



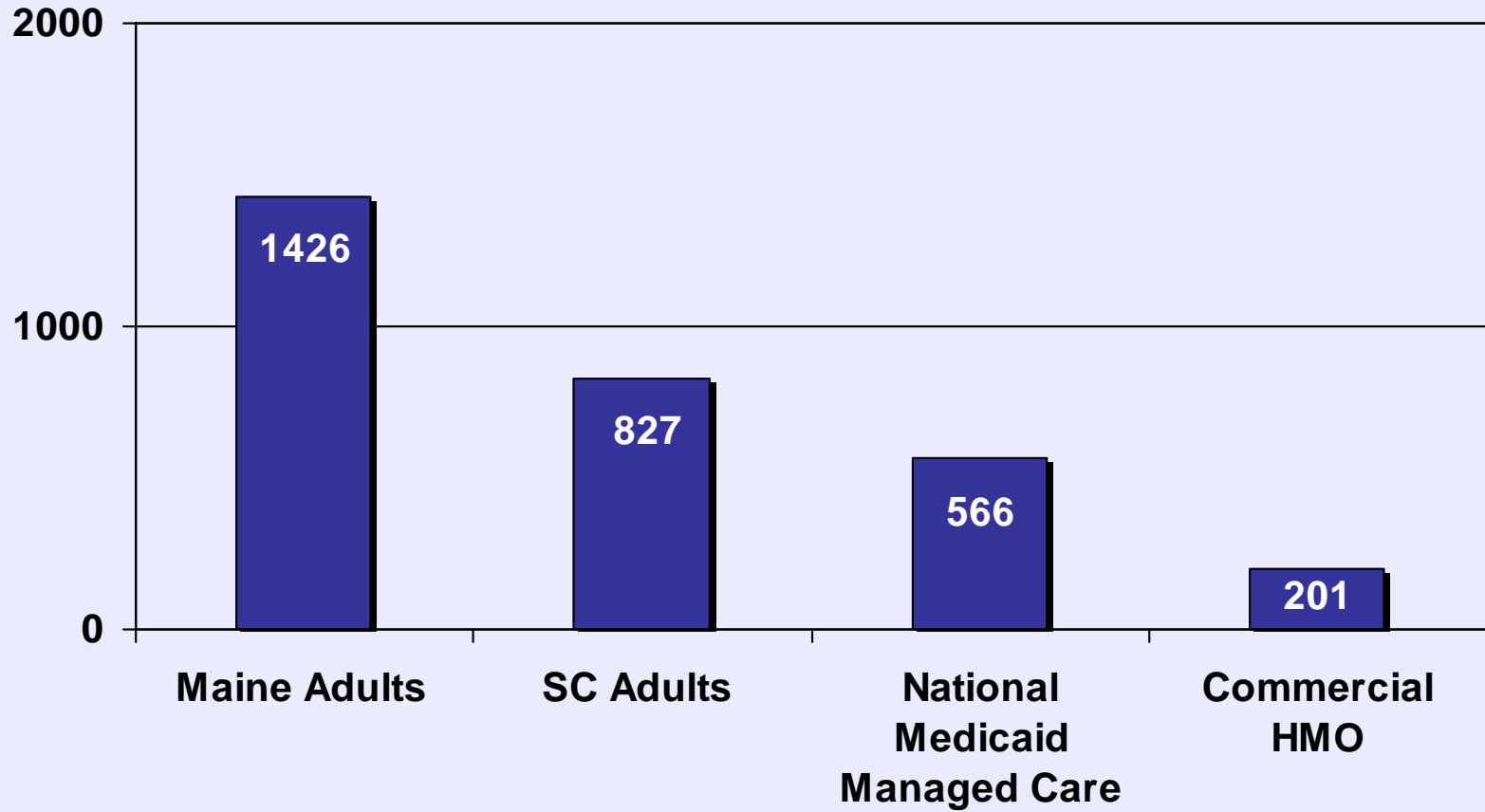
# Analysis of Emergency Department Use for People with Mental Health and Substance Abuse Disorders

