

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
26 Terrace Street, Montpelier, Vermont 05609

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Emma Harrigan

DATE: April 19, 2013

RE: CRT Clients with Potentially Avoidable Emergency Room Visits: 2003-2011

This week's report examines potentially avoidable hospital emergency visits by Vermont mental health service recipients. This report provides numbers of individuals served by Vermont Community Rehabilitation and Treatment (CRT) programs for adults with serious mental illness during CY03-11 who had emergency visits to hospitals in Vermont during the same years. This report also compares CRT clients' potentially avoidable hospital emergency room utilization rates with the same rates for members of Vermont's adult population. As in our previous reports, emergency visits are based on definitions provided by Onpoint Health Data.¹

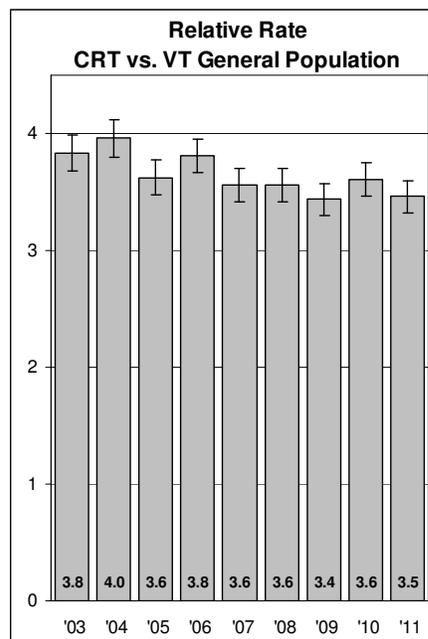
This analysis used anonymous extracts from two datasets. Vermont's Uniform Hospital Discharge Data Set provided basic demographic and clinical information for all Vermont residents with emergency visits to general hospitals in Vermont during the study period. Vermont's Department of Mental Health (DMH) Monthly Service Report provided basic demographic and clinical information for all CRT clients served during the study period.

Because these data sets do not share unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine the unduplicated number of people shared by the two datasets. "Potentially avoidable emergency department visits" include visits with primary diagnostic categories for conditions that are non-urgent or treatable in primary care settings. A complete list of these diagnoses is provided on the attached data page.

As you will see, CRT clients were more likely than adult Vermont residents to have had potentially avoidable emergency department visits throughout the study period. However, CRT clients' relative rates when compared to the general population, decreased slightly from a high of 4 times the general population rates during 2004 to 3.5 times the general population rates in 2011.

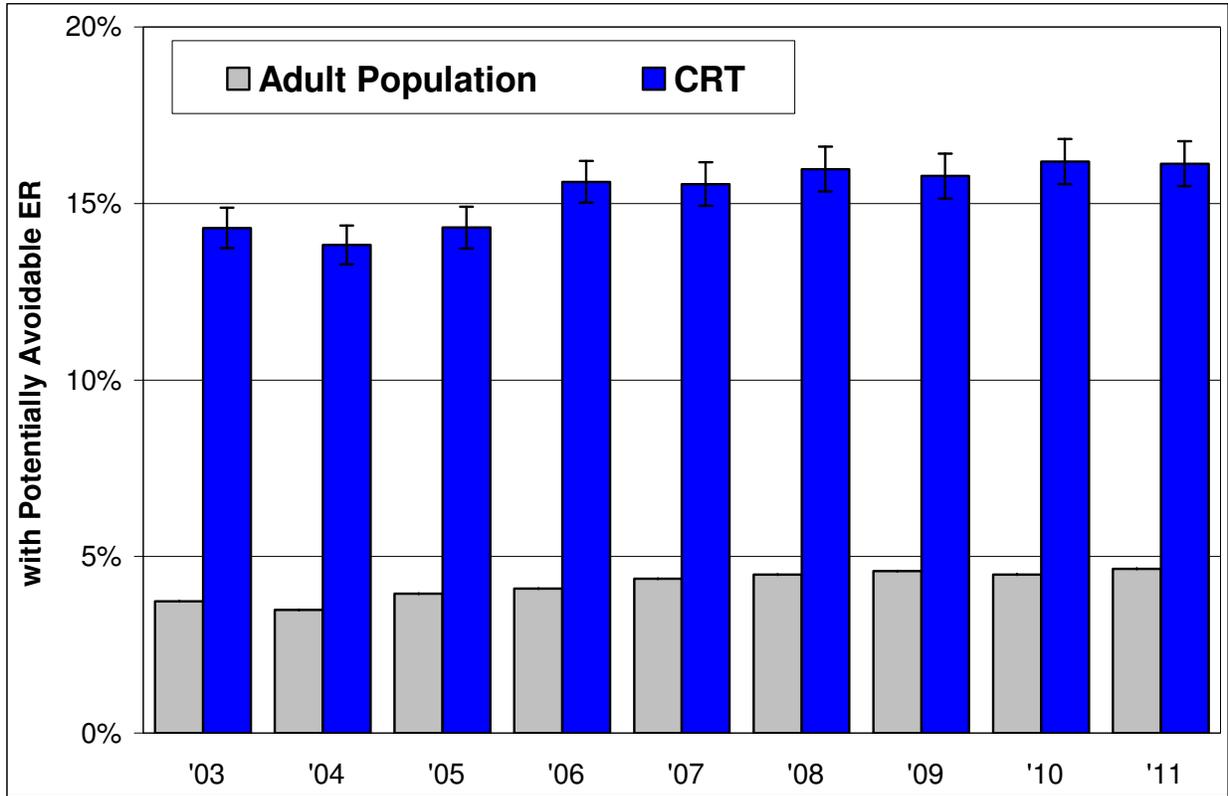
Both CRT clients and members of the adult general population had increases in potentially avoidable emergency utilization during this nine year period. CRT client visits increased from 14% to 16% during the study period and the general population increased from 4% to 5% during the study period.

