



WICHITA STATE
UNIVERSITY

*DIVISION OF DIVERSITY AND
COMMUNITY ENGAGEMENT*

*Public Policy and
Management Center*

Using Data to Uncover the Costs of Mental Health High Utilizers in Sedgwick County

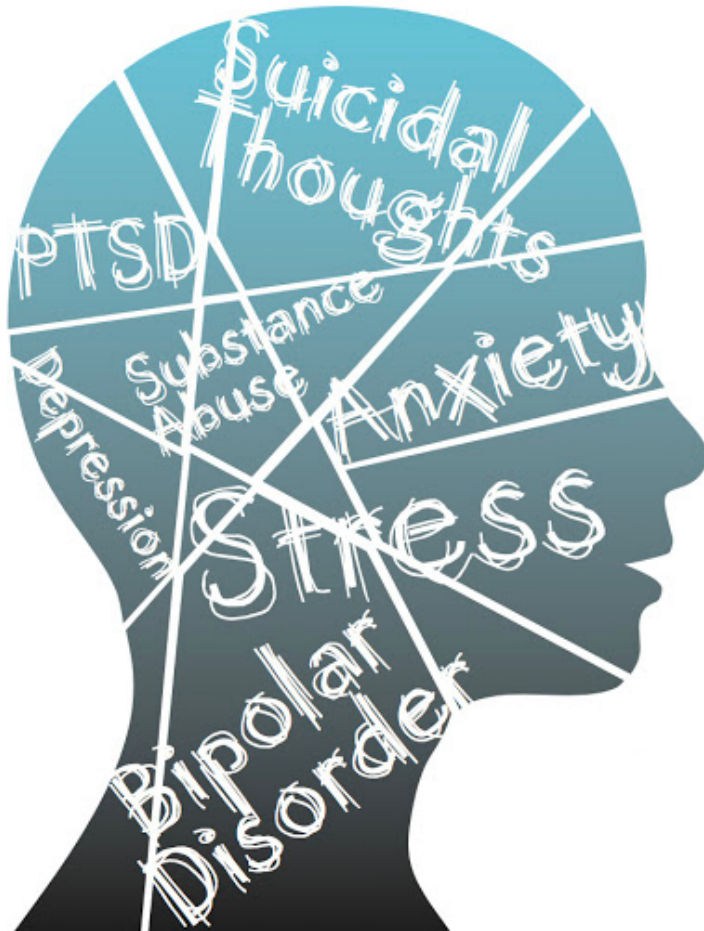
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A National Health Issue



- 46.4 million adults (19%) of adults suffer from mental illness
- 11.2 million adults (4.5%) have a serious mental illness
- 8.5 (3.4%) million have co-occurring mental illness and substance use disorder.
- Mental health and substance use in top ten principal diagnoses for high utilizers.

A Kansas Health Issue

- 76,000 Kansas adults (3.7%) have a serious mental illness
- 48.5% receive treatment
- 60.5% are unemployed
- 8.1% heavy alcohol use compared to the national level of 6.8%