**DHHS/APS Data Forum  
September 17, 2009**

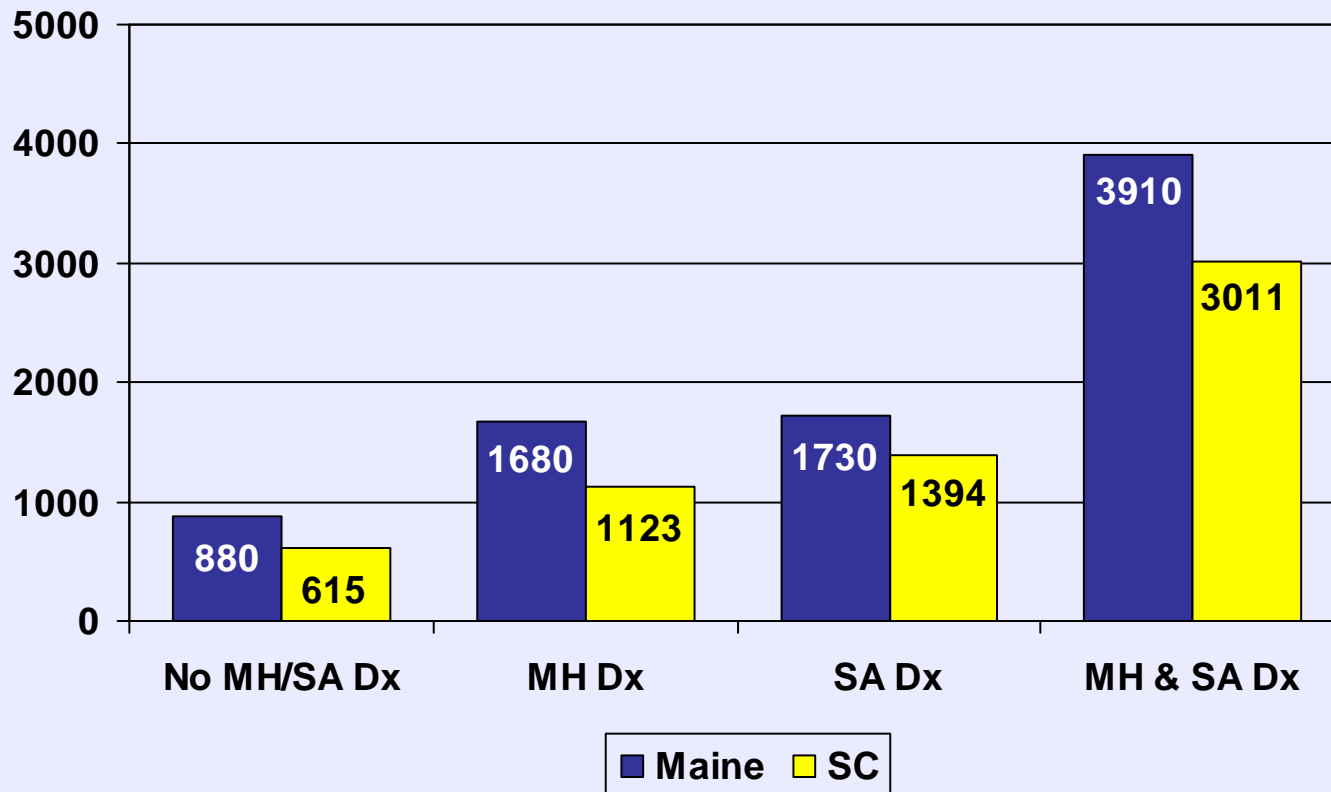
## Population Studied

- Medicaid only, 11 or 12 months eligibility, 19-64 years old
- Group placement is dependent on whether there was any SA or MH diagnosis for any claim in the fiscal year
- Four groups: MH, SA, MH & SA, no MH/SA
- ER visit diagnoses are dependent on primary diagnosis given for the ER visit
- ER utilization is # of visits per 1000 service users in each specific group.

