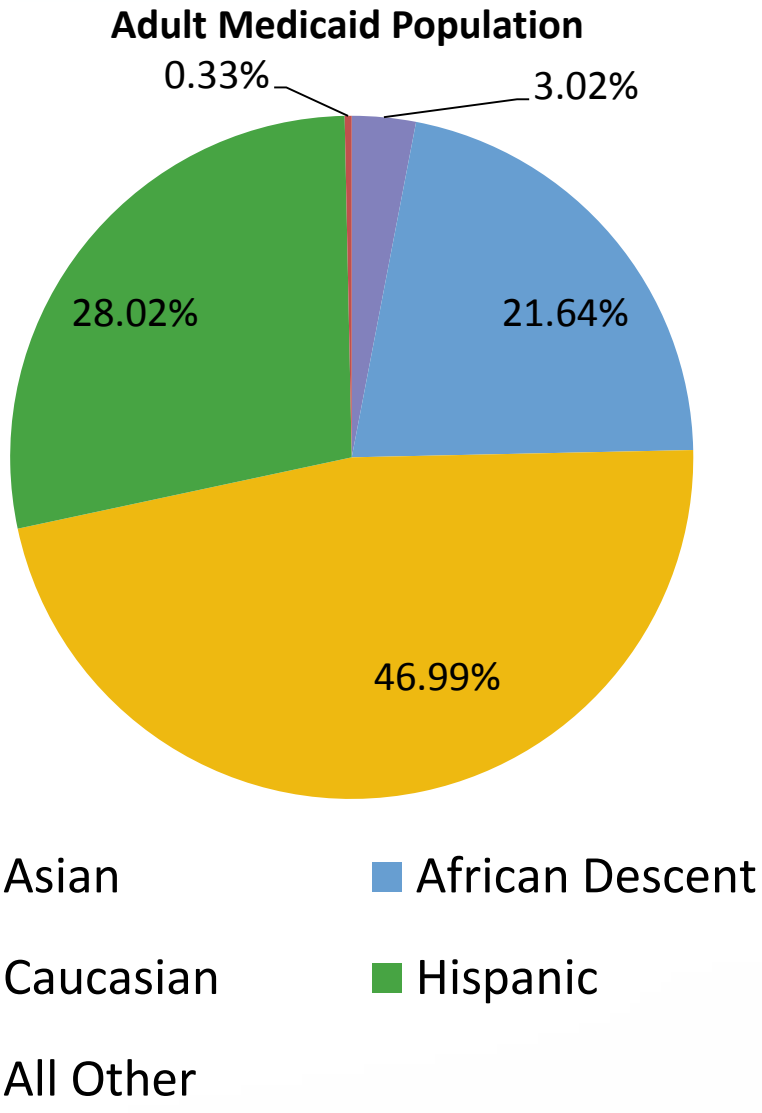
Women are more likely to visit for Medical reasons

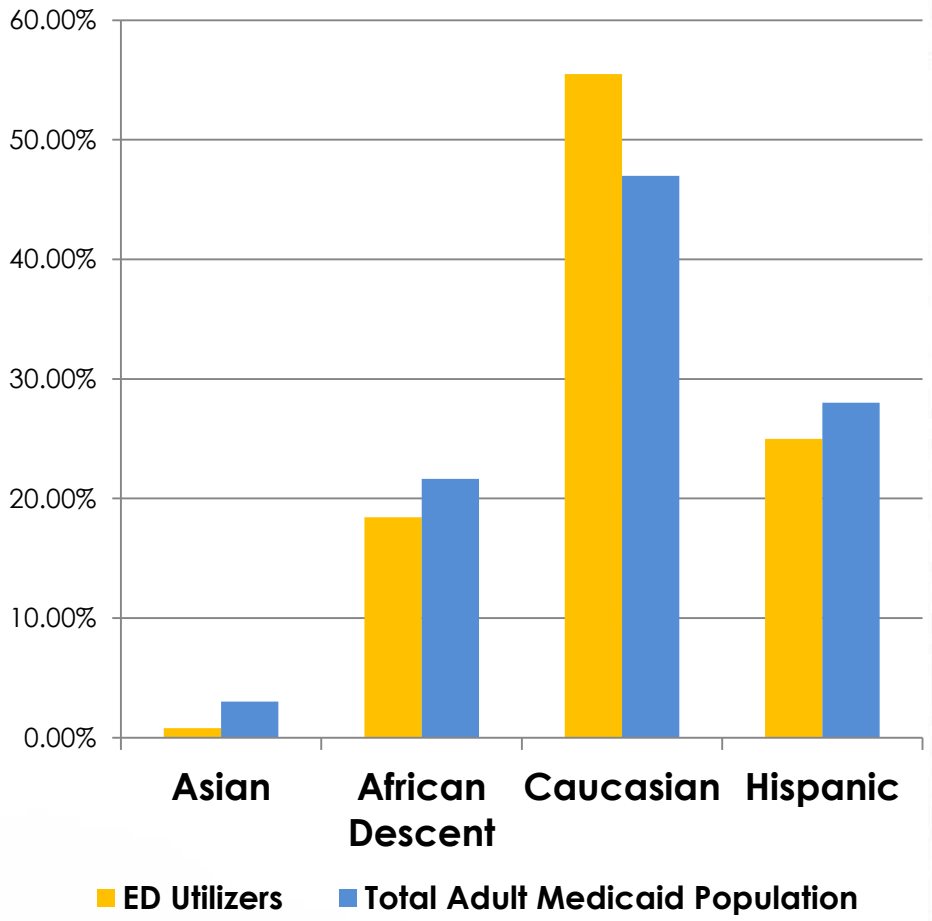


* Members who visited the ED more than once may be represented in different categories depending on the nature of their visits.