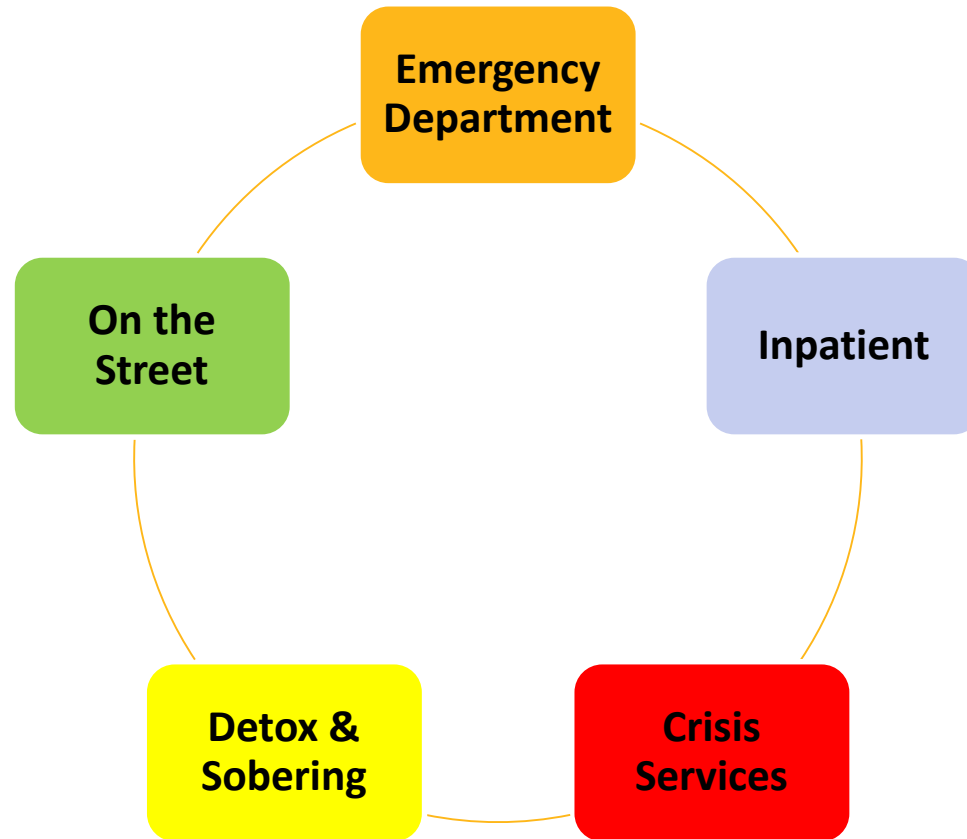
A Sedgwick County Health Issue

- 17.9% of adults report diagnosis of depressive disorder
- 11.4% adults report anxiety disorder
- Sheriff's office reports 25% of inmate population has some form of mental illness & 73% have chemical dependency.
- Osawatomie State Hospital moratorium beginning in 2015

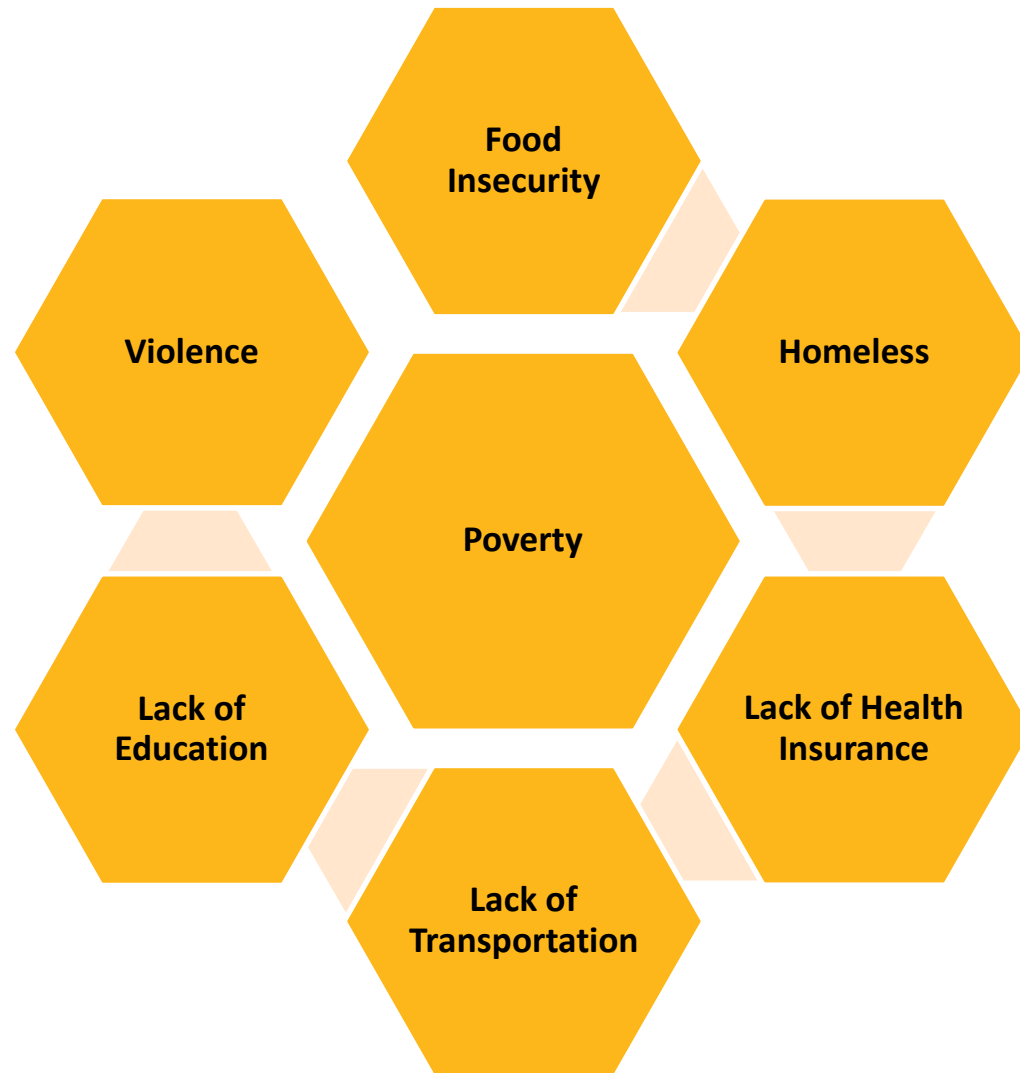
Source: Sedgwick County Health Department, Sedgwick County Sheriff