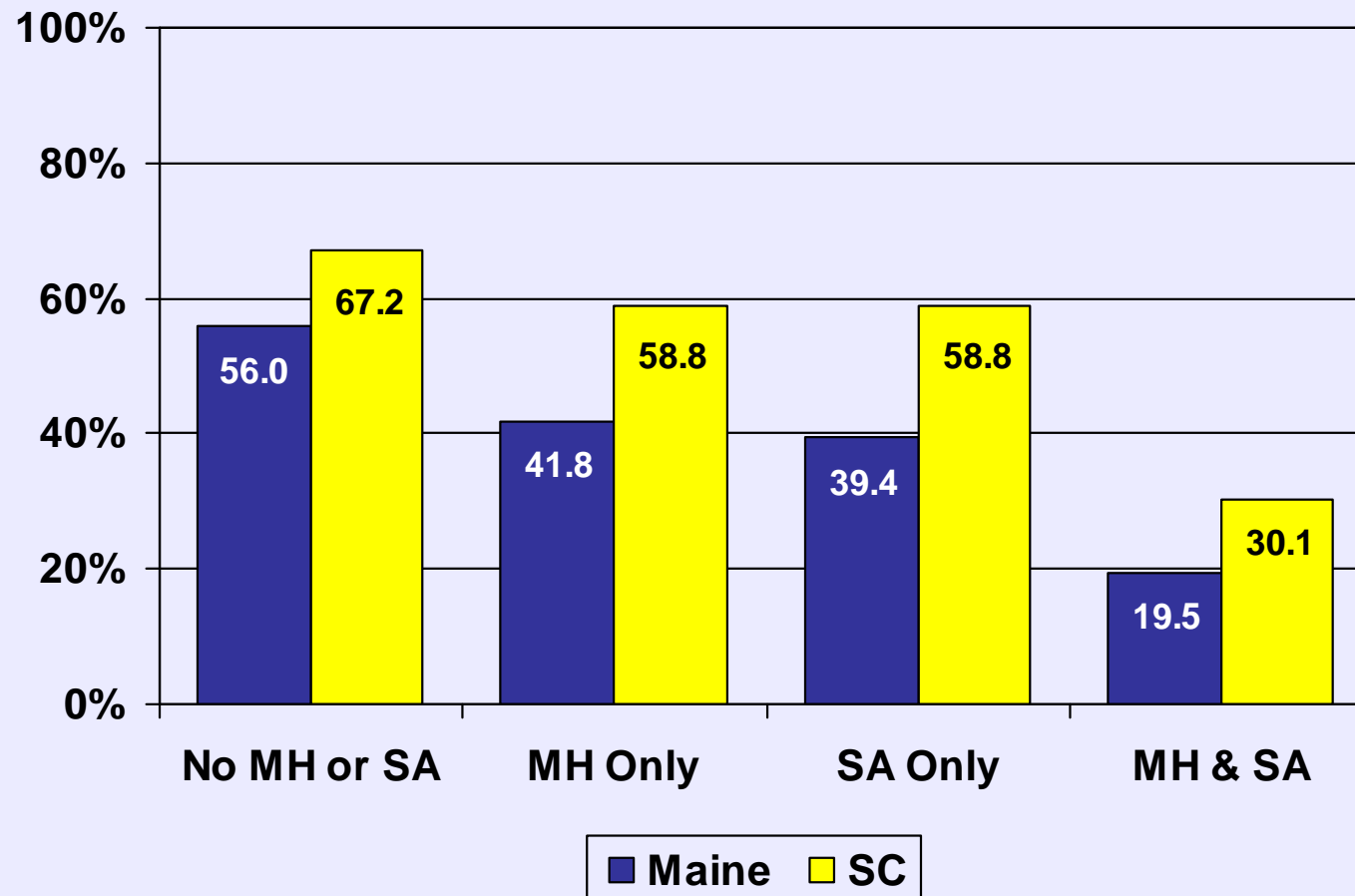
# Overall ER Utilization



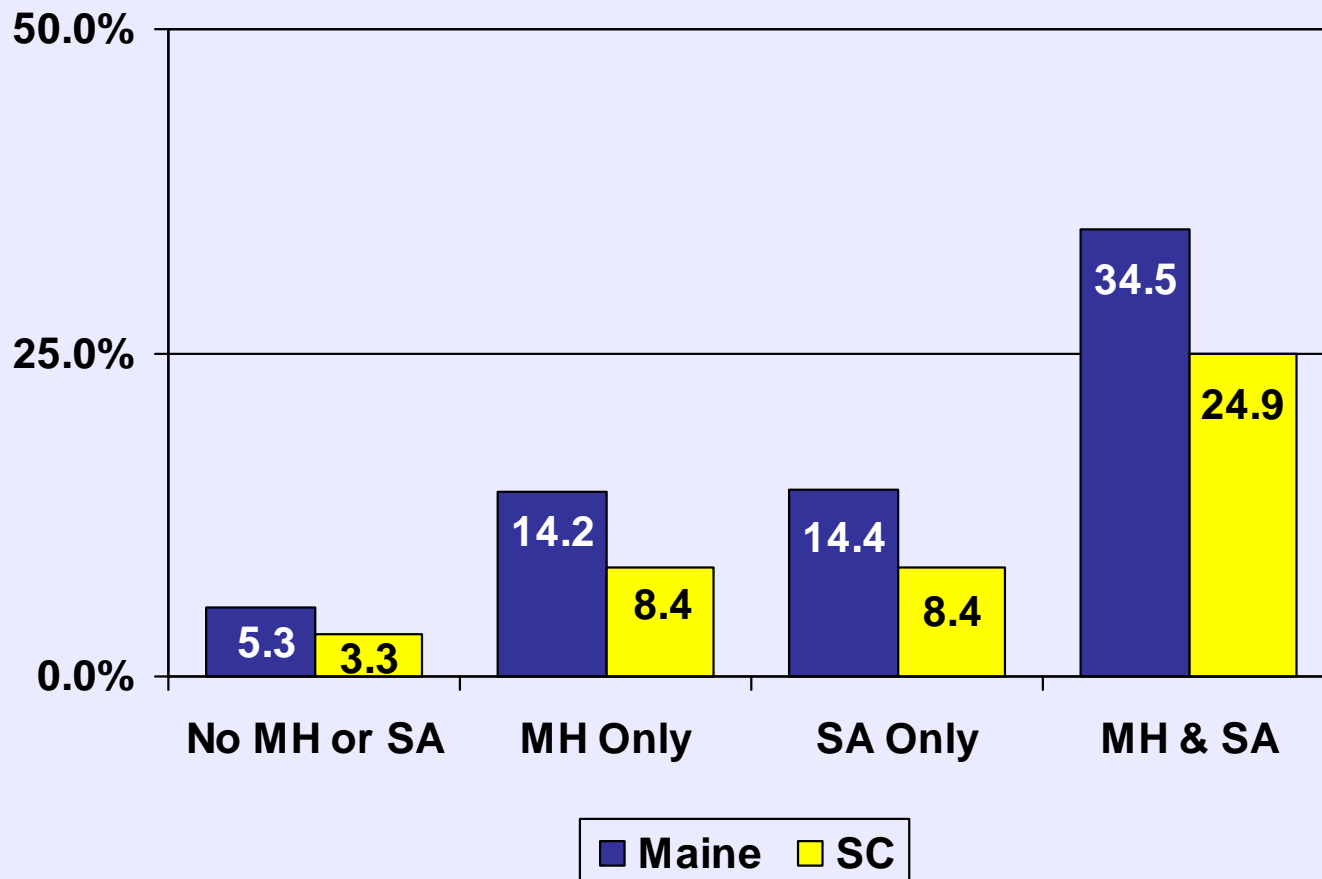
# All Maine & South Carolina ER Visits per Thousand Members in Group per Year (ME/SC Study)




# Percent of Maine & South Carolina Members with No ER Visits



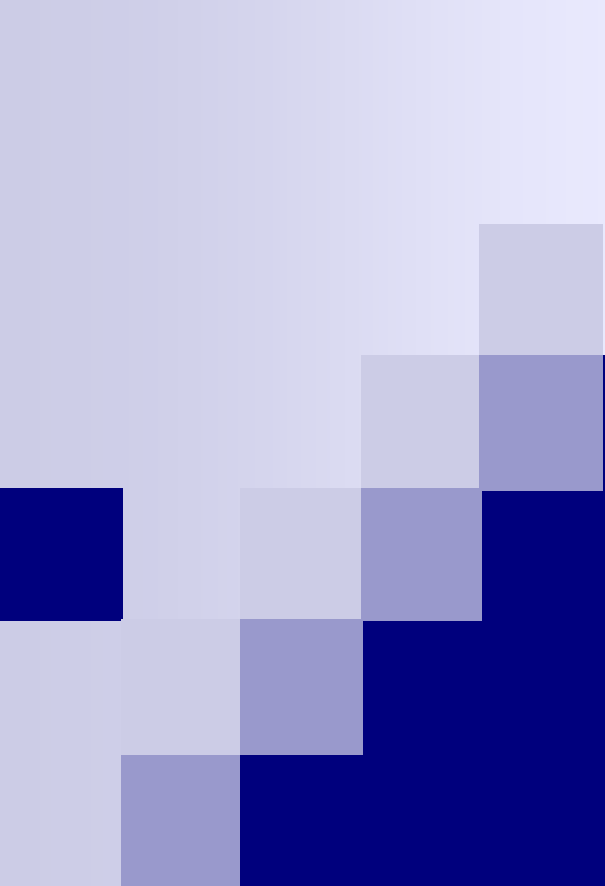
# Percent of Maine & South Carolina Members with 4 or More ER Visits