Data from CY 2011 and CY 2012

Medicaid
Race and Ethnicity

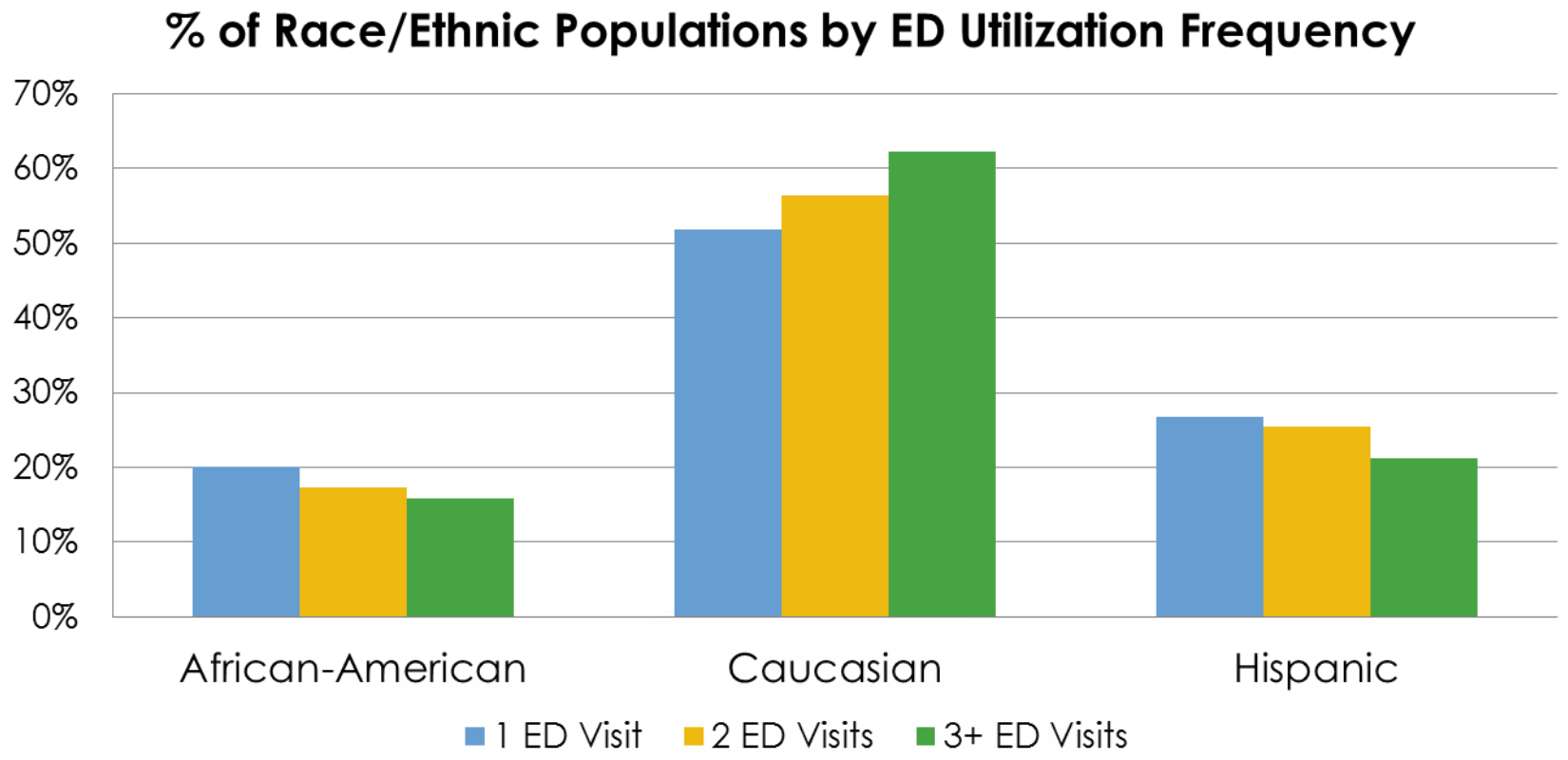




Data from CY 2011 and CY 2012

Frequency of ED Utilization by Race/Ethnicity

Caucasian individuals were more likely to return to the ED with greater frequency than their African-American and Hispanic counterparts.



Data from CY 2011 and CY 2012

Behavioral Health Adult Cohort

Behavioral Health Adult Cohort

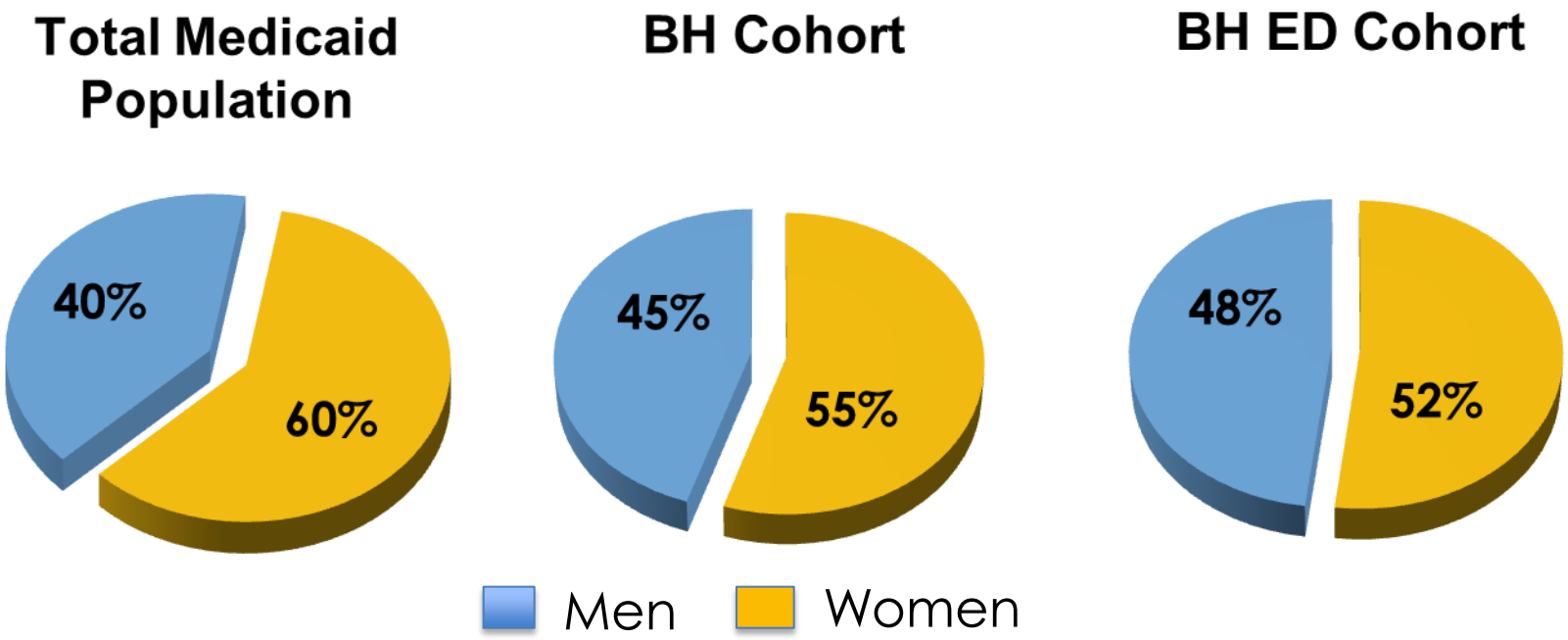
The BH cohort is made up of adult Medicaid members who utilized any BH service at any time during CY2011 and CY 2012.

