



Washington State
Department of Social
& Health Services

Research & Data Analysis
Division



David Mancuso, Ph.D.
Daniel J. Nordlund, Ph.D.
Barbara Felver, MES, MPA

In conjunction with

Division of Alcohol &
Substance Abuse

Kenneth D. Stark, Director
Antoinette Krupski, Ph.D.

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Reducing Emergency Room Visits Through Chemical Dependency Treatment: Focus on Frequent Emergency Room Visitors

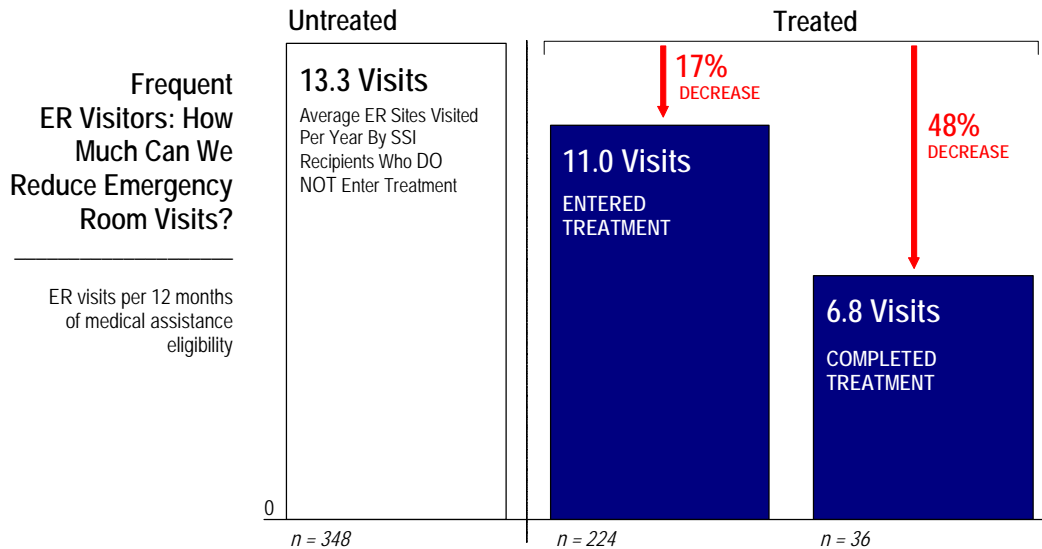
WASHINGTON STATE SUPPLEMENTAL SECURITY INCOME RECIPIENTS

In a previous study we found a significant reduction in ER costs and ER visits when chemical dependency treatment is provided to Supplemental Security Income (SSI) clients who need it.¹ ER visits are reduced by about 20 percent for SSI clients who receive chemical dependency treatment, compared to SSI clients who need chemical dependency treatment but do not receive it.

In this study we examine whether chemical dependency treatment reduces ER visits for SSI clients who have been **frequent visitors to the ER**, compared to frequent ER visitors who need chemical dependency treatment but do not receive it. We distinguish between SSI clients who enter but do not complete chemical dependency treatment and those who complete chemical dependency treatment, to determine whether completing treatment has additional beneficial effects.

We find that completing treatment does have additional benefits:

- The number of ER visits per year of medical assistance eligibility is reduced by **17 percent** for SSI clients who were frequent ER visitors who enter but do not complete chemical dependency treatment.
- ER visits are reduced further – by **48 percent** per year – for SSI clients who were frequent ER visitors who complete chemical dependency treatment.



¹ Mancuso, David, Ph.D., Nordlund, Daniel J., Ph.D., Felver, Barbara E.M. (2004). *Chemical Dependency Treatment Reduces Emergency Room Costs and Visits*. Washington State DSHS, Research and Data Analysis Division, Olympia, WA. July 2004.

TECHNICAL NOTES

This paper examines the effects of chemical dependency treatment on the number of ER visits by Supplemental Security Income (SSI) clients who have been frequent ER visitors. The study population included clients who received SSI benefits at some time between July 1997 and December 2001; were identified as needing chemical dependency treatment based on administrative records; and averaged at least 12 ER visits per year of medical assistance eligibility in the "pre-period" prior to the identification of their need for chemical dependency treatment. The SSI program provides cash and medical assistance to persons with little or no income who are unable to work due primarily to disability.

Results for the broader population of SSI clients, with additional findings on the effect of chemical dependency treatment on ER costs, number of ER providers visited, and types of ER visits, are available from the authors. Results of the original study² examining the effect of chemical dependency treatment on overall Medicaid medical, mental health, and nursing home costs, along with separate analyses of the effects of treatment for stimulant drug abuse³ and those who participated in methadone treatment,⁴ are also available from the authors.

The need for chemical dependency treatment was identified through events recorded in administrative records. Information used to identify a need for chemical dependency treatment included medical diagnoses or procedures; detoxification, assessment, or chemical dependency treatment encounters; and arrests for drug or alcohol-related offenses.

Clients were included in the analysis if they had at least one month of medical assistance eligibility both before and after the "index event" indicating a need for chemical dependency treatment. Average monthly ER visits following the identification of need for chemical dependency treatment were compared between SSI clients receiving chemical dependency treatment and SSI clients needing chemical dependency treatment who remained untreated. The effect of chemical dependency treatment on ER visits in the follow-up period was estimated using a difference-in-differences regression model to control for the effects of factors such as age, gender, race/ethnicity, and differences among clients in the baseline propensity to visit the ER. The effect of chemical dependency treatment on ER visits is presented in comparison to the average ER visits per year of medical assistance eligibility for untreated clients in the follow-up period.

A conservative definition of treatment completion was used in this study. If clients participated in a continuum of care, successive admissions and discharges were linked to construct treatment "episodes." For example, if a client participated in residential treatment and subsequently participated in outpatient treatment, the two admissions were linked to form a single treatment episode as long as the client entered outpatient treatment within 30 days of being discharged from residential care. For this study, a client needed to complete the last discharge in the episode in order for the episode to be considered as complete.

² Estee, S. and Nordlund, D., 2003. *Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project: 2002 Progress Report*. Washington State Department of Social and Health Services, Research and Data Analysis Division, Olympia, WA. February 2003.

³ Nordlund, D., Estee, S. and Yamashiro, G., 2003. *Treatment of Stimulant Addiction Including Addiction to Methamphetamine Results in Lower Health Care Costs and Reduced Arrests and Convictions: Washington State Supplemental Security Income Recipients*. Washington State Department of Social and Health Services, Research and Data Analysis Division, Olympia, WA. December 2003.

⁴ Nordlund, D., Estee, S., Mancuso, D. and Felver, B. 2004. *Methadone Treatment for Opiate Addiction Lowers Health Care Costs and Reduces Arrests and Convictions: Washington State Supplemental Security Income Recipients*. Washington State Department of Social and Health Services, Research and Data Analysis Division, Olympia, WA. July 2004.

Additional copies of this fact sheet may be obtained from the following websites:

<http://www1.dshs.wa.gov/RDA/> or <http://www1.dshs.wa.gov/dasa/>

or through the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or 206-725-9696 (within Seattle or outside Washington State), by e-mailing clearinghouse@adh.org, or by writing to 6535 Fifth Place South, Seattle, Washington 98108-0243.

