

# ***Community Benefit and Substance Misuse Prevention***



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***National Prevention Network  
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**Jane Sanville, MPH  
Senior Policy Analyst  
Office of National Drug Control Policy**

# Overview

- What is Community Benefit and its Connection to Prevention
- Data Trends
- The Hospital Perspective
- Resources

# What is Community Benefit?

- Non-profit hospitals, in order to maintain their tax-exempt status under section 501(c)(3) of the tax code are required to provide a benefit to the health of the community they serve<sup>1</sup>
- Overseen by IRS
- Public-private partnership involving no state or Federal funds.
- Estimated value nationwide \$62.4 billion<sup>2</sup>

<sup>1</sup> Department of the Treasury, Internal Revenue Service. 2015 Instructions for Schedule H (Form 990). <https://www.irs.gov/pub/irs-pdf/i990sh.pdf>

<sup>2</sup> Report to Congress on Private Tax-Exempt, Taxable, and Government-Owned Hospitals. Internal Revenue Service, Department of the Treasury. January 2015. ([https://www.vha.com/AboutVHA/PublicPolicy/CommunityBenefit/Documents/Report\\_to\\_Congress\\_on\\_Hospitals\\_Jan\\_2015.pdf](https://www.vha.com/AboutVHA/PublicPolicy/CommunityBenefit/Documents/Report_to_Congress_on_Hospitals_Jan_2015.pdf))

# What Are Non-Profit Hospitals Required to Do?

- Amendment from Sen. Grassley established new requirements for non-profit hospitals <sup>1</sup>:
  - Community health needs assessment (CHNA)
  - Conduct the CHNA at least once every three years and make it widely available to the public
  - Adopt an Implementation Strategy to meet the needs identified in the CHNA.

<sup>1</sup> Department of the Treasury, Internal Revenue Service. 2015 Instructions for Schedule H (Form 990). <https://www.irs.gov/pub/irs-pdf/i990sh.pdf>

# Substance Use Disorders and CHNA

- Substance Use Disorders are frequently cited as a top priority for communities
  - 40% of CHA members identified SUDs as a top priority (2016)<sup>1</sup>
  - 61% of AAMC member hospitals prioritized SUDs as health need in their CHNAs (2014)<sup>2</sup>
  - Approximately 70% of hospitals identified substance use as an issue on their CHNAs. <sup>3</sup>

<sup>1</sup> Private Correspondence

<sup>2</sup> American Association of Medical Colleges. Analysis in Brief: Community Health Needs Assessments: Engaging Community Partners to Improve Health. Vol. 14, Number 11, December 2014.

<sup>3</sup> AHA Survey, January 2017

# Impact on Prevention

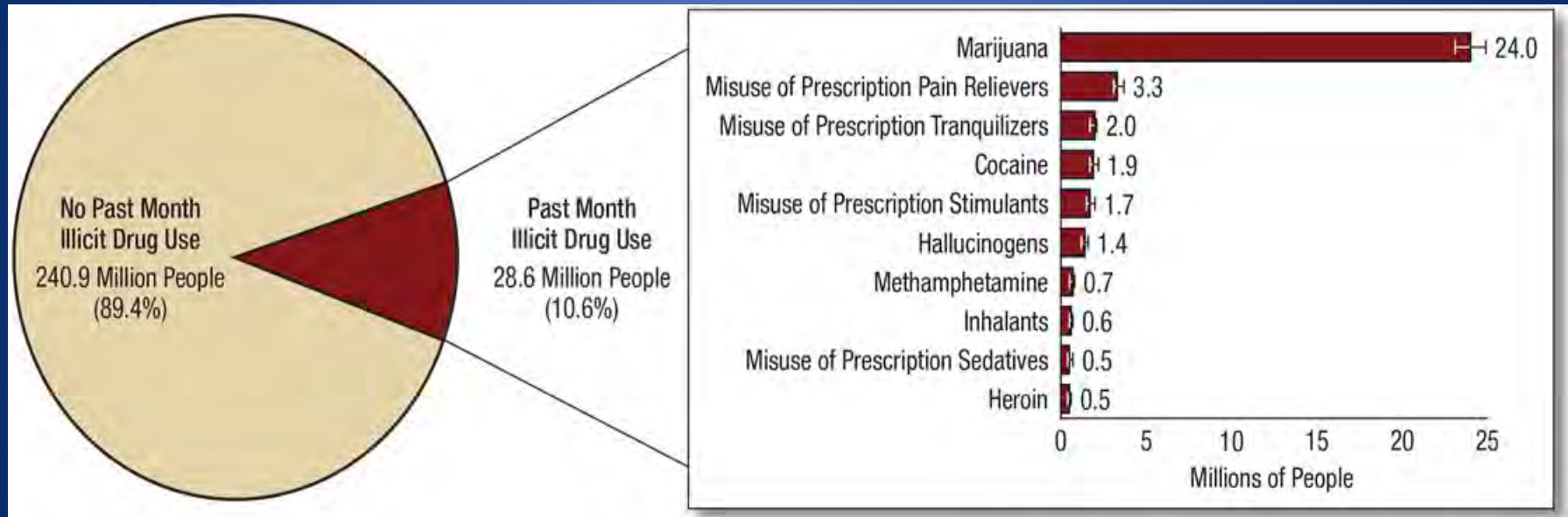
- Community Benefit Can Support Coalition Work and Local Substance Use Prevention<sup>1</sup>.
- Resources can include support for:
  - Coalition building
  - Direct funding to organizations
  - In-kind donations