177,548	members make up the BH adult cohort.
73,147	adults from the BH cohort visited the ED at least once for any reason during the 2 years .
104,401	adults from the cohort utilized BH services at some point but did not utilize the ED during the 2 years .

Treatment episodes and ED visits do not have to overlap to be counted

Data from CY 2011 and CY 2012

Gender - Who Used the ED more?



Males represent 40% of the total Medicaid Population but 45% and 48% of the BH and BH ED cohorts respectively

Data from CY 2011 and CY 2012

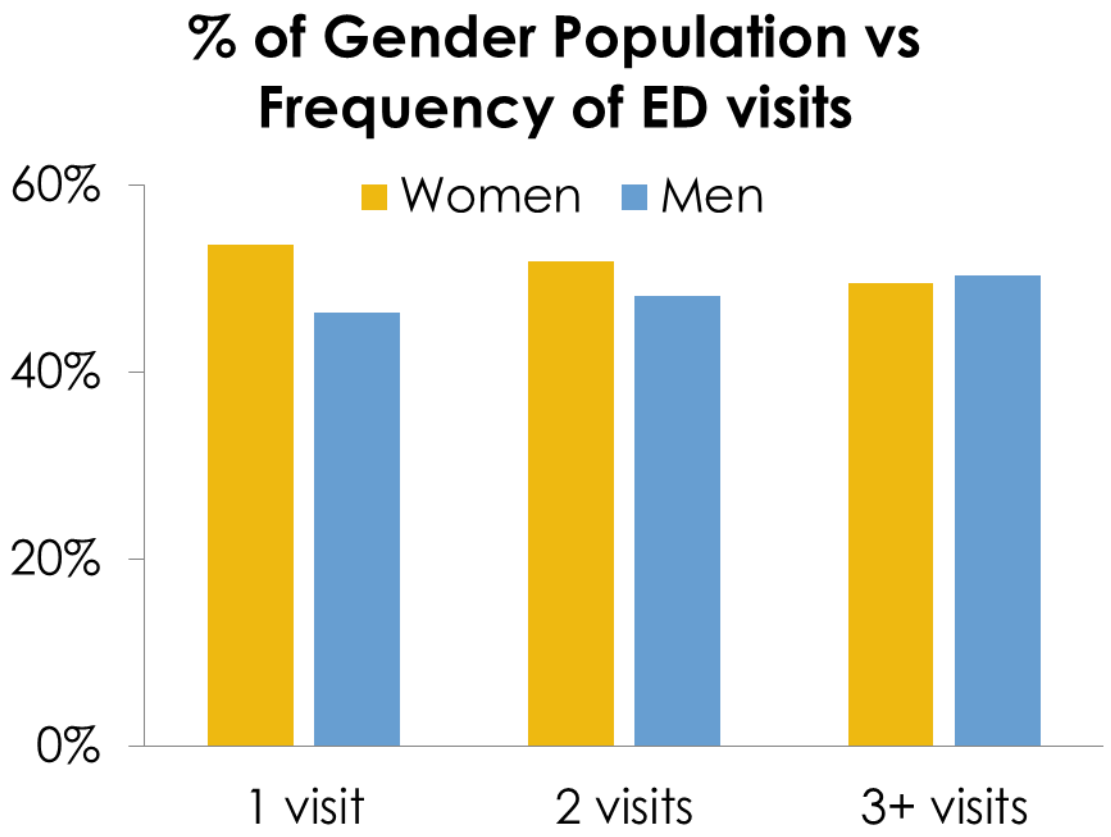
Behavioral Health Adult Cohort
Gender - Frequency of ED over the 2 year period

Of the total cohort:

