

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
103 South Main Street, Waterbury, Vermont 05671

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

FROM: John Pandiani and Walter Ochs

DATE: October 8, 2010

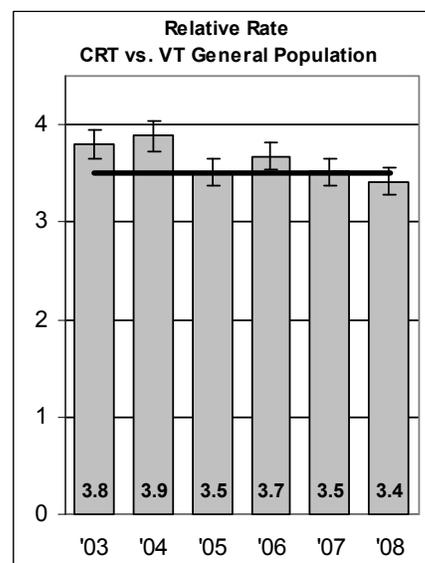
RE: CRT Clients with Potentially Avoidable Emergency Room Visits: 2003-2008

This week's report is the third in a series on 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 CY03-08, who had emergency visits to hospitals in Vermont and neighboring states 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 report, emergency visits are based on definitions provided by Onpoint Health Data.¹

This analysis used anonymous extracts from two data sets. 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 and neighboring states during the study period. Vermont's DMH Monthly Service Report database 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 data sets. "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 substantially more likely than other adult Vermont residents to have had potentially avoidable emergency department visits throughout the study period. CRT clients' relative rates, compared to the general population, however, decreased from 3.8 and 3.9 times the general population rates during 2003 and 2004 to 3.5 and 3.4 times the general population rates in 2007 and 2008.

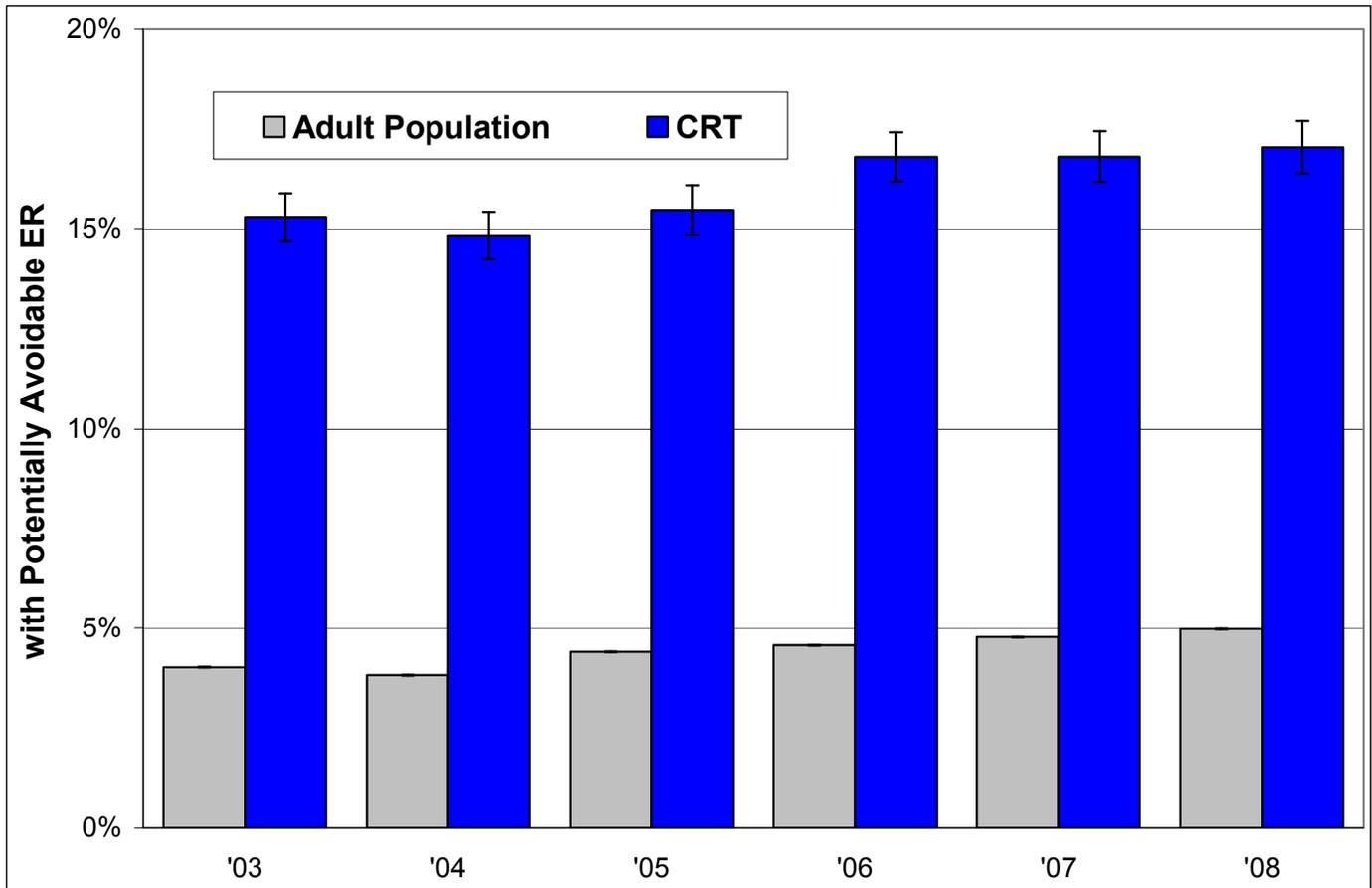
Both CRT clients and members of the adult general population had increases in potentially avoidable emergency utilization during this six year period. Both groups had higher utilization during the last three years than during the first three years: 17% vs. 15% for CRT and 5% vs. 4% for the general population.



We look forward to your questions, comments, interpretation of these findings, and requests for further analyses. As always, we can be reached at pip@ahs.state.vt.us or 802-241-4049.

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 - CY2008



| | CRT Clients | | | Adult General Population | | |
|-------------|--------------|--------------------------|---------------------------|--------------------------|--------------------------|---------------------------|
| | Total Served | Number with Avoidable ER | Percent with Avoidable ER | Total | Number with Avoidable ER | Percent with Avoidable ER |
| 2003 | 3,094 ± 10 | 473 ± 18 | 15% ± 1% | 476,511 | 19,146 ± 49 | 4% ± 0.01% |
| 2004 | 3,106 ± 10 | 461 ± 18 | 15% ± 1% | 484,956 | 18,523 ± 45 | 4% ± 0.01% |
| 2005 | 3,135 ± 10 | 485 ± 19 | 15% ± 1% | 489,567 | 21,581 ± 52 | 4% ± 0.01% |
| 2006 | 3,124 ± 10 | 524 ± 19 | 17% ± 1% | 490,745 | 22,420 ± 54 | 5% ± 0.01% |
| 2007 | 3,054 ± 10 | 513 ± 19 | 17% ± 1% | 489,901 | 23,406 ± 55 | 5% ± 0.01% |
| 2008 | 3,014 ± 9 | 513 ± 20 | 17% ± 1% | 492,340 | 24,513 ± 57 | 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 2003-2008. Includes adult (age 18 and older) Vermont residents with emergency room services in Vermont and neighboring states during 2003-2008 and adult Community Rehabilitation and Treatment (CRT) program clients served during the same years. Adult general population rates based on 2003-2008 Vermont Department of Health estimates. Because data sets 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).