<sup>1</sup> Department of the Treasury, Internal Revenue Service. 2015 Instructions for Schedule H (Form 990). <https://www.irs.gov/pub/irs-pdf/i990sh.pdf>

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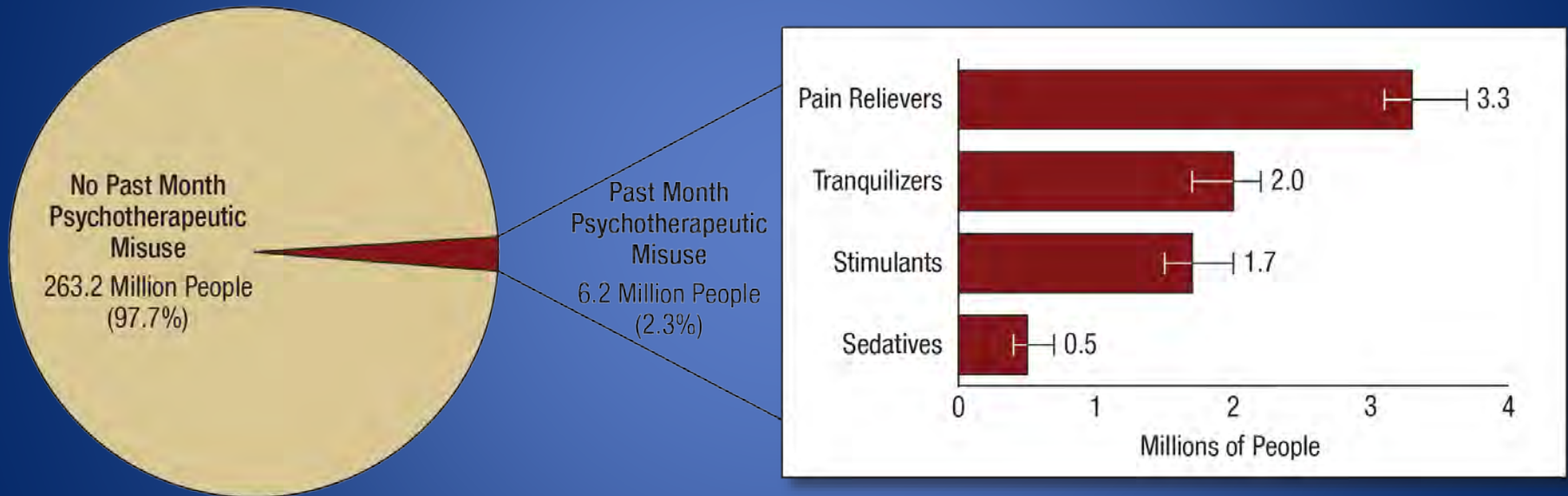
# Past Month Illicit Drug Users among People Aged 12 or Older: 2016