54.4% visited once

18.96% visited twice

26.64% visited 3+ times

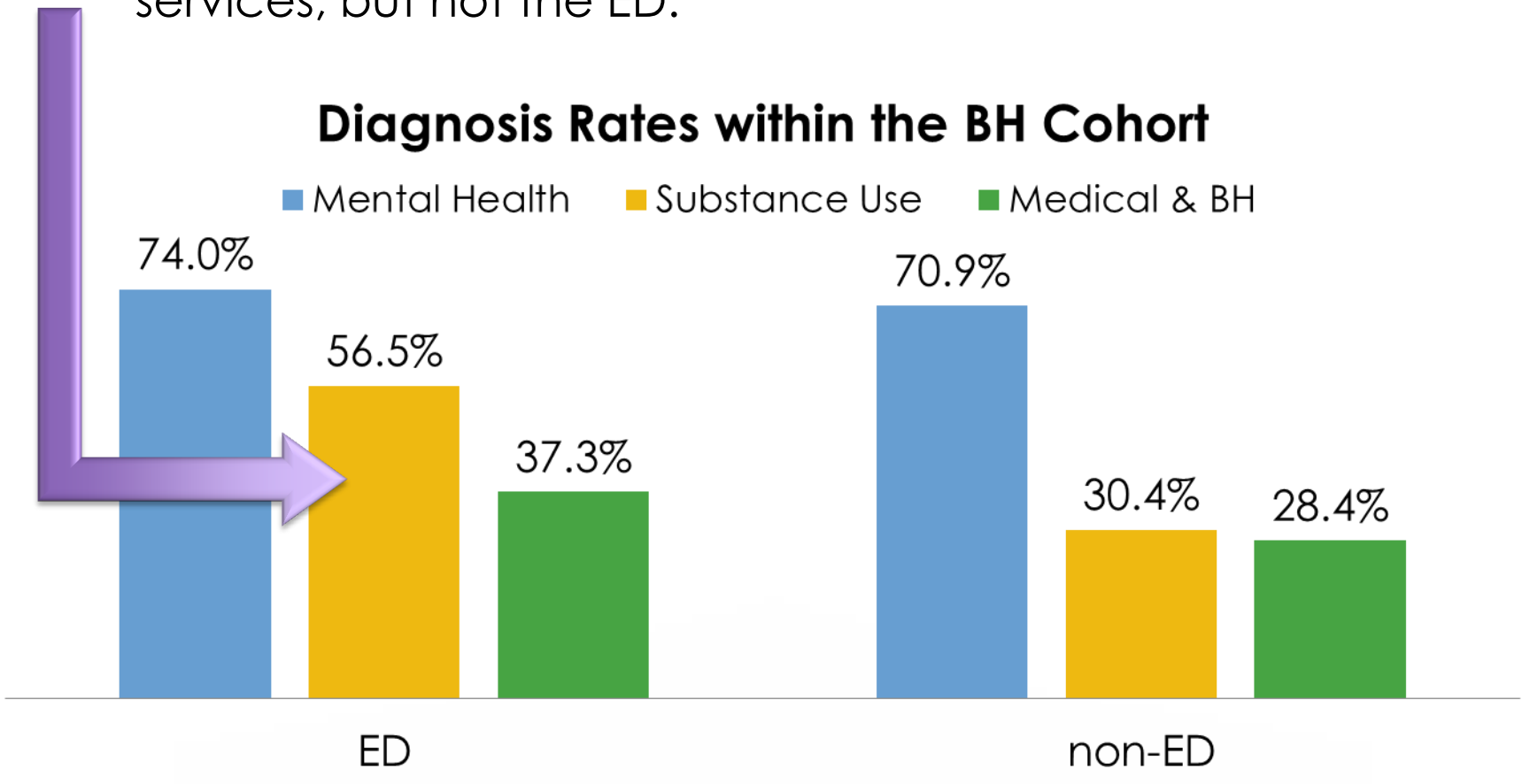


The % of males increases as the number of visits to the ED increases.

Data from CY 2011 and CY 2012

Behavioral Health Adult Cohort
Substance Use

Of those who utilized behavioral health services, adults who used the ED were more likely to be diagnosed with substance use disorders than those who used BH services, but not the ED.



Data from CY 2011 and CY 2012

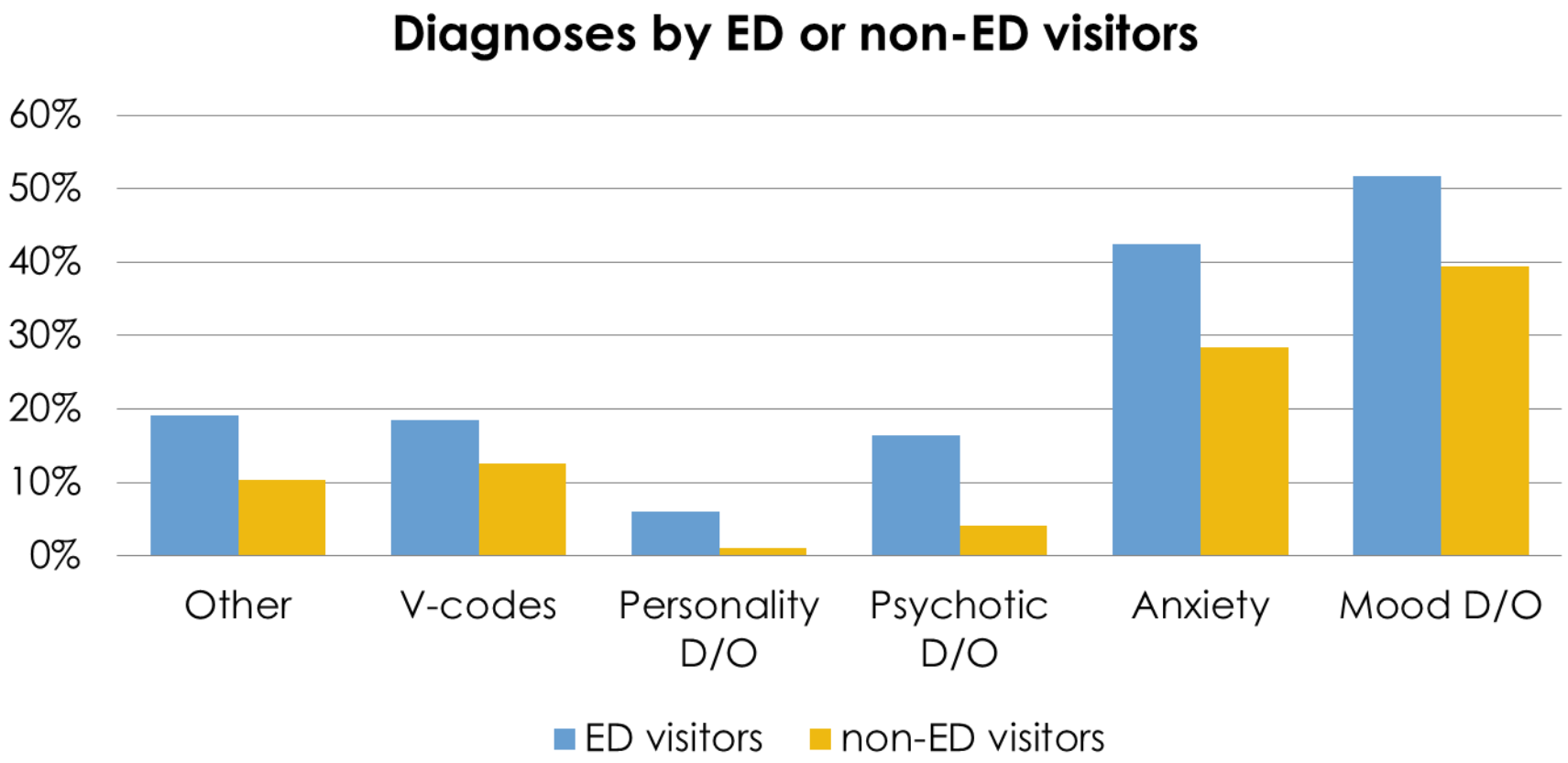
Behavioral Health Adult Cohort
Substance Abuse Disorders

