Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Mental Health
108 Cherry Street, Burlington, Vermont 05401

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

FROM: John Pandiani and Brennan Martin

DATE: September 18, 2009

RE: Vermont Homeless with Emergency Room Healthcare

This week's brief report continues our series of reports on service utilization patterns for homeless Vermont residents.[1] This report compares rates at which Vermont's homeless and other residents visited a Vermont general hospital emergency room with a medical primary diagnosis during CY2007.

Anonymous extracts from two data sets were used in this analysis. An extract from the Vermont Uniform Hospital Discharge Data Set includes the date of birth and gender for all Vermont ER visits with a medical primary diagnosis[2] during CY2007. The second data set includes the date of birth and gender of all individuals represented in the Vermont Point in Time homeless surveys conducted in January 2007 and 2008. 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.

As you will see, 45% of homeless service recipients had an ER visit with a medical primary diagnosis during CY2007, significantly more than the 21% of Vermont's general population.

Homeless men and boys had a significantly higher medical ER visit rate than men and boys in the general population during CY2007 (45% compared to 21%). Homeless women and girls also had a significantly higher medical ER visit rate than women and girls in the general population during CY2007 (45% compared to 21%).

Homeless young adults (age 18-34) had a significantly higher medical ER visit rate than young adults in the general population during CY2007 (59% compared to 26%). Similarly, homeless children (age 0-18) had a significantly higher medical ER visit rate than children in the general population during CY2007 (36% compared to 19%). Homeless older adults (age 35+) did not have a significantly higher medical ER visit rate than older adults in the general population.

We look forward to your interpretation of these findings, questions, comments, and requests for further analyses. As always, we can be reached at pip@vdh.state.vt.us or 802-863-7249.

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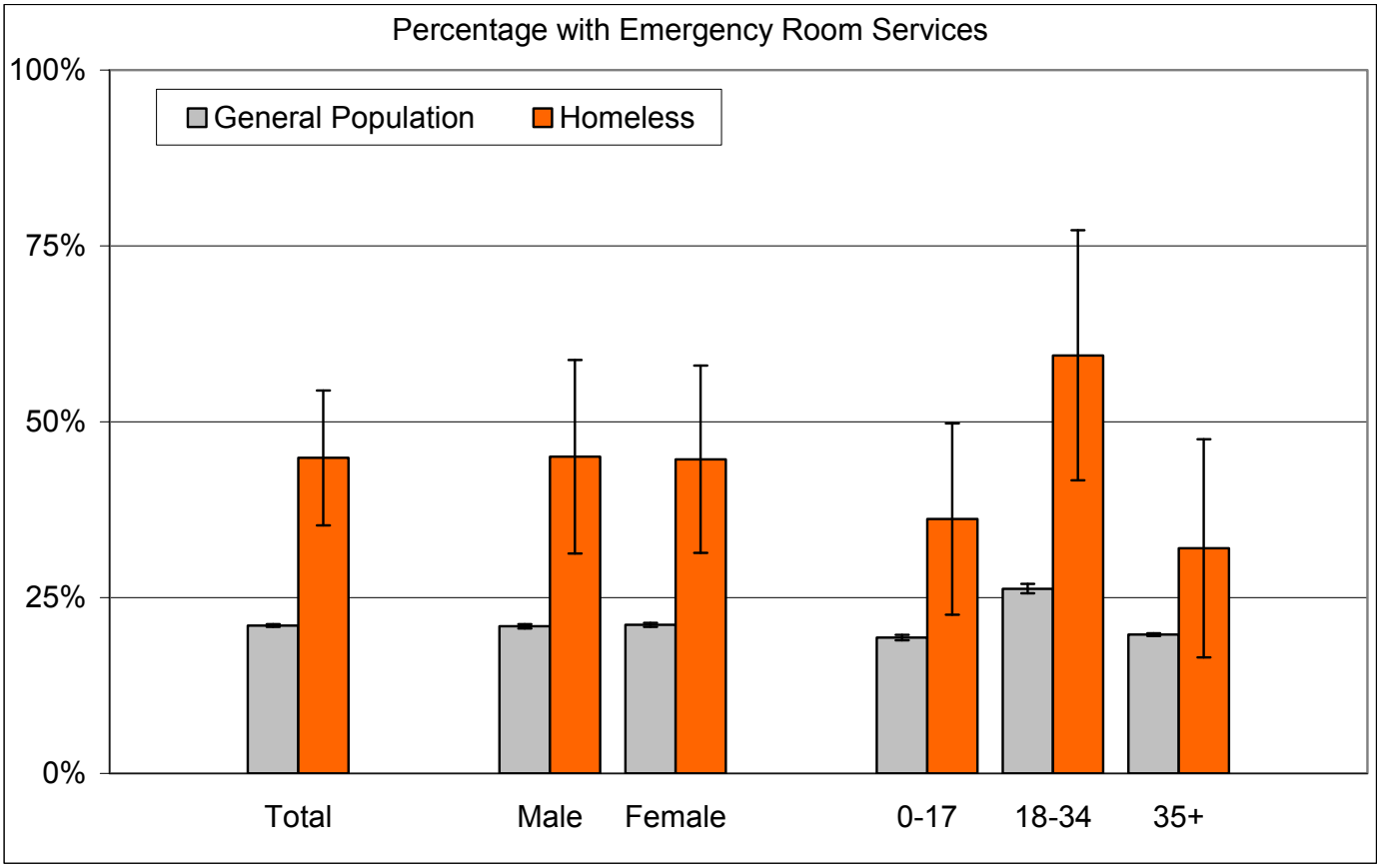
[1] http://mentalhealth.vermont.gov/sites/dmh/files/pip/DMH-PIP_June_26_2009.pdf
http://mentalhealth.vermont.gov/sites/dmh/files/pip/DMH-PIP_Aug_14_2009.pdf
http://mentalhealth.vermont.gov/sites/dmh/files/pip/DMH-PIP_Aug_28_2009.pdf

[2] For this report, medical primary diagnosis is defined as having a Clinical Classification Software (CCS) High Level Group other than mental disorders.

Emergency Room **Medical Service** Utilization in CY 2007

By Homeless Children and Adults, and Other Vermont Residents



	General Population			Homeless		
	Total	Served by ER		Total	Served by ER	
		#	%		#	%
Total	621,254	130,617 ± 1,273	21.0% ± 0.20%	3,198 ± 25	1,434 ± 306	44.9% ± 9.6%
Male	305,785	63,981 ± 885	20.9% ± 0.29%	1,662 ± 17	748 ± 228	45.0% ± 13.7%
Female	315,469	66,636 ± 915	21.1% ± 0.29%	1,536 ± 18	686 ± 204	44.7% ± 13.3%
Age						
0-17	131,353	25,361 ± 503	19.3% ± 0.38%	937 ± 13	339 ± 127	36.2% ± 13.6%
18-34	131,609	34,568 ± 890	26.3% ± 0.68%	1,356 ± 19	806 ± 241	59.4% ± 17.8%
35+	358,292	70,688 ± 758	19.7% ± 0.21%	905 ± 10	290 ± 140	32.0% ± 15.5%

This report is based on analysis of the Vermont Uniform Hospital Discharge Data Set maintained by the Vermont Department of Health, and data collected as part of the Vermont Point in Time homeless surveys conducted in January 2007 and 2008 by the Vermont State Housing Authority, the Vermont Coalition to End Homelessness, and the Chittenden Homeless Alliance. Medical primary diagnosis is defined as having a Clinical Classification Software (CCS) High Level Group other than mental disorders.

Because data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals).