



Medical Costs Declined and Odds of Entering Alcohol or Drug Treatment Increased

Among Medicaid Patients who Received Brief Interventions for Substance Use Disorders in Hospital Emergency Departments

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Project Description

Setting and Staff

- **Screenings and Brief Interventions:** 9 hospital Emergency Departments
- **Brief Treatment:** 8 chemical dependency treatment agencies or hospital behavioral health sections
- **Staff:** 37 Chemical Dependency Professionals



MEDICAID COSTS | Why focus on Medicaid working age disabled clients?

- **High prevalence of substance use disorders**
- **Medical costs are often high for those with substance use disorders**
- **Getting treatment for substance use disorders has been found to be associated with reductions in medical costs**
- **Medical coverage is fee-for-service – savings accrue to the state, not managed care**

MEASURES | Client Data Required

- **Medicaid eligibility by month**
- **Medicaid expenditures by type of expense**
- **Indicators of need for alcohol or drug treatment**
 - Diagnoses of alcohol or drug dependence
 - Procedures including detoxification
 - Arrests for alcohol or drug related offenses
 - Prior alcohol or drug treatment
- **Medical diagnoses and medical risk scores**
- **Demographic characteristics**
- **Link data from multiple information systems**

ANALYSES | **Statistical Methods**

Propensity score

- **Estimated the likelihood that Medicaid patients in the comparison group would have received a brief intervention**

Difference-in-differences

- **Compare change in costs for clients who receive an intervention relative to change in costs for a comparison group**

Regression modeling

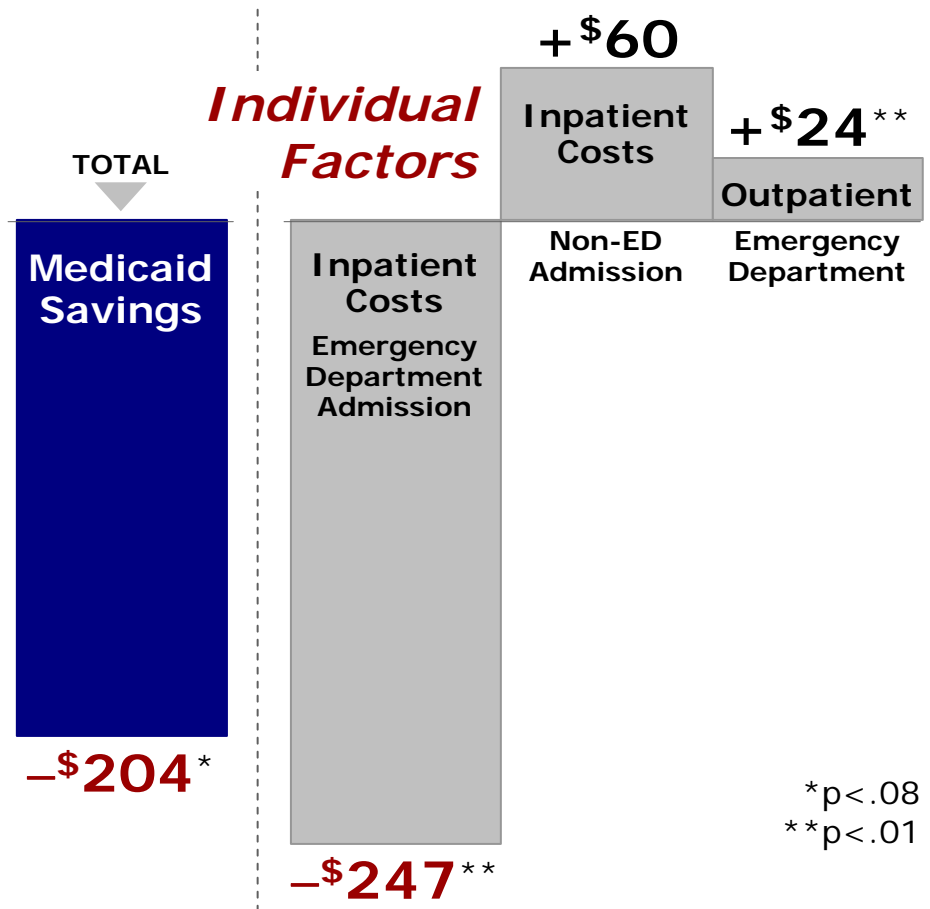
- **Use propensity scores as covariates to predict changes in medical costs for Medicaid patients (in dollars per member per month)**

Medicaid costs were **\$204 lower** for those who received at least a brief intervention

Per member per month

- Costs of inpatient stays from ED admissions were much lower
- Costs of other inpatient stays appeared higher but the change was not statistically significant
- Outpatient ED costs were slightly higher

Medicaid Cost Reductions



*p<.08
**p<.01

Medicaid patients who got a brief intervention were more likely to enter alcohol or drug (AOD) treatment in the next year than those who did not get a BI

- Increased chance of entering AOD treatment: **+2.34**
- BI enhanced odds of re-entering treatment for those who had some AOD treatment in the prior year: **+1.44**
- Greatest increase in odds of entering treatment was for those without recent AOD treatment: **+2.98**