Of all members who utilized a BH service, those who went to the ED were more likely to have a substance use related diagnosis.

Substance Abuse Diagnosis Indicator	ED Utilizers	Non-ED Utilizers
Alcohol Disorders	31.16%	9.93%
Cannabis Disorders	13.35%	7.61%
Cocaine Disorders	13.13%	4.67%
Opioid Disorders	23.24%	13.46%
Other Substance Abuse Disorders	32.83%	12.90%
Tobacco Disorders	57.09%	17.49%

Data from CY 2011 and CY 2012

Behavioral Health Adult Cohort
Mental Health Diagnoses



Data from CY 2011 and CY 2012

Behavioral Health Adult Cohort Co-Occurring Medical Conditions

Persons in the BH cohort who visited the ED had higher rates of being diagnosed with asthma and Chronic Obstructive Pulmonary Disease (COPD) vs. those with no ED visit.

Data from CY 2011 and CY 2012

DMHAS Behavioral Health Cohort

DMHAS BH Cohort
Member Level Data

DMHAS Cohort Definition

Any member contact with a DMHAS funded service or program :

- ✓ Before, during or after a DMHAS episode of care
- ✓ **Regardless** of the level of engagement in the service or program

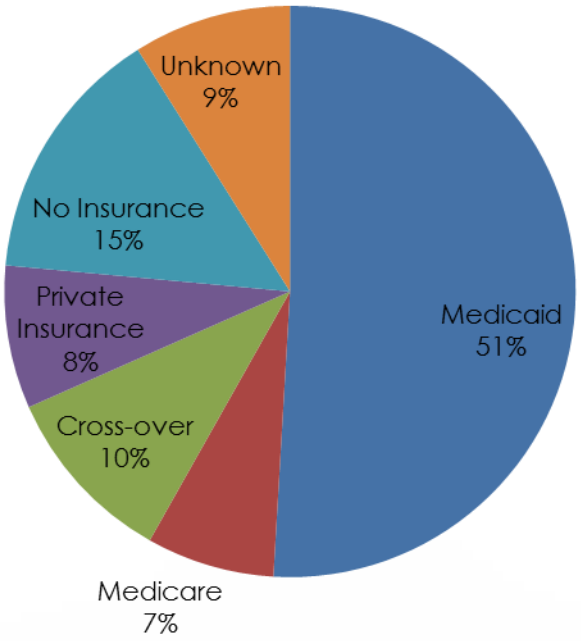
DMHAS funded service includes but is not limited to:

- ✓ Mental health services
- ✓ Substance abuse services
- ✓ Forensic services

DMHAS BH Cohort
Member Level Data

51% Of individuals in active treatment with a DMHAS funded service are Medicaid members