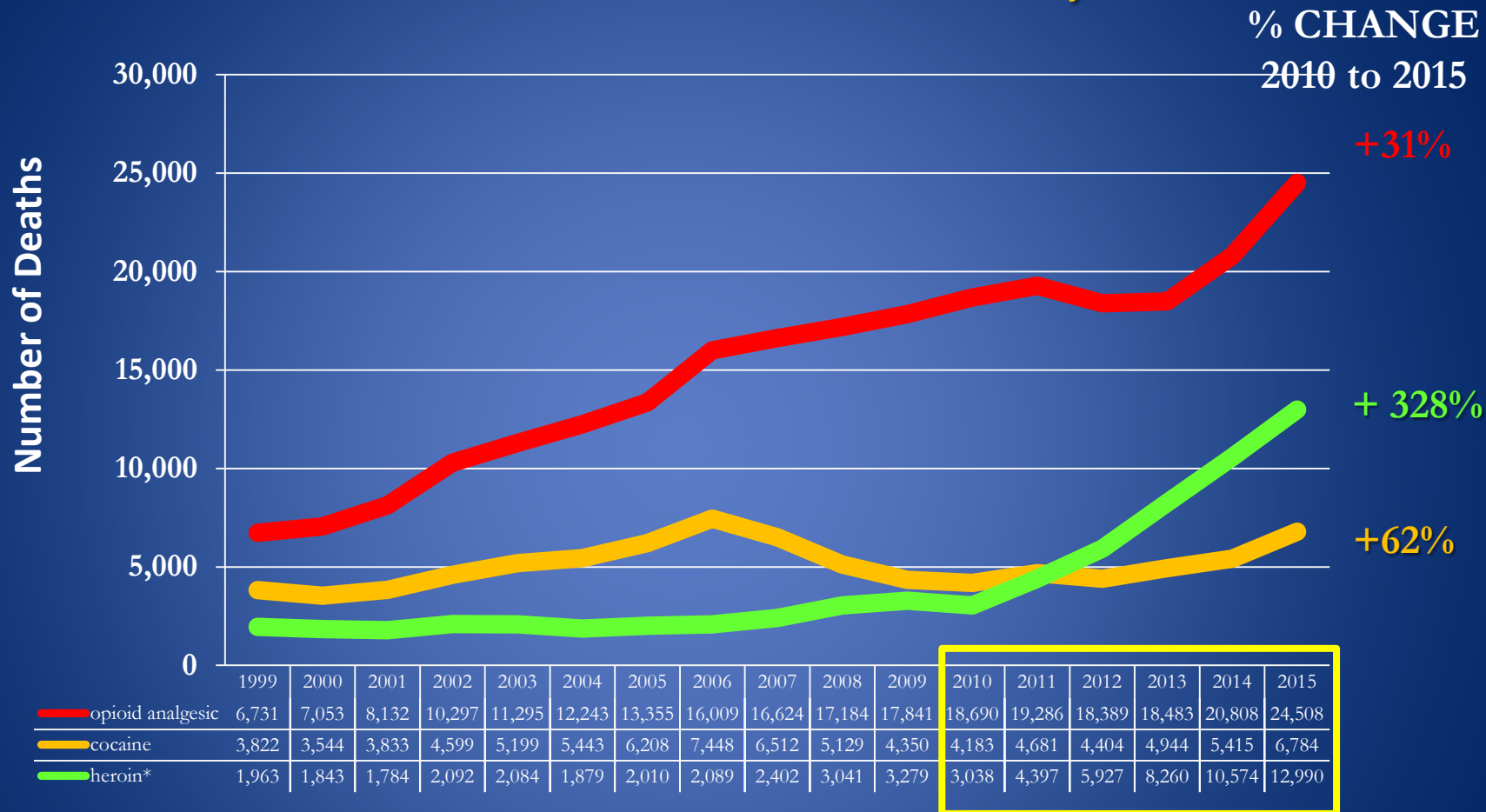
Source: Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health (2016). (<http://www.samhsa.gov/data/>)