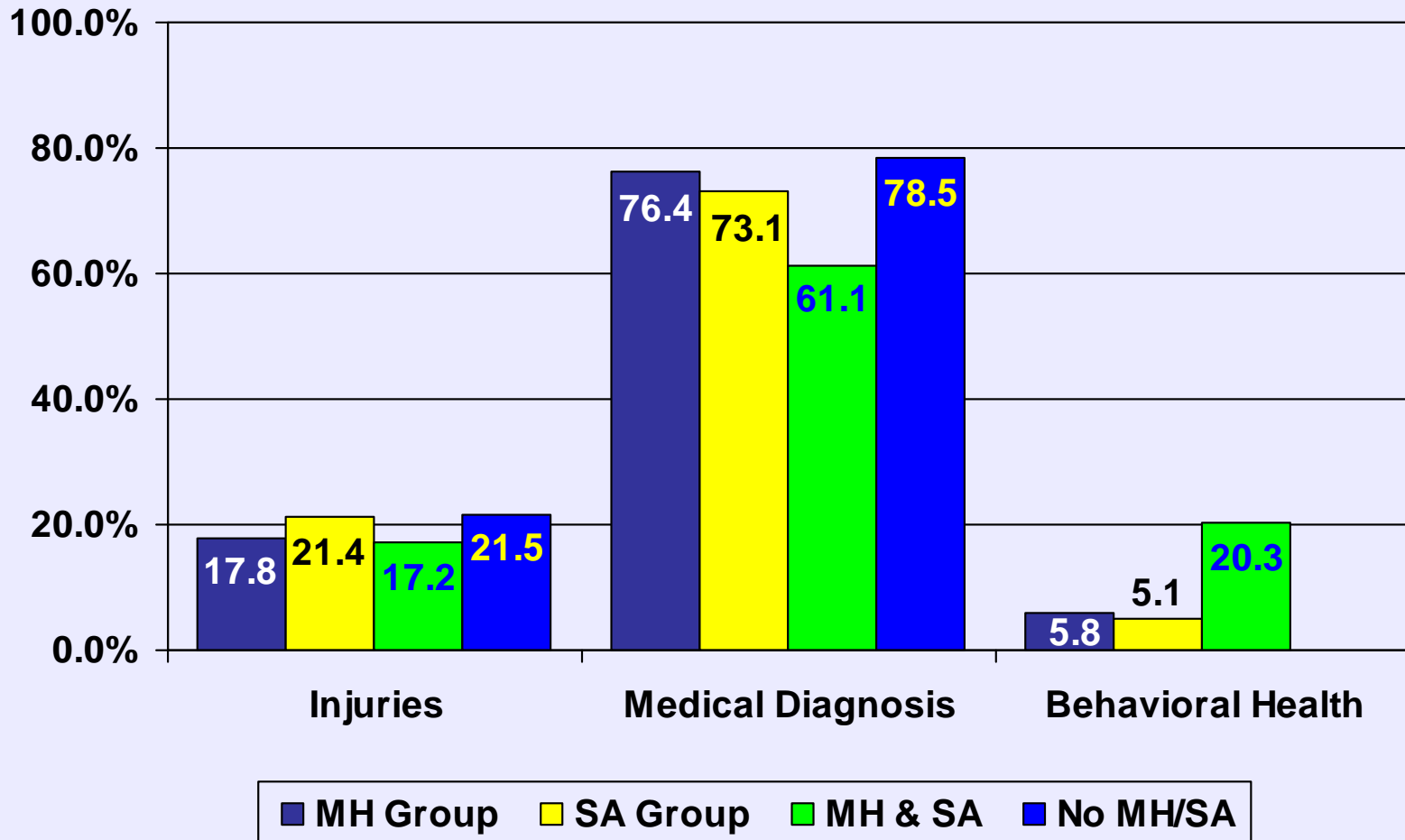
## Overall ER Use Increases with Complexity of Underlying Population

- Both states, ER rates for Medicaid FFS higher than in Medicaid Managed Care or Commercial populations
- Both states, ER rates 2.5-2.7 times higher for MH or SA only groups compared to Medicaid members with no behavioral health diagnoses
- Both states, ER rates are 6.5-7.5 times higher for Co-morbid MH/SA.