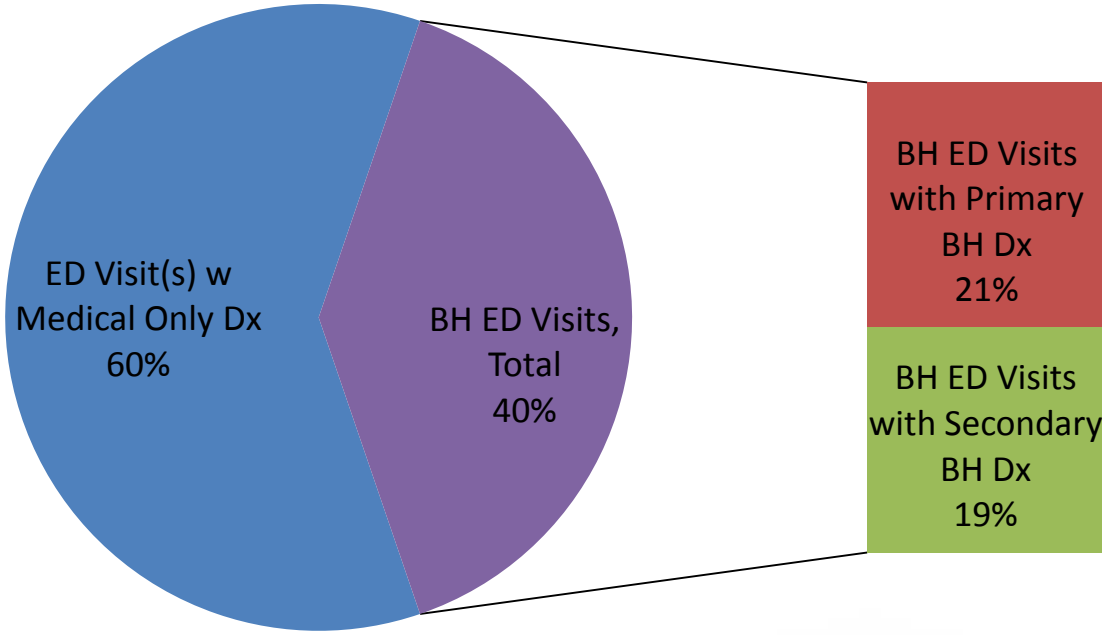
DMHAS Population Insurance Status



Data from CY 2011 and CY 2012

DMHAS Cohort
ED Visits

299,140 Total ED Visits



21% of the DMHAS BH Cohort ED visits were coded Primary BH

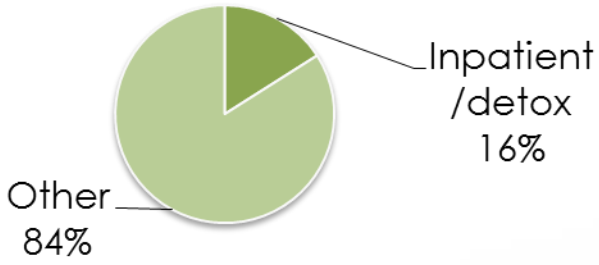
Data from CY 2011 and CY 2012

DMHAS BH Cohort
Visit Level Data

The ED is the entry point for accessing:

- Acute inpatient services
- Inpatient hospital detox services

ED Visits for DMHAS BH Cohort used to Access Inpatient or Detox care



16% of ED visits were used to access Inpatient or Detox within or outside of a DMHAS open episode

Data from CY 2011 and CY 2012

Housing Status

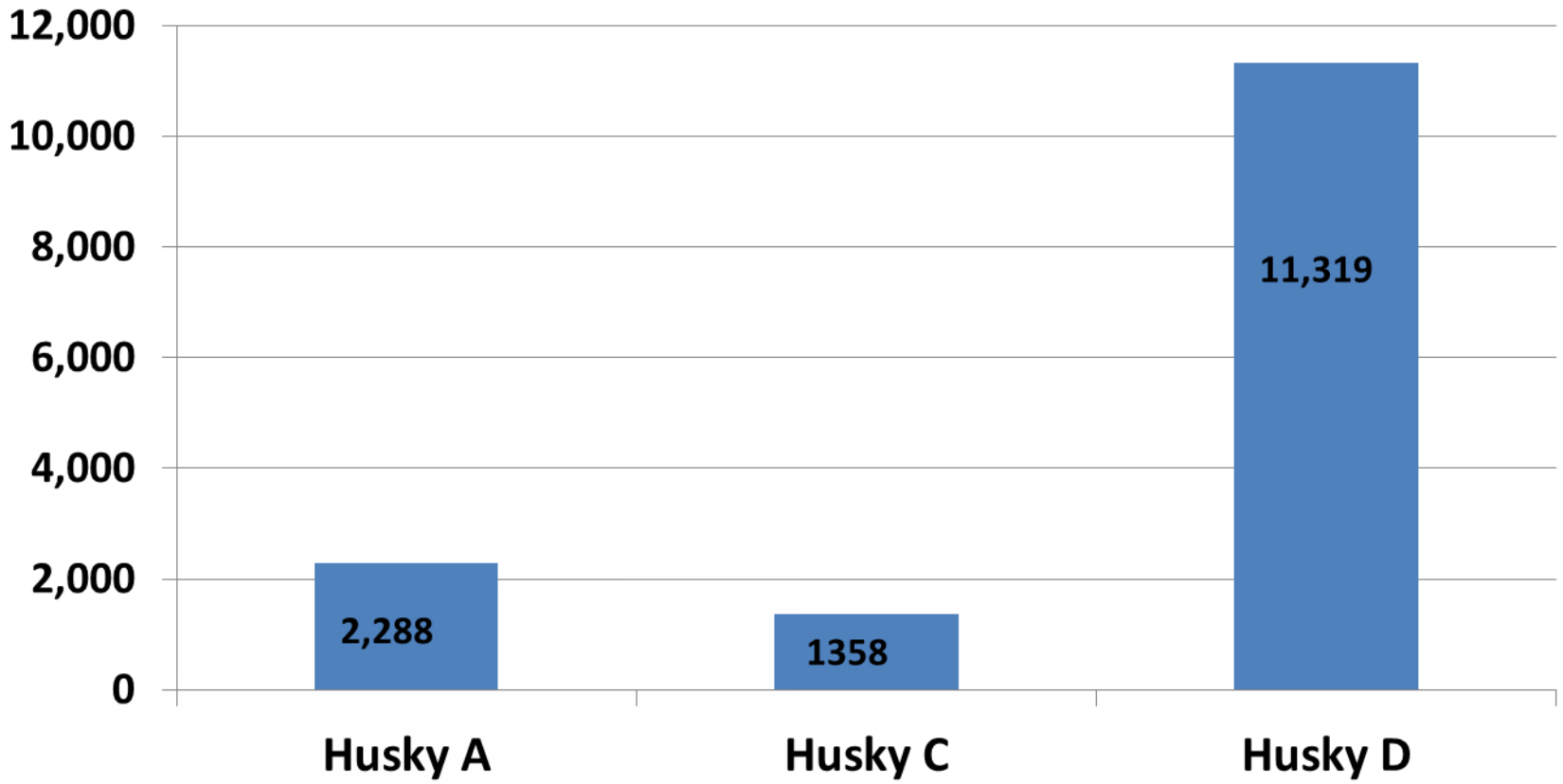
Medicaid Homelessness

3.6%	Of the Adult Medicaid population were identified as homeless *
75.6%	Of the identified homeless adults were Husky D
Husky D	Consistently have more days homeless than any other eligibility group