# Past Month Prescription Psychotherapeutic Misuse among People Aged 12 or Older: 2016



# Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999–2015

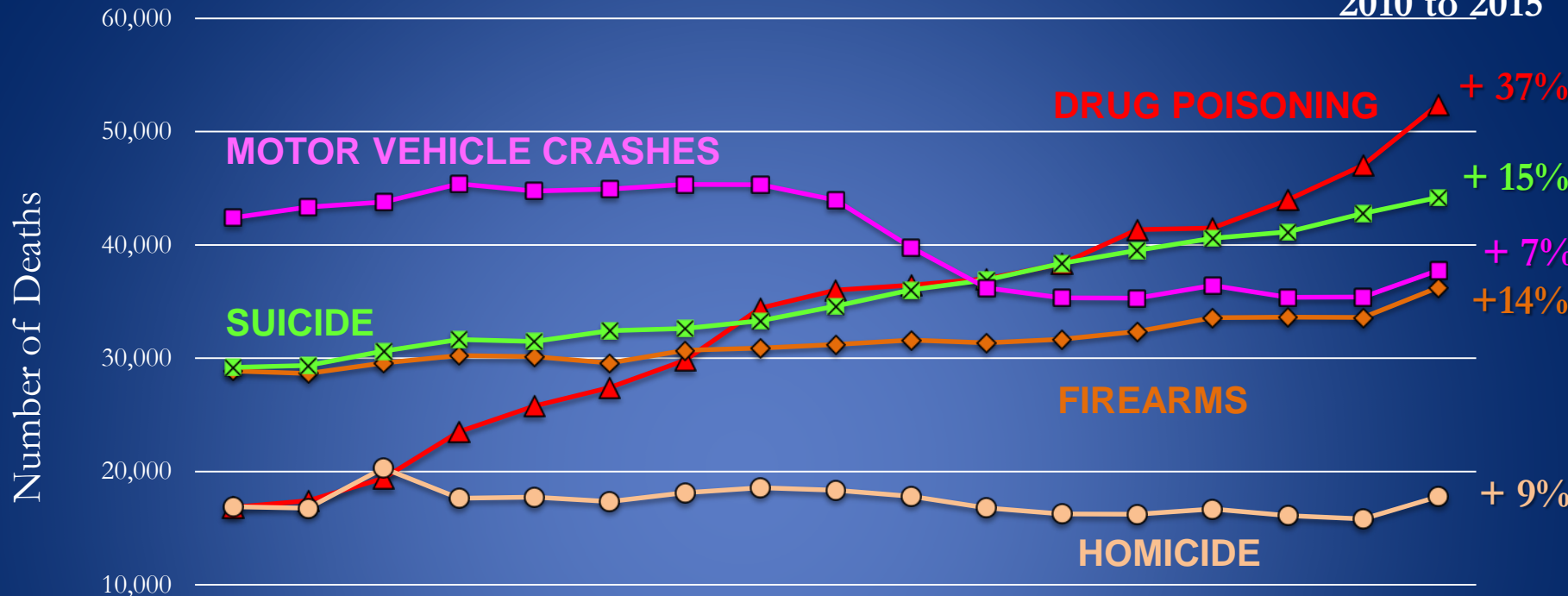


Note: Not all drug poisoning deaths specify the drug(s) involved, and a death may involve more than one specific substance. The rise in 2005-2006 in opioid deaths is related to non-pharmaceutical fentanyl (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>). \*Heroin includes opium.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *Multiple Cause of Death 1999-2015* on CDC WONDER Online Database, released 2016. Data were extracted by ONDCP from <http://wonder.cdc.gov/mcd-icd10.html> on Dec 8, 2016.