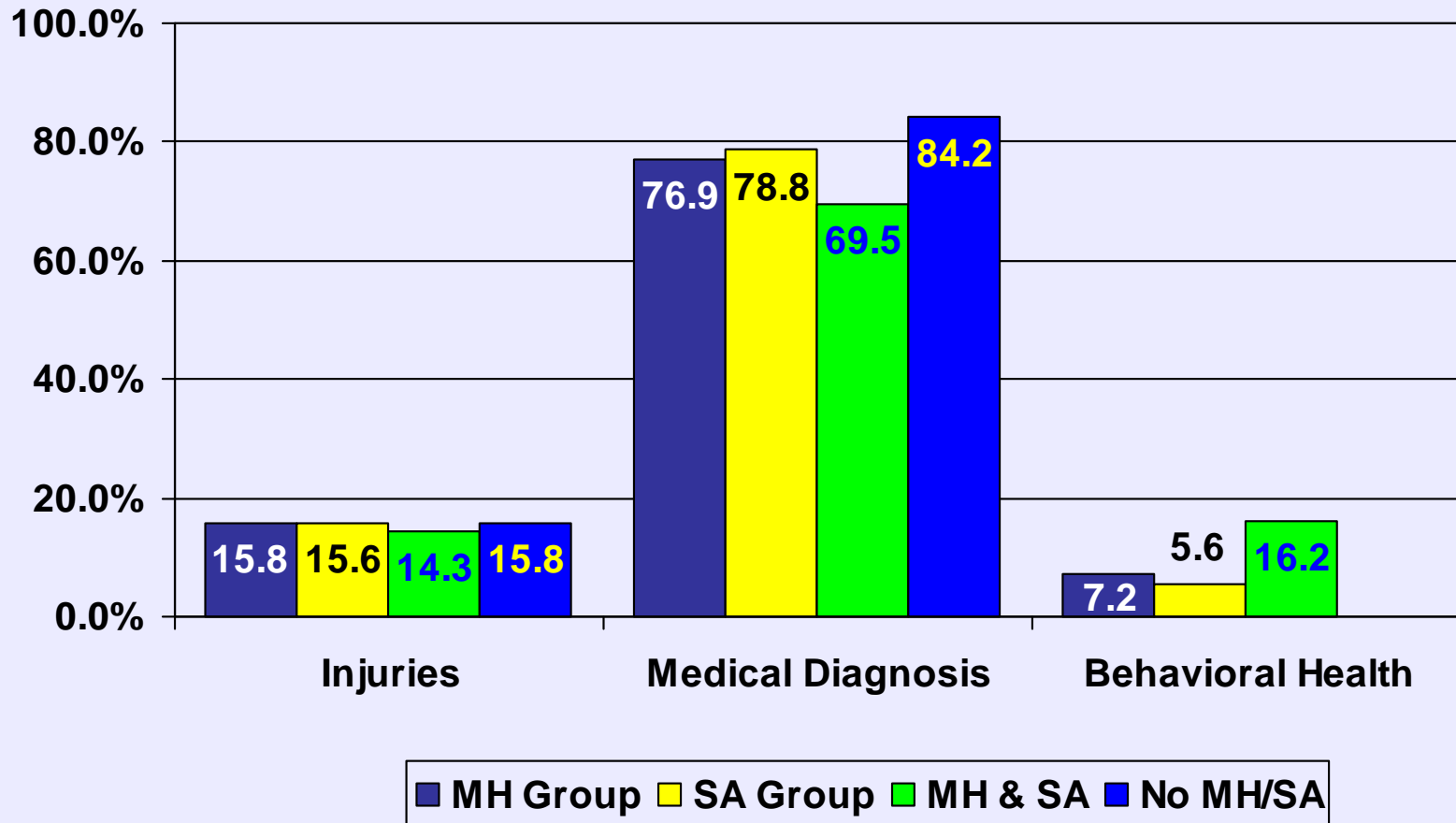


**What is the primary  
reason for going to the  
ER?**

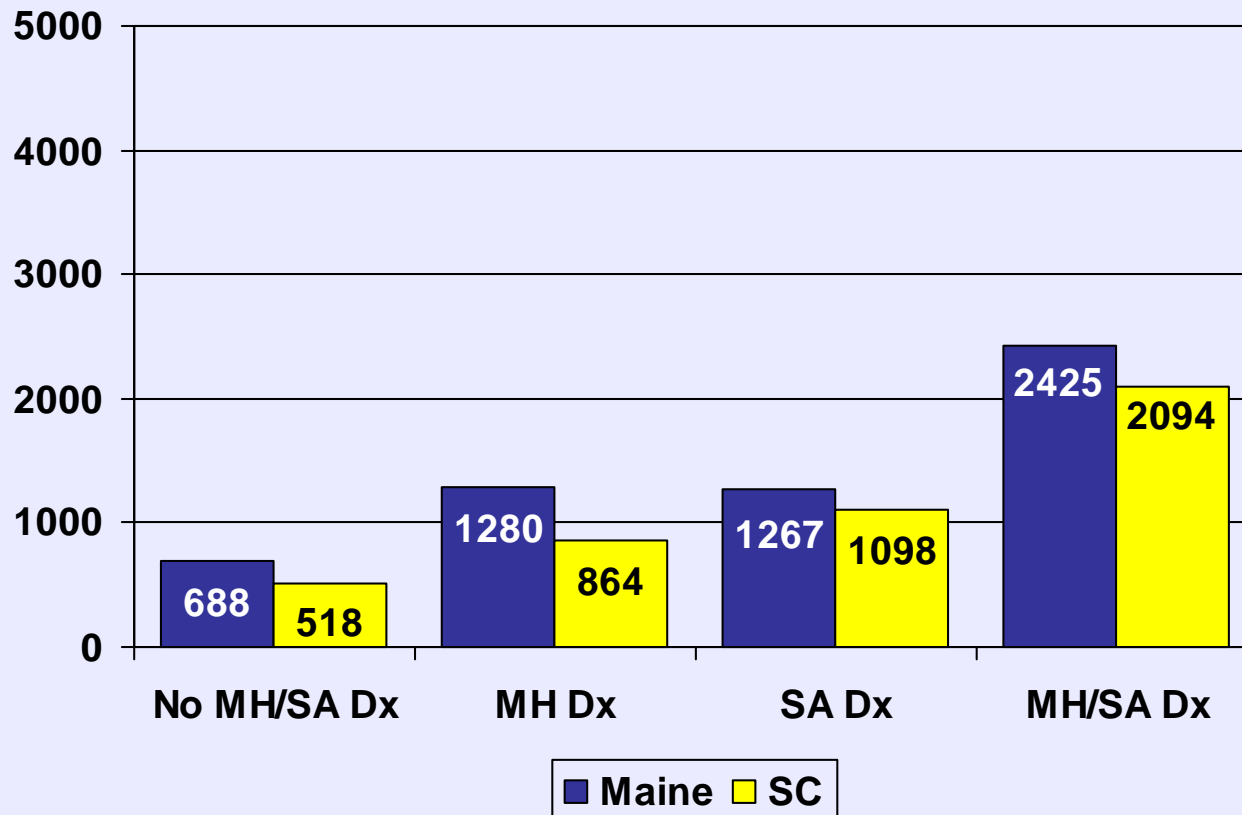
# Percent Maine ER Visits by Diagnosis by Group



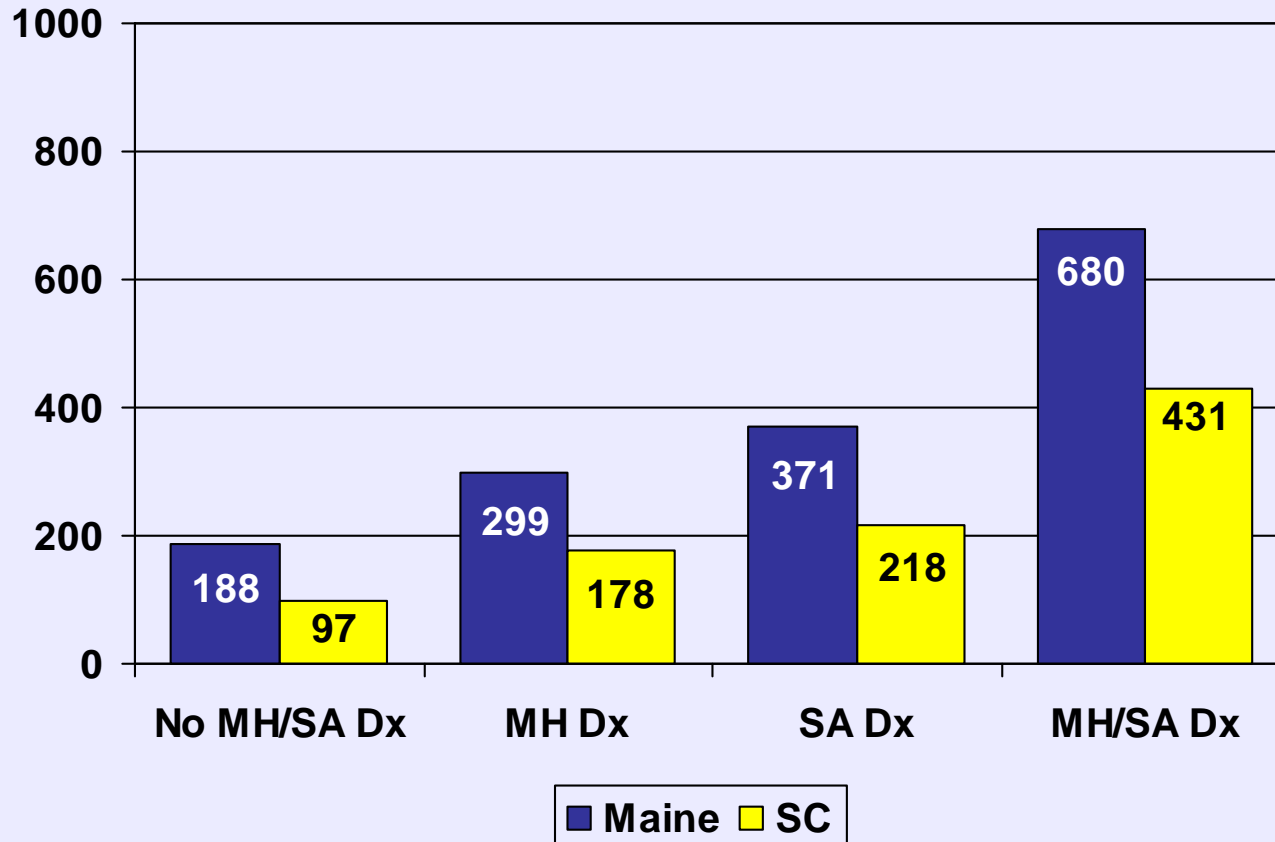
# Percent South Carolina ER Visits by Diagnosis by Group



