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SAMHSA
 Substance Abuse and Mental Health Services Administration
 U.S. Department of Health and Human Services




A Peek Under The Covers: What Special Studies Tell Us About Trends in Substance Abuse Treatment Spending

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Objectives



- Present new estimates for SA treatment in general hospitals - 2005
- Discuss trends in general hospital inpatient SA care based on the spending estimates
- Assess use of detoxification in general hospitals and after discharge



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Background

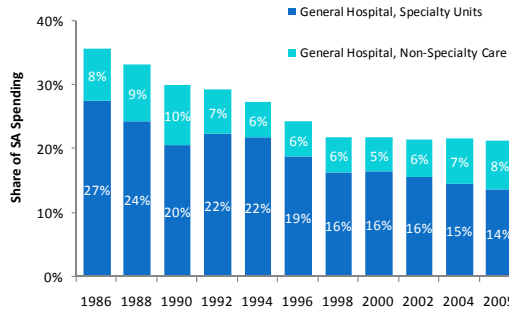


- Over 22 million people in U.S. with SUD
 - 443,000 discharges with principal SUD from general hospitals in 2007
- Often first diagnosed during hospital visits for intoxication or other medical complications related to SUD
- American Society of Addiction Medicine (ASAM) criteria now widely used for hospital placement
 - High risk of severe withdrawal
 - Requires 24 hour medical monitoring
 - Requires 24-hour psychiatric care (in addition to addiction treatment)

SA Treatment Spending - Hospitals



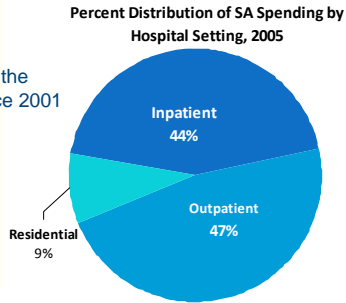
General Hospital Spending for SUD is a Shrinking Share of SA Treatment Spending



Inpatient Share of SA Treatment in General Hospitals 44% in 2005



- This has remained the same since 2001



Source: Mark TL, and the SAMHSA Spending Estimates Team (2010) National Estimates for Mental Health Services and Substance Abuse Treatment through 2005. In preparation.

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A Closer Look at Inpatient Treatment for SUD in General Hospitals



- AHRQ Healthcare Cost and Utilization Project State Inpatient Databases (HCUP SID), 2003, 12 states
 - Principal SUD diagnoses
 - Compared
 - SUD discharges from community hospital psychiatric or detoxification units
 - SUD discharges from Medical/surgical beds (scatter beds)
- UB92 codes for psychiatric unit and detoxification room and board charges



Mark TL, Vandivort-Warren R, Stocks C, et al. (2009) Submitted.

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175,789 discharges across 12 states



- Kentucky
- Maine
- Massachusetts
- Nebraska
- Nevada
- New York
- North Carolina
- Pennsylvania
- Tennessee
- Texas
- Washington
- West Virginia

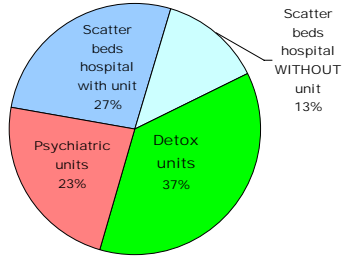


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Most Inpatient SA Services Occurred in Scatter Beds and Detoxification Units



Hospital Inpatient Treatment for SUD, 12 States, 2003



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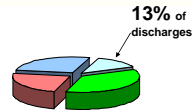
Source: Mark TL, Vandivort-Warren R, Stocks C, et al. (2009) Submitted.

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Scatter Bed Patients - Hospitals WITHOUT Units



- Older
- More likely admitted from ED
- More likely diagnosed with alcohol or drug psychosis
- Less likely diagnosed with alcohol or drug dependence
- Secondary medical diagnoses likely
- More likely to die



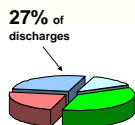
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Scatter Bed Patients – Hospitals with Units



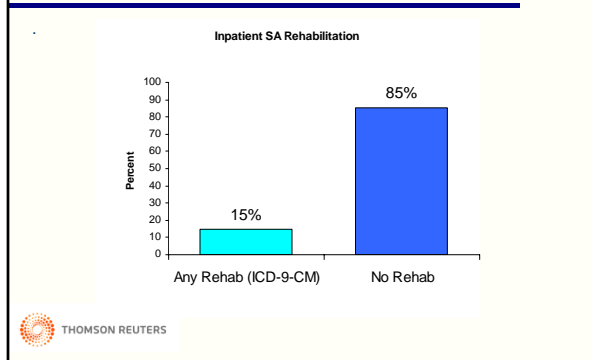
- More likely to have a procedure (includes rehabilitation)
- Less likely admitted from ED
- Higher charges
- Longer stays



