Connecticut Medicaid Adult Inpatient Utilization Data Brief

Review of Medicaid Claims and Service Data from 2011-2012

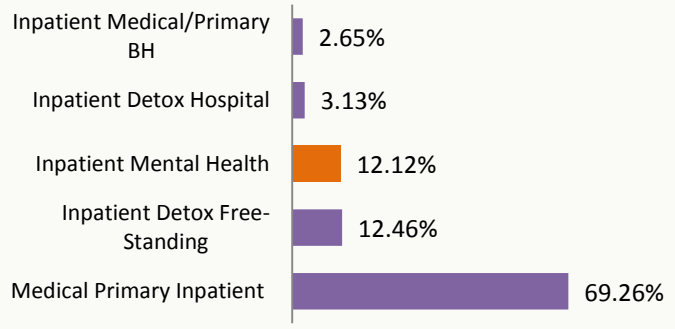
This report was made possible through the collaborative effort of the Connecticut Behavioral Health Partnership. Multiple data sets and complex statistical analyses were used to provide a comprehensive summary of how adults with Medicaid, utilize inpatient services, with a specific focus on mental and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

Connecticut BHP
Supporting Health and Recovery

Inpatient Utilization

The adult Medicaid population had a total of 145,746 inpatient stays during the study period; this number includes DMHAS-funded inpatient stays. Of those, 69% were on a medical unit and had a primary medical diagnosis. The remaining 30.74% (44,803) of the hospitalizations were related to behavioral health issues. Of those episodes, the majority were related to inpatient detox (if free-standing and hospital-based are added together), followed by inpatient mental health, which accounted for a little over 12% of all admissions. There were 10,855 individual adults that had at least 1 behavioral health (BH) inpatient stay, ranging from 1 – 19. Males utilize inpatient care at higher rates than females, particularly for detoxes that occur in freestanding facilities.

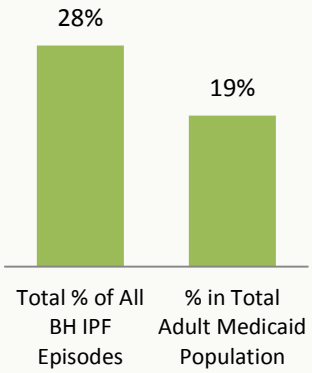
% of Total Episodes by Type of Inpatient Stay



State Hospital and Intermediate Inpatient episodes are not graphed due to extremely low values (0.36% and 0.03%, respectively).

Females accounted for 34% of all behavioral health-related inpatient episodes and 65% were males. These numbers are almost the reverse of gender proportions in the total Medicaid population. For age, the largest variance was within those ages 45-54 who accounted for over 28% of the total BH episodes, but much less of the general Medicaid population.

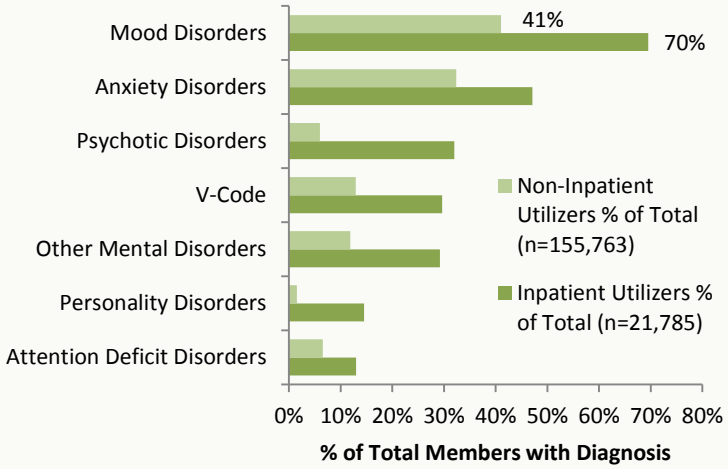
Adults Ages 45-54



Mood Disorders

Mood Disorders are the most common diagnoses for individuals receiving any kind of behavioral health care and 70% of those that are hospitalized for behavioral health reasons. 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.

BH Cohort Rate of Diagnosis Frequency



Note: Denominator in percentage equals the total N for each inpatient utilizer group. A member can be represented in more than one diagnosis category. To be included in a given category, the member must have had that diagnosis at least once in the two year study period. Only the top 7 diagnoses are graphed.

Multiple entities, including selected hospitals, community providers, State agencies and Beacon, have engaged together in a project to reduce the use of inpatient detoxification by individuals receiving detoxification services on a medical unit. Interventions include peer support, intensive care management, and coordination with housing specialists to stop the cycle of repeated detoxifications.

beacon health options

dmhas

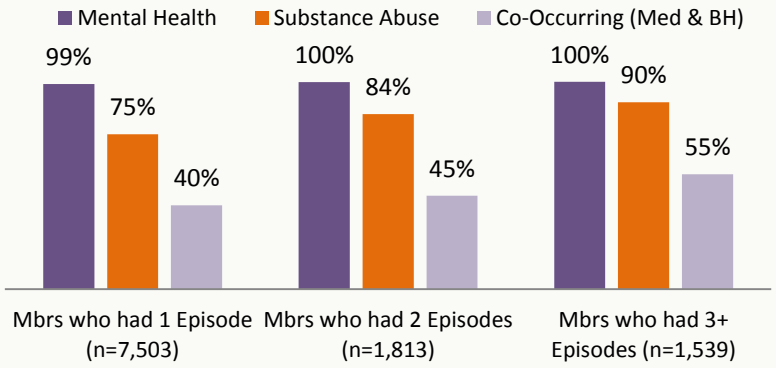
Connecticut Department of Social Services
Making a Difference