# Major Causes of Death from Injury, 1999-2015

% CHANGE  
2010 to 2015



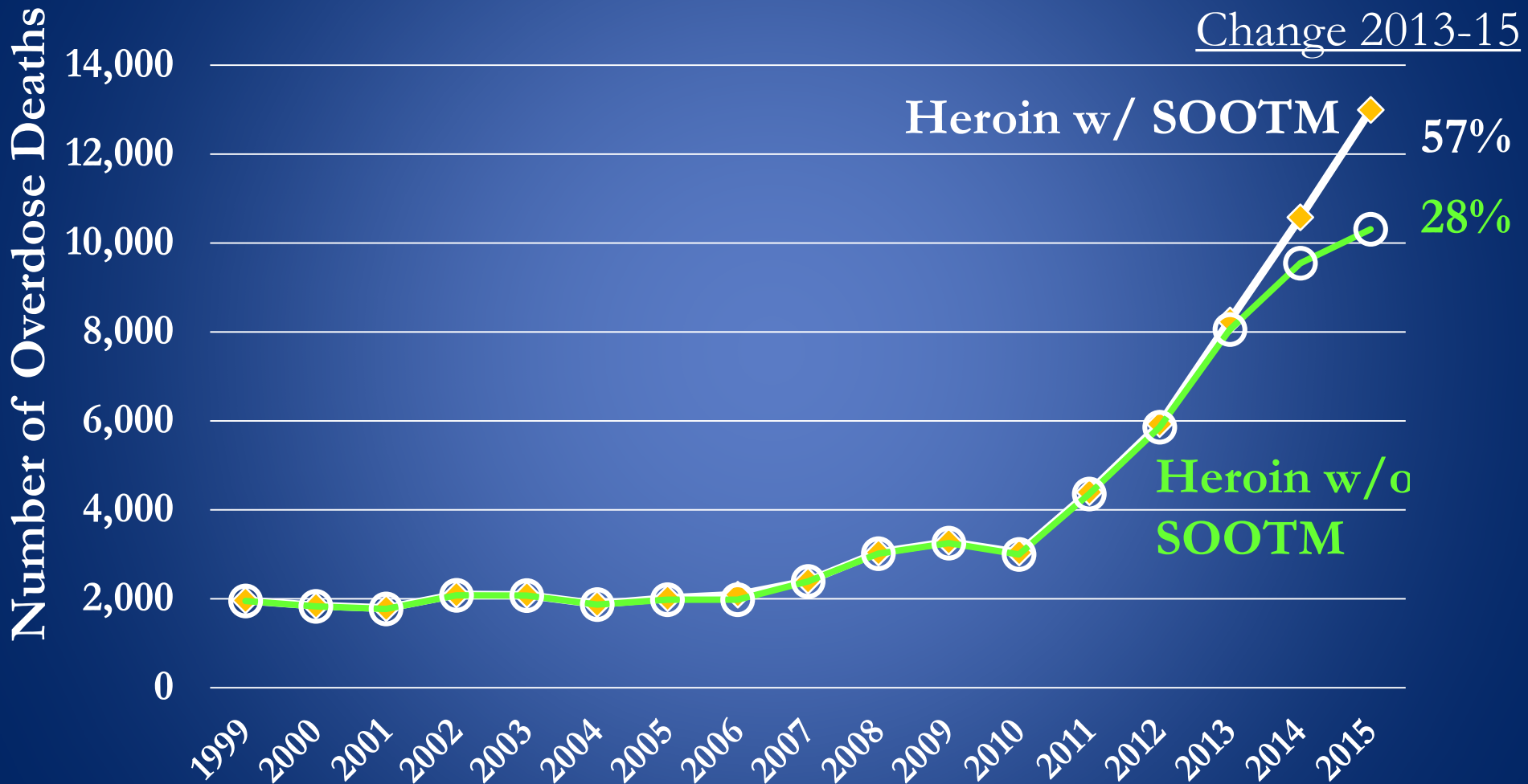
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Drug Poisoning	16,849	17,415	19,394	23,518	25,785	27,424	29,813	34,425	36,010	36,450	37,004	38,329	41,340	41,502	43,982	47,055	52,404
Firearms	28,874	28,663	29,573	30,242	30,136	29,569	30,694	30,896	31,224	31,593	31,347	31,672	32,351	33,563	33,636	33,599	36,252
Suicide	29,199	29,350	30,622	31,655	31,484	32,439	32,637	33,300	34,598	36,035	36,909	38,364	39,518	40,600	41,149	42,773	44,193
Homicide	16,889	16,765	20,308	17,638	17,732	17,357	18,124	18,573	18,361	17,826	16,799	16,259	16,238	16,688	16,121	15,809	17,793
MV Crashes	42,401	43,354	43,788	45,380	44,757	44,933	45,343	45,316	43,945	39,790	36,216	35,332	35,303	36,415	35,369	35,398	37,757

NOTE: Suicide and homicide include deaths by drug poisoning or firearms

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *Multiple Cause of Death 1999-2015* on CDC WONDER Online Database, released 2016. Data on drug poisoning deaths were extracted by ONDCP from

<http://wonder.cdc.gov/mcd-icd10.html> on December 8, 2016.