High Utilizer Cycle



Social Determinates Increase Poor Health



Methodology

- Three agencies:
 - Ascension Via Christi (AVC)
 - COMCARE
 - Substance Abuse Center of Kansas (SACK)
- 2015 to 2018
- 516 patients included in the study



High Utilizer Defined

- Top 200 most expensive patients for each agency with:
 - Two or more hospitalizations in calendar year with BH diagnosis, or
 - 10 or more ED encounters in four years with BH diagnosis



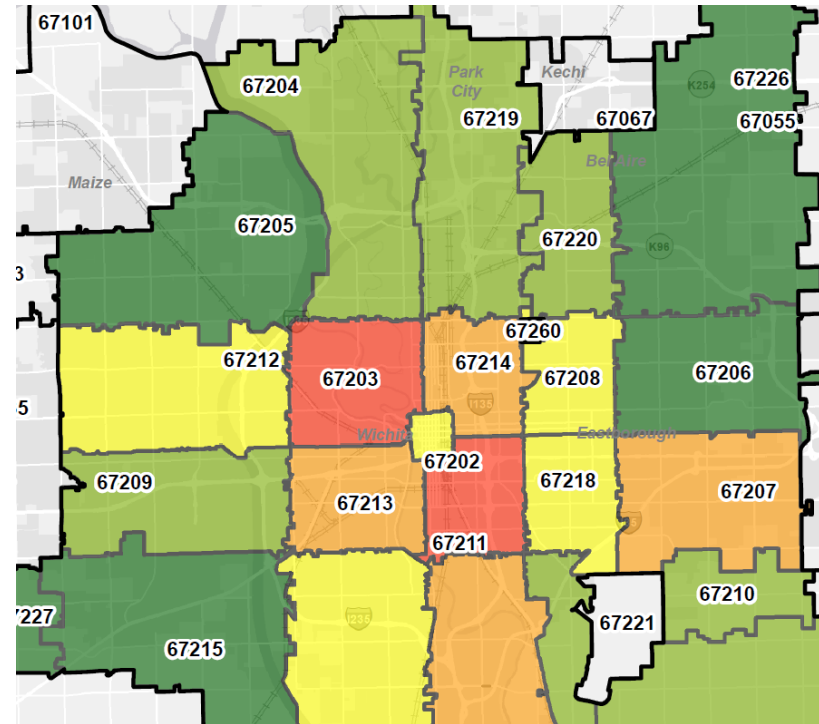
Study Goals

- Identify Demographic Characteristics of Highest Utilizer Patients
- Patterns of Services
- Costs of Services
- Profiles of High-Utilizer Patients



Who are high utilizers?

