

### *Living with Disability in the Granite State*

VOL. 1 ISSUE 2

THE CHANGING DYNAMICS OF HOSPITAL CARE FOR MENTAL ILLNESS & SUBSTANCE USE IN  
NEW HAMPSHIRE — IMPLICATIONS FOR SUPPORTING CONTINUUMS OF CARE

Highlights from brief number two of a series documenting the prospects and challenges for residents to realize their full potential in the Granite State.



INSTITUTE ON DISABILITY / UCED  
A University Center for Excellence on Disability

The Institute on Disability at the University of New Hampshire was established in 1987 to provide a coherent university-based focus to improve knowledge, policies, and practices related to the lives of persons with disabilities and their families and to promote the inclusion of people with disabilities into their schools and communities.

#### Questions/Comments:

Please Contact:

Peter Antal, Ph.D.  
Melissa Mandrell, MSS, MLSP  
Institute on Disability/UCED  
Tel/TDD: 603.228.2084  
Fax: 603.228.3270  
peter.antal@unh.edu

[www.iod.unh.edu](http://www.iod.unh.edu)

## Key Findings: What You Need to Know

- 1. Demand for emergency department and related ambulatory care among persons with mental illness or substance use conditions is rapidly rising.**
  - Between 1997-2006, the rate of ambulatory care admissions has increased substantially, particularly among 15-29 and 30-49 year olds. For example, among 15-29 year olds, mental illness hospitalizations increased 55% (from 90 to 140 per 10,000 people). While the rate of increase among patients over age 65 was lower, the prevalence rate should still be a concern as the number of elders is expected to double by 2020. *Action Needed: An accurate assessment of all levels of New Hampshire's mental health system must be undertaken to determine whether or not it can meet the growing demand for mental health and substance use treatment.*
- 2. Private insurance is less likely to cover the charges of individuals with mental illness or substance use conditions, particularly among those who are repeatedly hospitalized.**
  - Though still the primary payor for care related to most patients with mental illness or substance use conditions, private insurance coverage for hospitalizations has not increased substantially over the last five years. For patients who are repeatedly hospitalized, private insurance is no longer the majority payor source. Among repeat patients with a primary diagnosis of substance use, only 21% were covered by private insurance and 37% were self pay. *Action Needed: A cost-shifting assessment needs to be conducted to determine the amount of charges incurred among self payors and the amount that is shifted over to the private or public payor insurance market due to patient's inability to pay. This amount should be compared to the costs for providing an effective treatment system and the benefits derived from the prevention of repeat hospitalizations.*
- 3. There are no inpatient (acute care) medical facilities with dedicated resources for the integrated treatment of mental illness or substance use conditions in key areas of NH.**
  - Although many towns in the north country as well as central and eastern portions of the state rank in the top 20% of towns with the highest rates of hospitalizations for mental illness or substance use, no acute care medical facilities provide resources dedicated to mental illness or substance use treatment. *Action Needed: Increased hospitalization rates represent just one component of the care continuum for mental health care and substance use.*

*Where the hospitalization rate of people at the town level is particularly high, a resource assessment should be carried out; not only in terms of geographic distance to hospitals with dedicated services for mental illness or substance use but also the availability of alternative sources of care at the community level.*

4. ***The co-occurrence of mental illness and substance use conditions among repeat patients with either condition exceeds 75%, accounting for a disproportionate share of charges.***
  - ▶ Among patients who are frequently hospitalized (at least 10 times over 10 years) with a primary condition of mental illness, 75% had a co-occurring diagnosis of substance use identified as a contributing condition in one out of four of their visits. Total per patient charges for these high-end users over 10 years exceeded \$138,000, with a total charge of \$320 million for 2,310 people. A similar pattern is found when reviewing data on patients presenting with a primary diagnosis of substance use and secondary conditions related to mental illness. This group of 856 people incurred total charges of \$51 million over 10 years. *Action Needed: There needs to be more effective outreach to individuals with repeat hospitalizations for mental illness and substance use. This effort should document the barriers to care and develop effective integrated, evidence-based treatment plans in partnership with the individuals involved. Failure to do so will have a range of long-term costs to New Hampshire, both financial and social.*
  
5. ***Individuals with mental illness or substance use conditions experience a wide variety of additional physical conditions which impact their overall health and should impact their treatment plans.***
  - ▶ More than 80% of the patients with either mental illness or substance use conditions had a range of secondary conditions related to mental health disorders, indicating a complexity to mental health care that moves beyond simple descriptors of people as “depressed” or “bipolar”. Equally important, each group presented a range of secondary conditions representative of a broad array of physical health concerns, including diseases of major body systems (e.g. circulatory, respiratory, digestive). *Action Needed: Health care providers should review their treatment practices to ensure that treatment plans incorporate both the physical and mental health needs of their patients. Clear systems of referral should be established across systems and models of co-located and integrated treatment must be explored.*
  
6. ***The hospital system of care for patients with mental illness or substance use conditions shows signs of improving.***
  - ▶ Compared to ten years ago, physicians are more likely to identify mental illness or substance use as a contributing condition to ambulatory care visits. As a result, they are more accurately assessing all of the conditions affecting a person’s health. *Action Needed: Efforts to train physicians in identifying mental illness or substance use issues should continue to be supported to ensure that the gains that have been made are not lost.*
  - ▶ Individuals with mental illness or substance use conditions who sought care within ambulatory care settings were more likely than all patients to be discharged to sources other than self-care. Referrals to community services may be a sign that the continuum of care is working when emergencies arise. However, findings drawn from the review of inpatient records indicated that patients with these conditions were five to nine times more likely to be discharged against the medical advice of the attending physician than all patients and were less likely to be discharged to intermediate levels of care. *Action Needed: Further research needs to be conducted to determine the availability of intermediate levels of care for individuals with mental illness or substance use conditions. Where these resources are not available at the community level, action needs to be taken to ensure that physicians can refer individuals to appropriate treatment resources.*

Key Findings are drawn from a review of 1997-2006 New Hampshire ambulatory, inpatient, and specialty hospital records involving patients presenting either mental illness or substance use conditions. The study is the result of a collaborative project called Access New Hampshire – a joint effort led by the UNH Institute on Disability, UCED, and area organizations and individuals concerned about the ability of individuals with disabilities living in the Granite State to access the resources they need to live independently and as fully-participating members of their communities.

For more information, please visit our website: [www.iod.unh.edu](http://www.iod.unh.edu) to download the policy brief or research report.

Support for this study was provided by:



INSTITUTE ON DISABILITY / UCED  
A University Center for Excellence on Disability