# Highest Use of ER: Visits for Medical Conditions per Thousand Service Users by Group



# Second Highest Usage of ER: Injury Visits per Thousand Members by Group for Year



# The Smallest Percentage of Overall ER Use is for Behavioral Health

Overall --- 5.2% Maine ER visits are for MH  
3.3% South Carolina ER visits are for MH

Overall --- 2.1% Maine ER visits are for SA  
1.0% South Carolina ER visits are for SA

- Majority of ER visits are for injuries and medical conditions for all groups
- Rates of ER utilization for medical issues increased in populations with behavioral disorders



# A Deeper Look

- Further subdivision of groups
- OAMHS (SMI) and non OAMHS (non Section 17)
- Developmental Disabilities

# MR/Autism

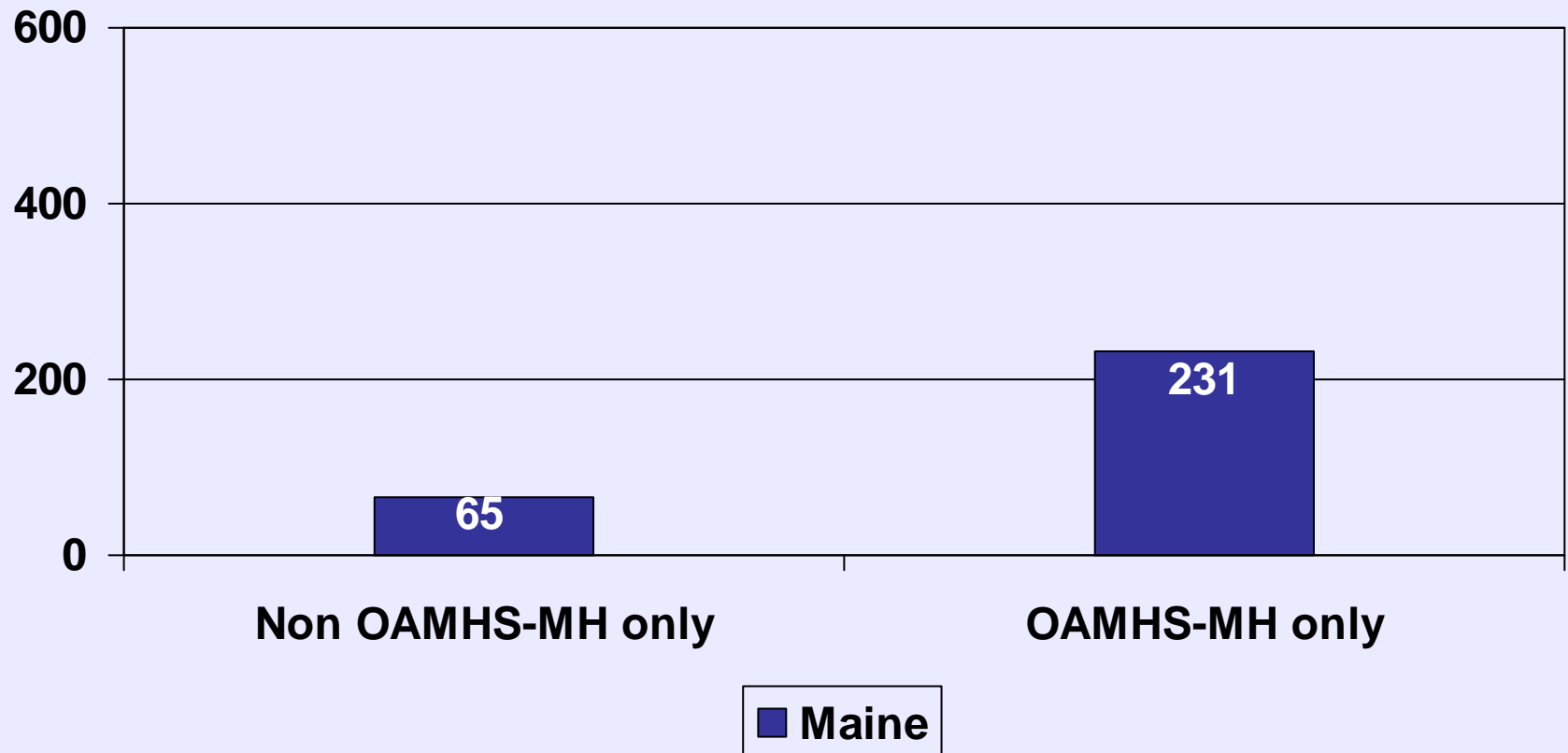
- 4.1% (ME) and 4.7% (SC) of overall sample also have Developmental Disability (DD)
- DD as hidden issue for persons with MH and SA diagnoses and also for SMI populations
- Individuals with DD Dx account for 13% of Maine OAMHS (SMI) Section 17 population, and 5% of South Carolina DMH population.




## ER Use Rates for Primary MH Diagnosis For MH Groups Only

- Rates of usage of ER for primary MH diagnosis increases with severity of Mental Illness
- SMI group (OAMHS-Section 17) is more than 3x more likely to use ER than non-SMI mental health group for a primary mental health related issue.