# Overdose Deaths Involving Heroin With and Without SOOTM\*

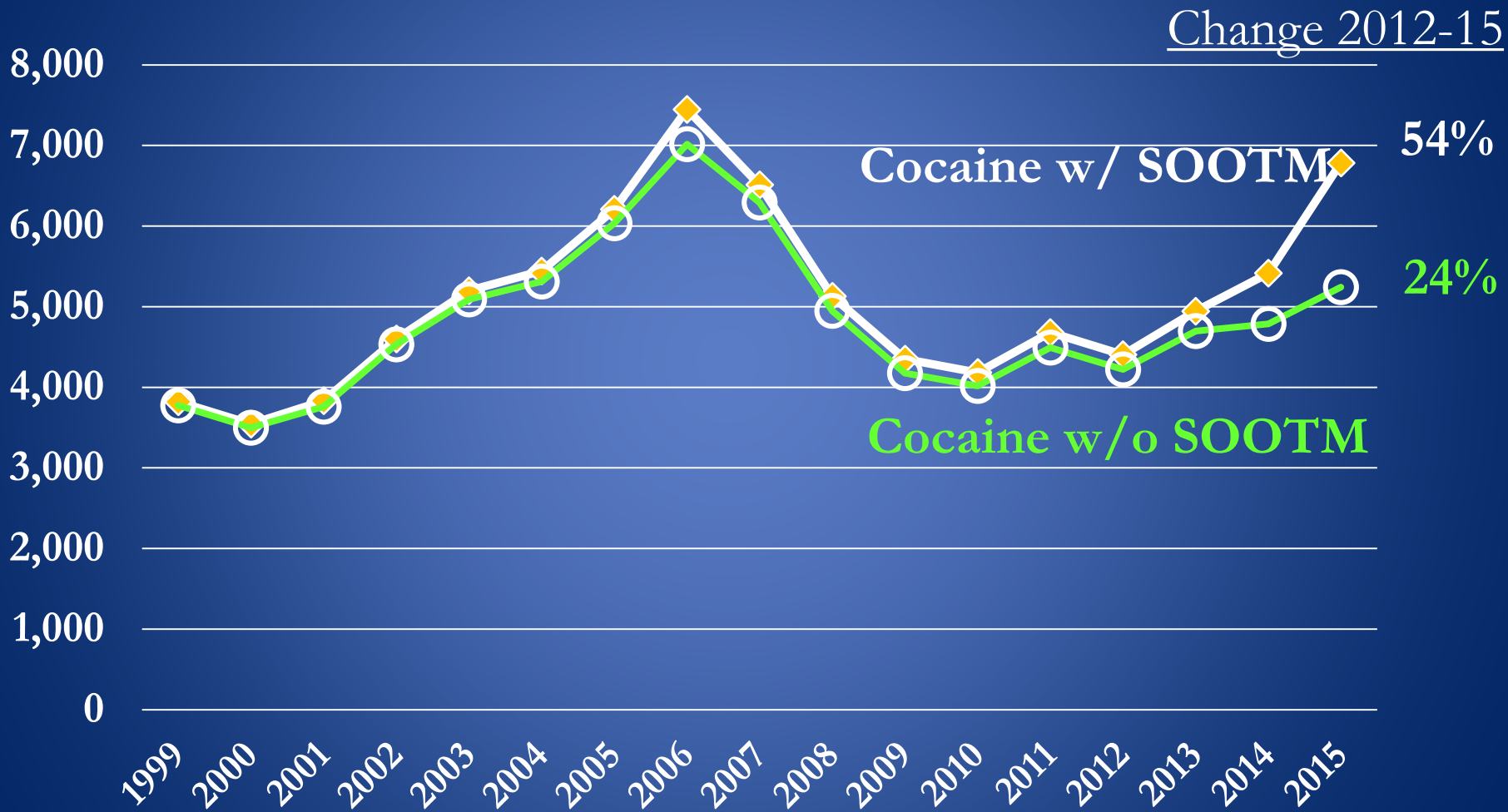


\*SOOTM = “Synthetic Opioids Other Than Methadone” is a class of drugs recently dominated by fentanyl