Data from CY 2011 and CY 2012

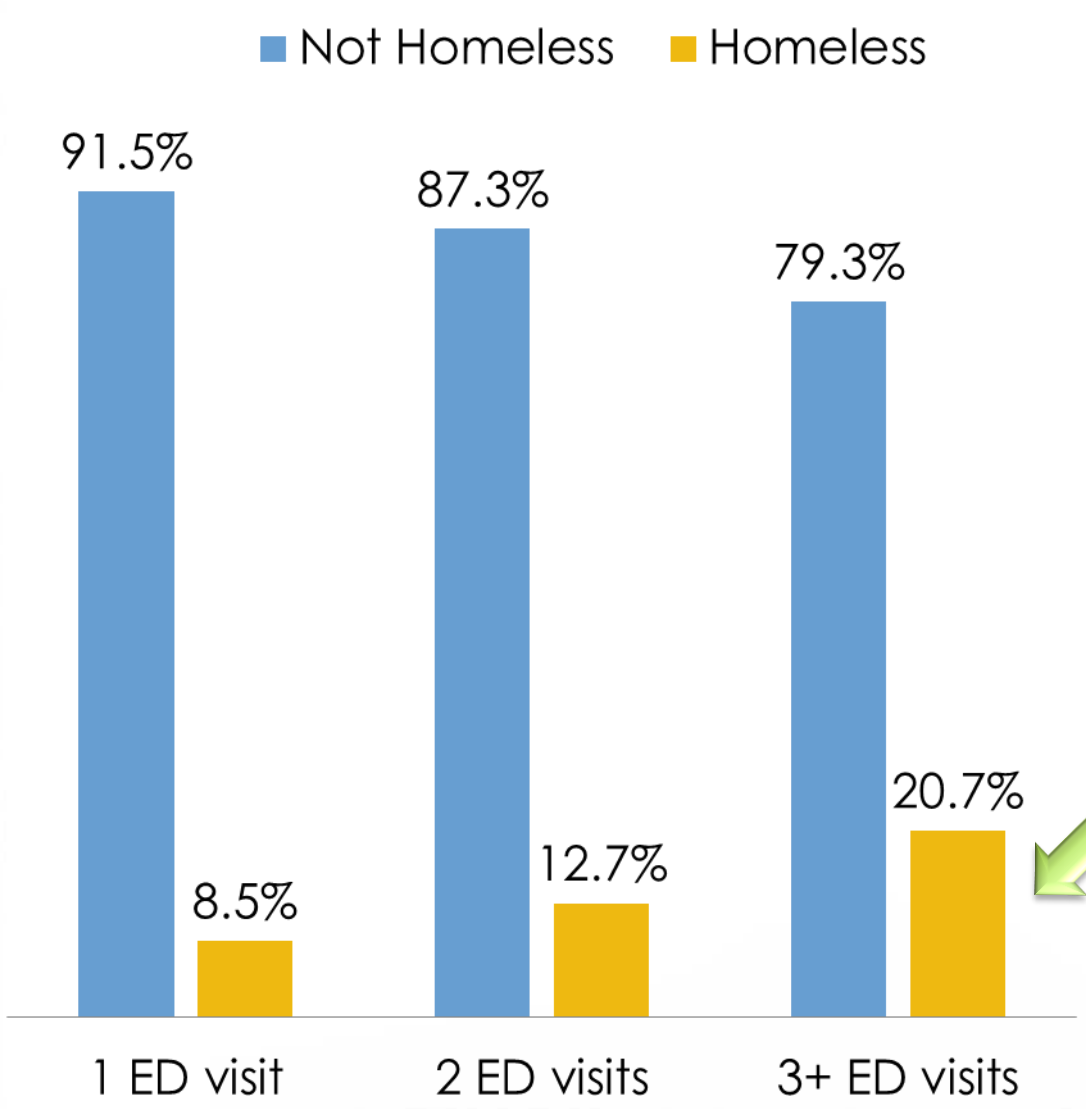
*Homelessness was determined based on addresses in the member's eligibility file