## ER Use for Primary MH Diagnosis - Rate per 1000 MH Group

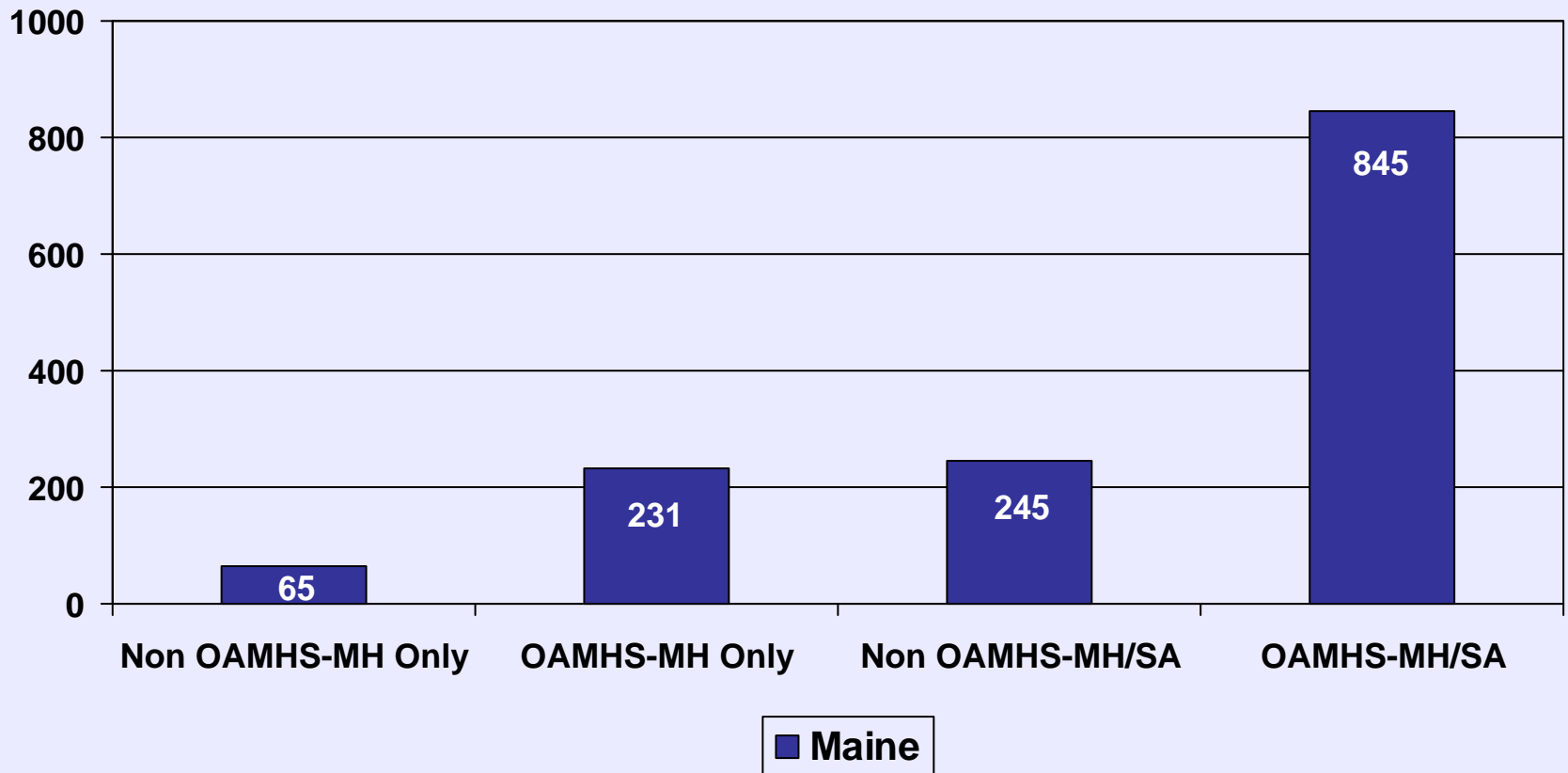





## ER Rates for Primary MH Diagnosis: Influence of Co-Occurring MH/SA Conditions

- Rates of ER use for primary MH diagnosis increases 4 times for Co-Occurring MH/SA conditions as compared to MH only.