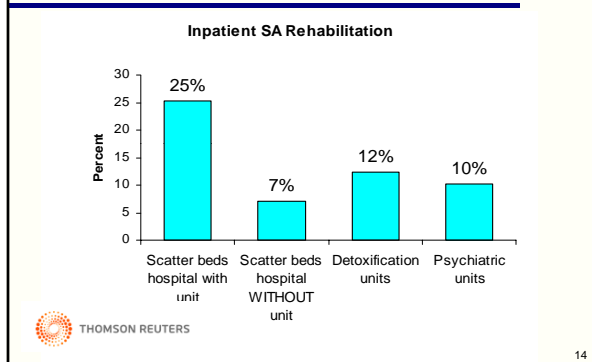
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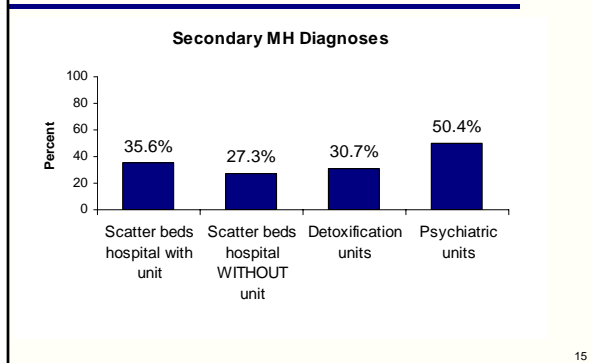
Only 15% of SUD Discharges had Inpatient SA Rehabilitation



More Discharges from Scatter Beds in Hospitals with Units Received Rehabilitation



More SUD Discharges from Psychiatric Units had Secondary MH Diagnoses



Patient Characteristics Differ Depending on Type of Unit



- Scatter beds
 - Older patients
 - Higher charges, longer stays
 - Higher proportion of
 - Secondary medical diagnoses
 - Medicare
- Psychiatric units
 - Higher proportion of
 - Female patients
 - Self-pay patients
 - Court/law enforcement
 - ED admissions
 - Patients <18 yrs
- Detoxification units
 - Higher proportion of
 - Medicaid
 - Secondary SUD diagnosis

Study Implications – Inpatient SA Treatment



- Wide variation across states in rate of SUD discharges and setting of SA inpatient hospital treatment
- Level of interdisciplinary care in scatter beds is unclear

Trends in Detoxification Services



Background

- Addiction treatment may start with detoxification for some individuals
 - Therapeutically supervised withdrawal over short period, sometimes involving pharmaceuticals
- Detoxification alone seldom results in long term abstinence or recovery

Data Sources



- HCUP Nationwide Inpatient Sample (NIS), 1992 and 1997
 - Received inpatient detoxification
 - ICD-9-CM codes for inpatient SA or MH treatment after detoxification
- Thomson Reuters MarketScan® claims databases, 1997-1999
 - Inpatient detoxification (ICD-9-CM)
 - Outpatient MH/SA treatment following inpatient detoxification (CPT-4)
- SAMHSA Integrated Database, 1996 - 1998
 - Client information from state Medicaid, MH, and SA agencies

Mark TL et al. (2003) *J Subst Abuse Treat* 24:299-304; Mark TL, et al. (2002) *J Subst Abuse Treat* 23:253-260; Mark TL, et al. (2006) *J Subst Abuse Treat* 31:439-445

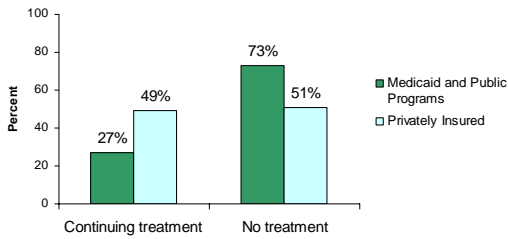


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Most Patients Did Not Receive Continuing SA Treatment after Discharge



Receipt of Rehabilitation after Detoxification Discharge



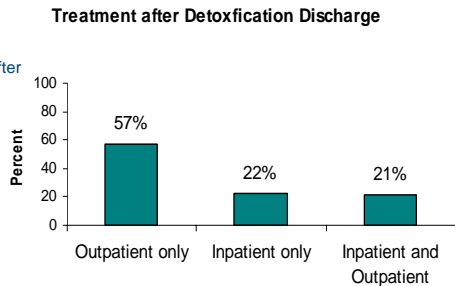
Mark TL et al. (2003) *J Subst Abuse Treat* 24:299-304; Mark TL, et al. (2006) *J Subst Abuse Treat* 31:439-445

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Most Continuing Treatment after Discharge was Outpatient



- Average of 3.5 visits after discharge



Mark TL et al. (2003). *J Subst Abuse Treat* 24:299-304

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Trends in Inpatient Detoxification Services



Implications

- Most people do not receive rehabilitation services after a detoxification discharge
 - Lost opportunity to facilitate client therapeutic partnership for change
- Untreated SUD could result in increased severity



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SA Treatment in General Hospitals



Conclusions

- Inpatient hospital treatment is an important but shrinking component of SA treatment
- Inpatient hospital treatment is mostly for detoxification
- Few SA patients receive rehabilitation services while inpatients or following detoxification discharge
- Strong linkages and coordination are needed between SA detoxification and continuing treatment



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