- White males
- 25-54
- Reside downtown



Diagnosis

Table 1.1: Mental Health Diagnosis Summary

Diagnosis	AVC	COMCARE	SACK*
Psychoactive substance use disorder	27.0%	0.00%	36.1%**
Schizophrenia	28.6%	47.3%	13.1%
Mood Disorders	35.7%	43.7%	41.8%
Anxiety Disorders	4.1%	6.5%	7.4%
Adult Personality Disorders	0.5%	2.5%	1.6%
Other	4.1%	0.0%	0.0%

* 100% of SACK clients have substance use disorder. Data is for secondary, self-reported mental health diagnoses.

** Multiple substances reported

Patterns of Services

- 25% (127) were patients in two or more agencies
 - 85% of this group were patients of two agencies
 - 15% of this group were patients of three agencies

Costs of Services

Table 5.1:

Costs of High Utilizer Services*

Year	AVC	COMCARE	SACK	TOTAL
2015	\$10,688,124	\$1,342,658	\$38,774	\$12,069,556
2016	\$12,469,614	\$2,403,376	\$99,866	\$14,972,856
2017	\$12,341,847	\$1,794,067	\$118,710	\$14,254,624
2018	\$11,362,043	\$3,201,895	\$61,752**	\$14,625,690
TOTAL	\$46,861,628	\$8,741,996	\$319,102	\$55,922,726

*AVC: includes all charges incurred. COMCARE: billed charges per payment agreements. Due to sliding scales, charges are less than cost for actual care given. SACK: charges are based on the Federal Block Grant approved rate.

** In 2018, some SACK high utilizers were not included in the study sample due to incarceration.

Median Costs per Patient

Table 5.2: Median Costs per High Utilizer Patient

Year	AVC	COMCARE	SACK
2015	\$57,895	\$15,801	\$756
2016	\$68,315	\$16,936	\$1,136
2017	\$61,776	\$12,725	\$1,133
2018	\$72,426	\$20,328	\$1,008

Payors

Table 6.1: Payors for High Utilizer Patients

Insurance/Payor	AVC	COMCARE	SACK
Commercial	17.9%	10.6%	0.0%
Medicaid	23.5%	35.2%	0.0%
Medicare	28.1%	33.2%	0.0%
Uncompensated care*	27.0%	19.6%	0.0%
Military	1.0%	0.0%	0.0%
Self-Pay	2.0%	0.0%	0.0%
Federal Block Grant	0.0%	1.5%	100.0%
Other	0.5%	0.0%	0.0%

*Uncompensated care is a very conservative estimate.

Public Assistance and Uncompensated Care

Table 6.2: Public Assistance and Uncompensated Care for High Utilizer Patients

Year*	AVC	COMCARE	SAC	TOTAL
2015	\$3,447,339	\$642,775	\$38,774	\$4,128,888
2016	\$2,725,983	\$1,189,317	\$99,866	\$4,015,166
2017	\$3,553,473	\$863,748	\$118,710	\$4,535,931
2018	\$3,072,560	\$1,113,685	\$61,752	\$4,247,997
Total	\$12,799,355	\$3,809,525	\$319,103	\$16,927,983

* includes Medicaid, Federal Block Grants and uncompensated care.

Recommendations

- New Models
- Support Collaboration
- Uniform Indicators
- Foster Coordination
 - Share data
 - Support reform of HIPPA
 - Encourage sharing of care plans
- Reform Payment Processes
- Identify and Support Diversity
- Support Recommendations of this Coalition and MH Task Force

Conclusion

- \$56 million in care for 516 patients over four years
- \$17 million (30%) public assistance or uncompensated care
- High Utilizer patients still not fully engaged in effective treatment
- Despite significant investment – insufficient outcomes for high utilizer patients