## ER Use Rates for Primary MH DX: Comparison of MH Only and MH/SA Groups - Rate per 1000 MH/SA Service Users

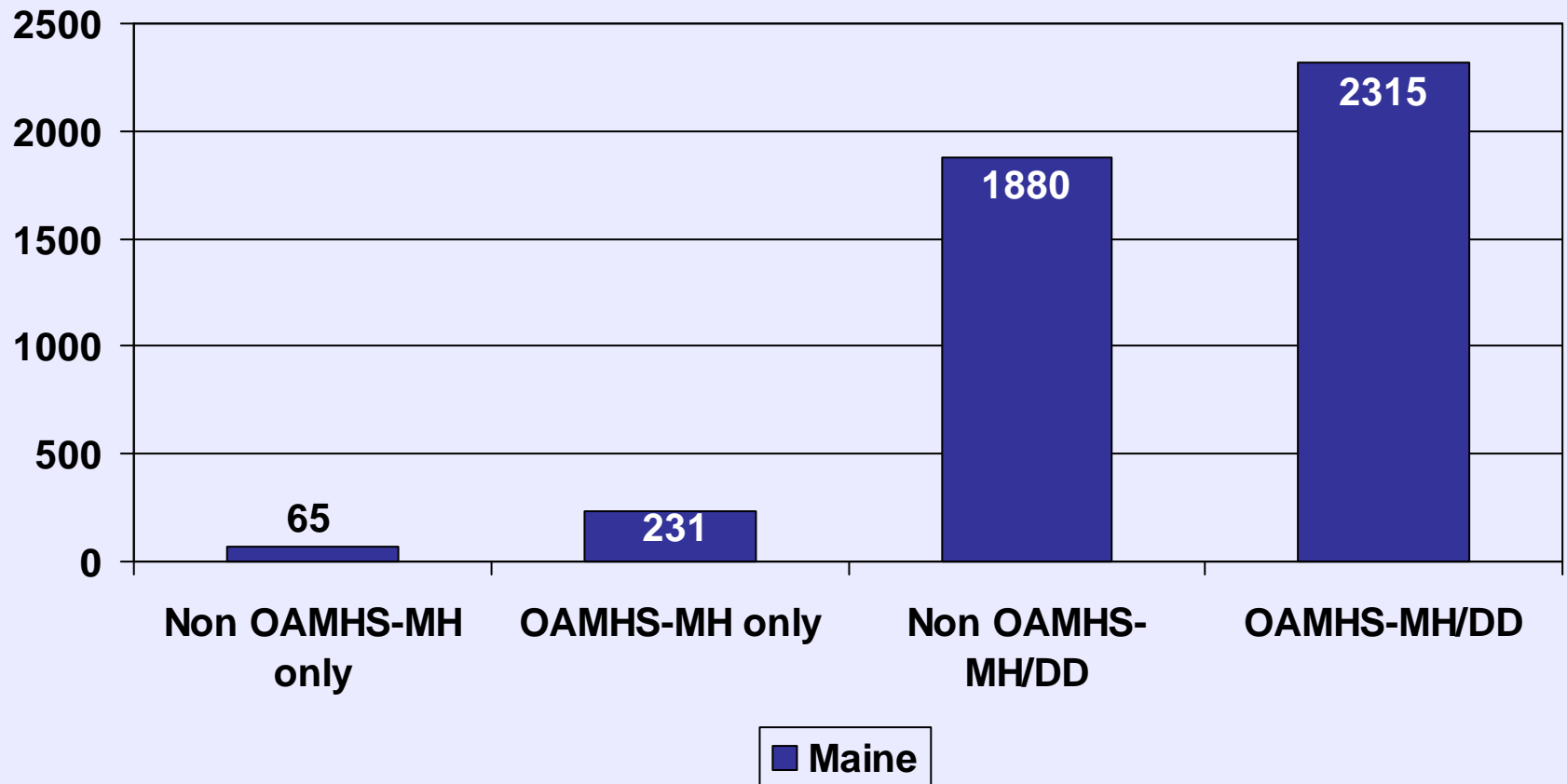




## ER Use Rates for Primary MH Diagnosis: Influence of Co-Occurring Developmental – Cognitive Challenges

- Rates of usage of ER for primary MH diagnosis increases at least 10 fold with Co-Occurring DD compared to MH only.

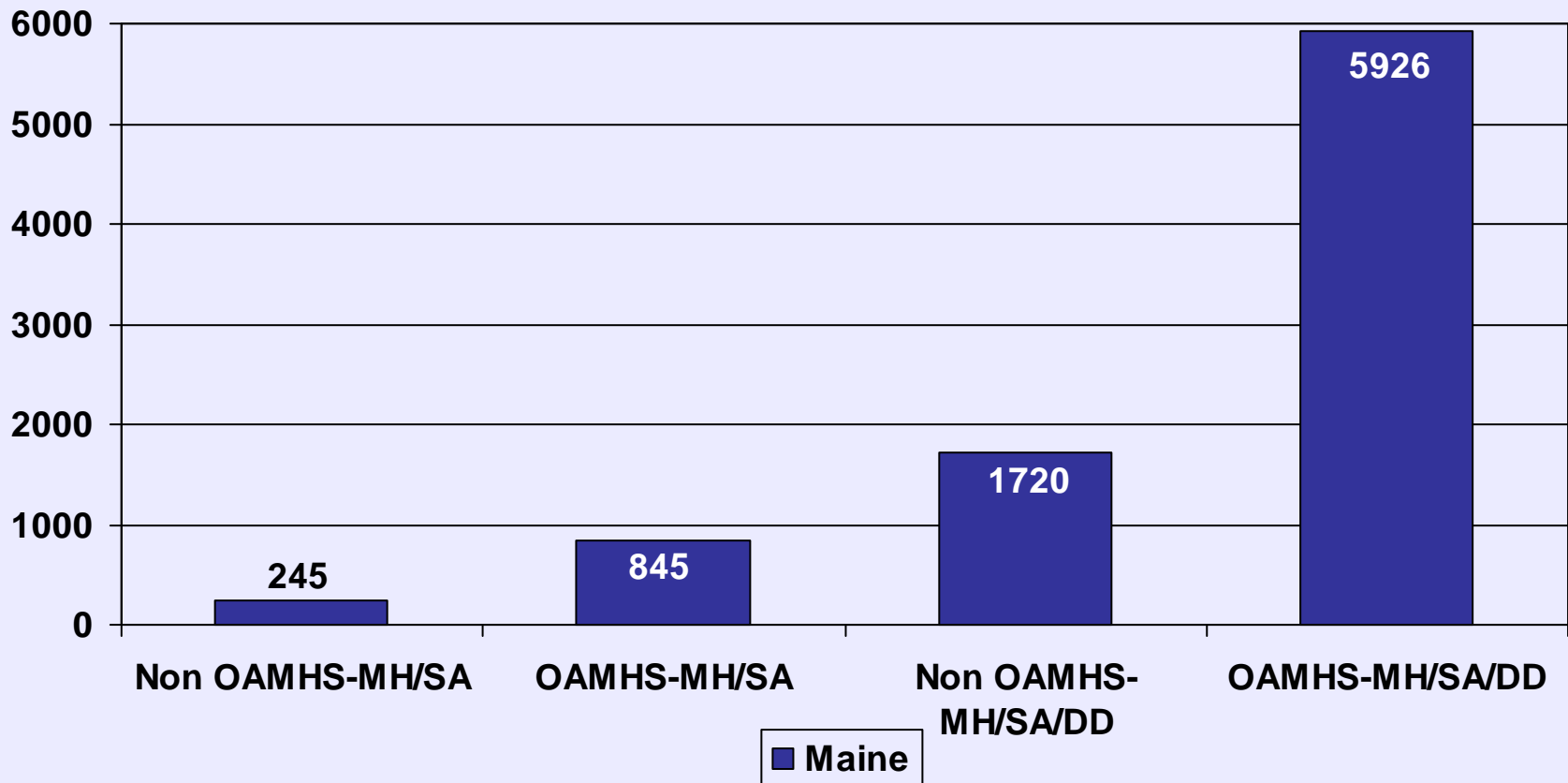
## ER Use Rates for Primary MH DX: Comparison of MH and Co-Occurring MH/DD Groups - Rate per 1000 MH/DD Service Users



# ER Rates for Primary MH Diagnosis: Influence of Co-occurring Developmental/Cognitive Impairments

- Rates of use of ER for primary MH diagnosis increases with severity of MH illness, presence of Co-occurring SA and presence of cognitive impairments
- Individuals with co-occurring SA/MH/DD use ER 7x more often for mental Health diagnoses than do persons with only co-occurring SA/MH.

## ER Use Rates: Comparison of Co-Occurring MH/SA and MH/SA/DD Groups - Rate per 1000 MH/SA/DD Group





## Other Complexities?

### **Other co-morbidities that may increase risk and utilization**

- Traumatic Brain Injury
- Chronic Medical Conditions

Need for a methodology for identifying risk groups to inform policy and programming

## Implications for Policy

- Greatest number of Medicaid members with mental illness are not in State Mental Health Authority (SMHA). Need for SMHA to partner with Medicaid in developing mental health policy/programming for non-SMHA populations with mental illness
- Importance of integrating health issues into mental health policy and programming especially for SMI populations
- Importance of integrating issues related to DD and SA into MH policy and programming.

# Summary

- Creation of a standard data set and standard methodology for integrated analysis of Medicaid data across multiple states a rich source of data for both MH and health policy makers
- MH can learn from the analytic strategies employed in health services research
- Importance of partnerships between MH and Medicaid, but also MH, SA and MR agencies, to develop integrated person centered programming and management especially for complex clients of public service system.



Department of Health  
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