DCF CONNECTICUT

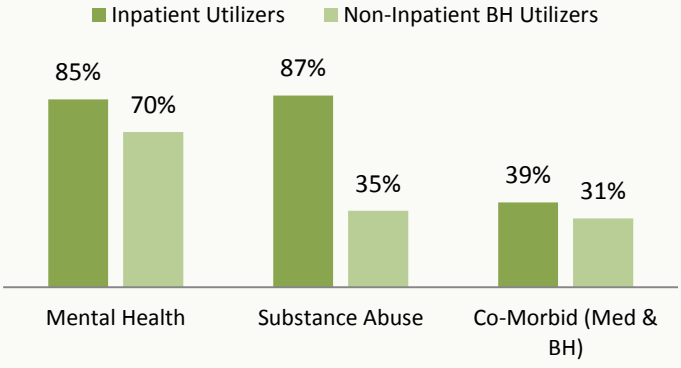
High Frequency of Co-Occurring Substance Abuse Disorders

Of the 10,855 individual adults who had a psychiatric inpatient admission, in total over 78% had a co-occurring substance abuse diagnosis. When separated by episode frequency, it was evident that the more inpatient episodes an adult had the higher the likelihood that a substance abuse disorder was also present. The data showed that 90% of adults with three or more inpatient mental health admissions had a substance abuse diagnosis identified at least once (left chart below). Additionally, multivariate regression analysis found evidence that having a substance abuse diagnosis was a strong risk factor for one or more inpatient admissions. When adults who utilized mental health inpatient were compared to adults who used behavioral health services, but not inpatient, the data showed a similar pattern of high rates of co-occurring substance abuse disorders among adults who had a mental health inpatient stay (right chart below). Considering these factors, it is recommended that there be further examination of methods to improve the screening, identification, assessment, and treatment of substance abuse disorders across various levels of care, and the support of projects that can enhance substance abuse services such as research on and promotion of family-based substance abuse treatment and reporting on a HEDIS measure of initiation and engagement in substance abuse treatment.

Rate of Diagnosis Indicator by Frequency of IPF Mental Health Admissions



BH Cohort Rate of Diagnosis Indicator

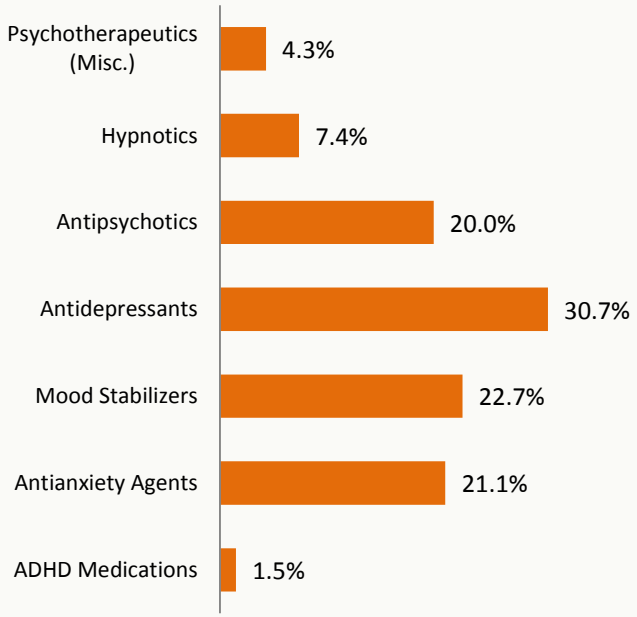


Note: Denominator in percentage equals the total N for each episode group. A member can be represented in more than one diagnosis category. To be included in a given category, the member must have had that diagnosis at least once in the two year study period.

Medication Adherence

A significant body of literature demonstrates that non-adherence to prescribed medication regimens is common and that better adherence improves outcomes and reduces healthcare expenditures, particularly for chronic conditions. In the current study, while drugs classified as antipsychotics, antidepressants, and mood stabilizers were the most common drug classes to be filled 30 days post an inpatient discharge, they also had the highest rate of non-adherence (chart right). Per a logistical regression analysis, non-adherence to psychiatric medications was identified as a strong predictor of additional mental health inpatient admissions, and most significant for ADHD and Antipsychotic drug classes. Additionally, the more medications an individual was prescribed the higher the risk for a repeat inpatient admission. Given the various obstacles individuals may face with maintaining medication adherence post discharge from a psychiatric inpatient unit, it is recommended that efforts be made to identify and support best practices for improving such compliance.

Medication Non-Adherence Rate Post-Inpatient Discharge



Note: Adults were considered non-adherent if they had a prescription filled in the first 30 days following an inpatient stay, but did not fill the prescription in one or more of the periods in the 5 months following (i.e. 31 to 60, 61 to 90 or 91 to 180). The comparison group for non-adherence includes episodes in which the drug was not prescribed and those in which the prescription was filled in each period following the first 30 days. Denominator is total episodes in the calculation (n=9,478).

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@vbeaconhealthoptions.com.