We look forward to your questions, comments, interpretation of these findings, and requests for further analyses. As always, we can be reached at pip@state.vt.us.



¹ Vermont Emergency Department Visit Study DRAFT Proposal. Analysis of Commercially Insured Population Under Age 65 Claims and Vermont Hospital Data. Prepared by Onpoint Health Data, June 2010.

Potentially Avoidable Emergency Room Utilization: Vermont General Population and CRT Clients During CY2003 - CY2011



	CRT Clients			Adult General Population		
	Total Served	Avoidable ER	Avoidable ER	Total	Avoidable ER	Avoidable ER
2003	3,100 ± 10	444 ± 18	14% ± 1%	474,841	17,716 ± 47	4% ± 0.01%
2004	3,111 ± 10	430 ± 17	14% ± 1%	478,799	16,720 ± 41	3% ± 0.01%
2005	3,137 ± 10	449 ± 19	14% ± 1%	482,448	19,062 ± 48	4% ± 0.01%
2006	3,129 ± 10	488 ± 18	16% ± 1%	486,596	19,950 ± 49	4% ± 0.01%
2007	3,058 ± 10	476 ± 19	16% ± 1%	489,110	21,376 ± 52	4% ± 0.01%
2008	3,023 ± 10	483 ± 19	16% ± 1%	491,658	22,072 ± 53	4% ± 0.01%
2009	2,839 ± 9	448 ± 18	16% ± 1%	494,241	22,703 ± 56	5% ± 0.01%
2010	2,922 ± 9	473 ± 19	16% ± 1%	496,508	22,315 ± 53	4% ± 0.01%
2011	2,818 ± 9	454 ± 18	16% ± 1%	500,413	23,301 ± 54	5% ± 0.01%

Based on analysis of the Uniform Hospital Discharge Data Set maintained by the VT Department of Health and Monthly Service Record data maintained by the VT Department of Mental Health for calendar years 2003-2011. Includes adult (age 18 and older) Vermont residents with emergency room services in Vermont during 2003-2011 and adult Community Rehabilitation and Treatment (CRT) program clients served during the same years. Adult general population rates based on 2003-2011 Vermont Department of Health estimates. Because datasets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to measure caseload size and overlap (with 95% confidence intervals).

Potentially Avoidable Hospital Emergency Room Visits, as recommended by Onpoint Health Data in its June 2010 report: Vermont Emergency Department Visit Study DRAFT Proposal, includes non-admitted patients with emergency room diagnoses identified as non-urgent and/or treatable in primary care settings. These diagnoses include: headache; sore throat (strep); external and middle ear infections (acute or unspecified); upper respiratory infections (acute or unspecified); viral infection, unspecified; joint pain; muscle and soft tissue limb pain; lower and unspecified back pain; asthma, bronchitis (acute or unspecified), and cough; fatigue; conjunctivitis (acute or unspecified); dermatitis and rash; and anxiety (unspecified or generalized).