Medicaid Homelessness



Data from CY 2011 and CY 2012

Medicaid
Frequency of ED Visits – Homeless vs. Housed



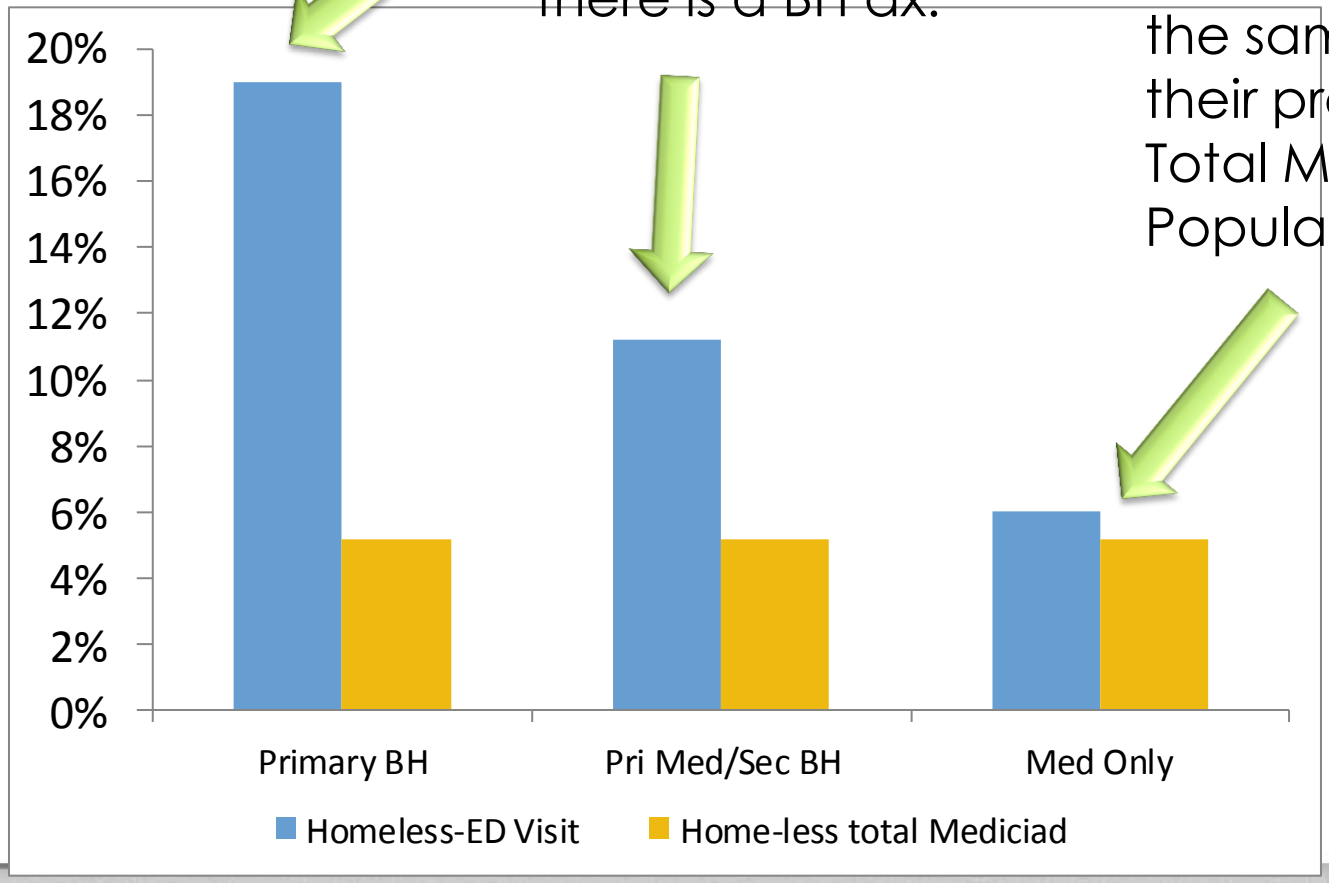
Considering homeless adults make up slightly more than 3.6% of the Adult population, they account for a much larger portion of all ED visit categories, but most significantly so for those who have 3 or more ED visits over the 2 year period.

Data from CY 2011 and CY 2012

Medicaid
Homeless Status and ED Diagnosis Type

Homeless are over-represented in the ED when there is a BH dx.

Homeless individuals visit the ED with a medical dx at about the same rate as their presence in the Total Medicaid Population



Data from CY 2011 and CY 2012

Next Steps

DMHAS Initiatives Which Have Impacted ED Use

- **Opioid Agonist Treatment Protocol (OATP)**
  - Focused interventions for those who have had repeated admissions to inpatient detoxification services for a primary opioid dependence disorder
- **Alternative to Hospitalization (ATH)**
  - Case management staff work collaboratively with the individual and hospital emergency room staff to facilitate access to more appropriate treatment options
- **Behavioral Health Recovery Program (BHRP)**
  - Basic Needs Supports, Supported Recovery Housing Services, Shelter Housing and Independent Housing

CT BHP
Next Steps/ System Recommendations

Using data from this study period, DMHAS, DSS, DCF and VO designed an ED Frequent Visitor Pilot to reduce ED use and recidivism.

- ✓ **Step 1: Analyze ED use at individual hospitals to identify hospitals with the greatest numbers/highest percentage of ED frequent visitors – (Completed June 2014)**
- ✓ **Step 2: Provide/coordinate intervention(s) to assess needs and connect clients to care thus reducing adult ED use and recidivism – (July-Dec 2014)**
- ✓ **Step 3: Assist in the development of Community Care Teams**

Results expected in Spring 2015

CT BHP
Next Steps/ System Recommendations

Persons in the BH Cohort have higher co-morbid medical conditions

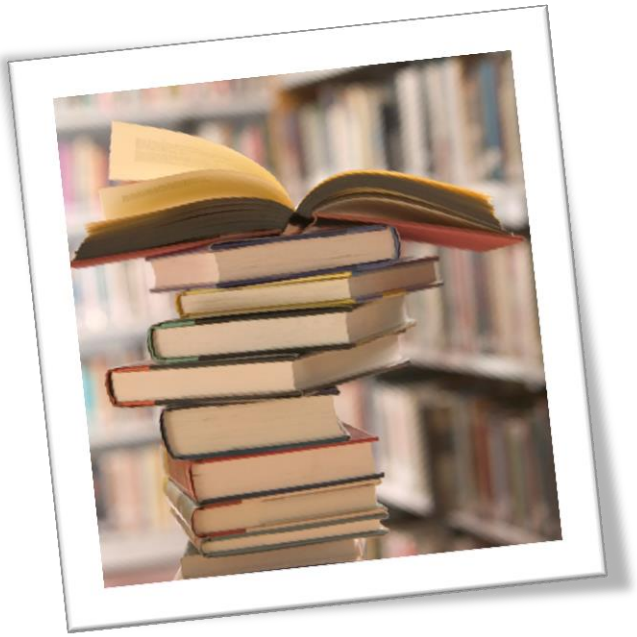
Opportunity for Improvement:
Implement Behavioral Health Homes to address co-morbid behavioral health and medical conditions for those members diagnosed with severe and persistent mental illness

CT BHP
Next Steps/ System Recommendations

Homelessness appears to be a significant factor in frequent visits to the ED

Opportunity for Improvement:
Use the ED Frequent Visitor Pilot and linkage to other initiatives (Partnership for Strong Communities) to improve collaboration/ coordination between EDs, housing resources and other community resources

CT BHP
Next Steps/ System Recommendations



CT data mirrors national data

Opportunity for Improvement: Consider further development and refinement of a predictive model based on these factors and made applicable in real-time to reduce unnecessary ED utilization.


Questions