Source: WONDER extract, March 2017

# Overdose Deaths Involving Cocaine With and Without SOOTM\*

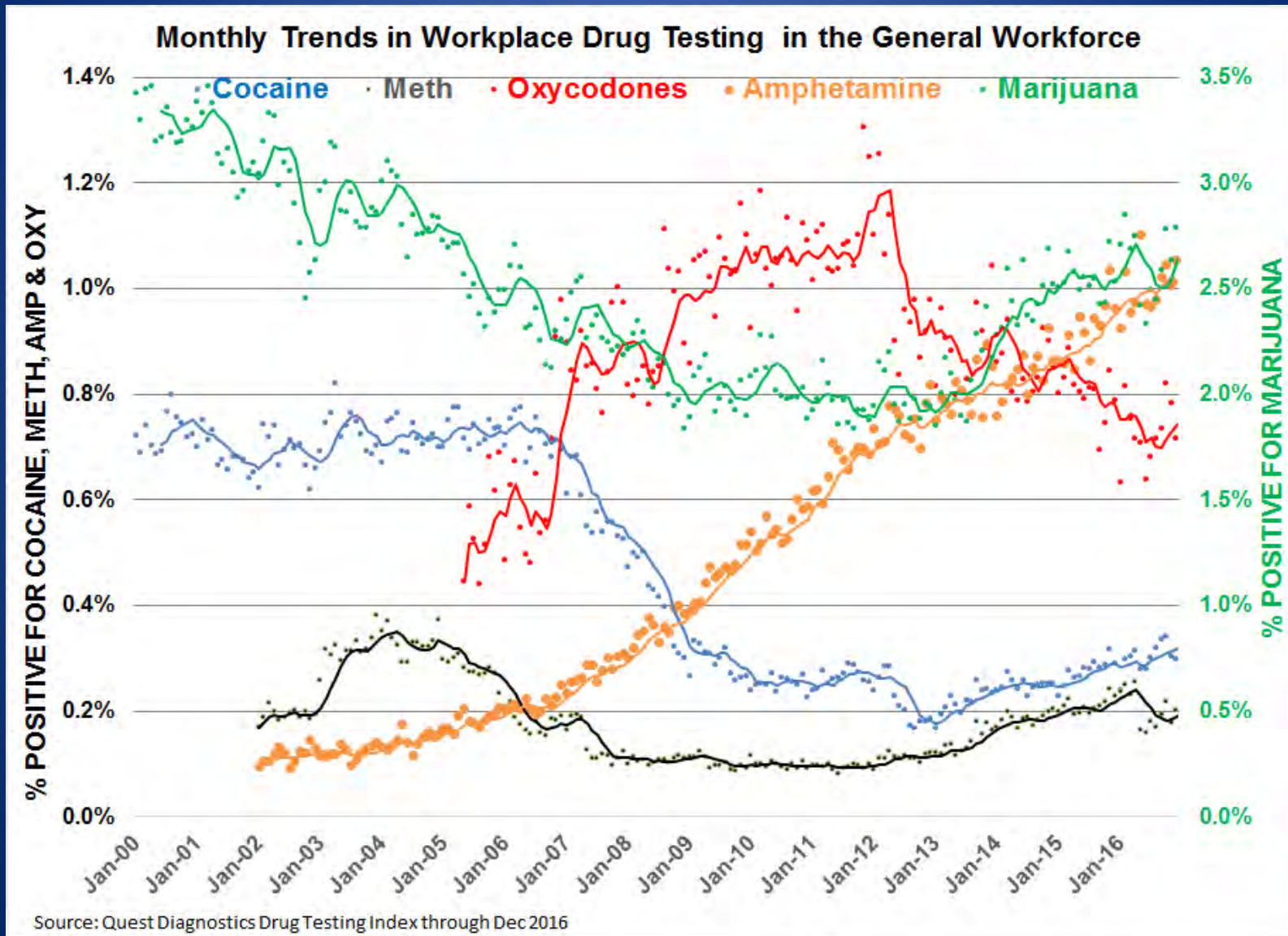
Number of Overdose Deaths



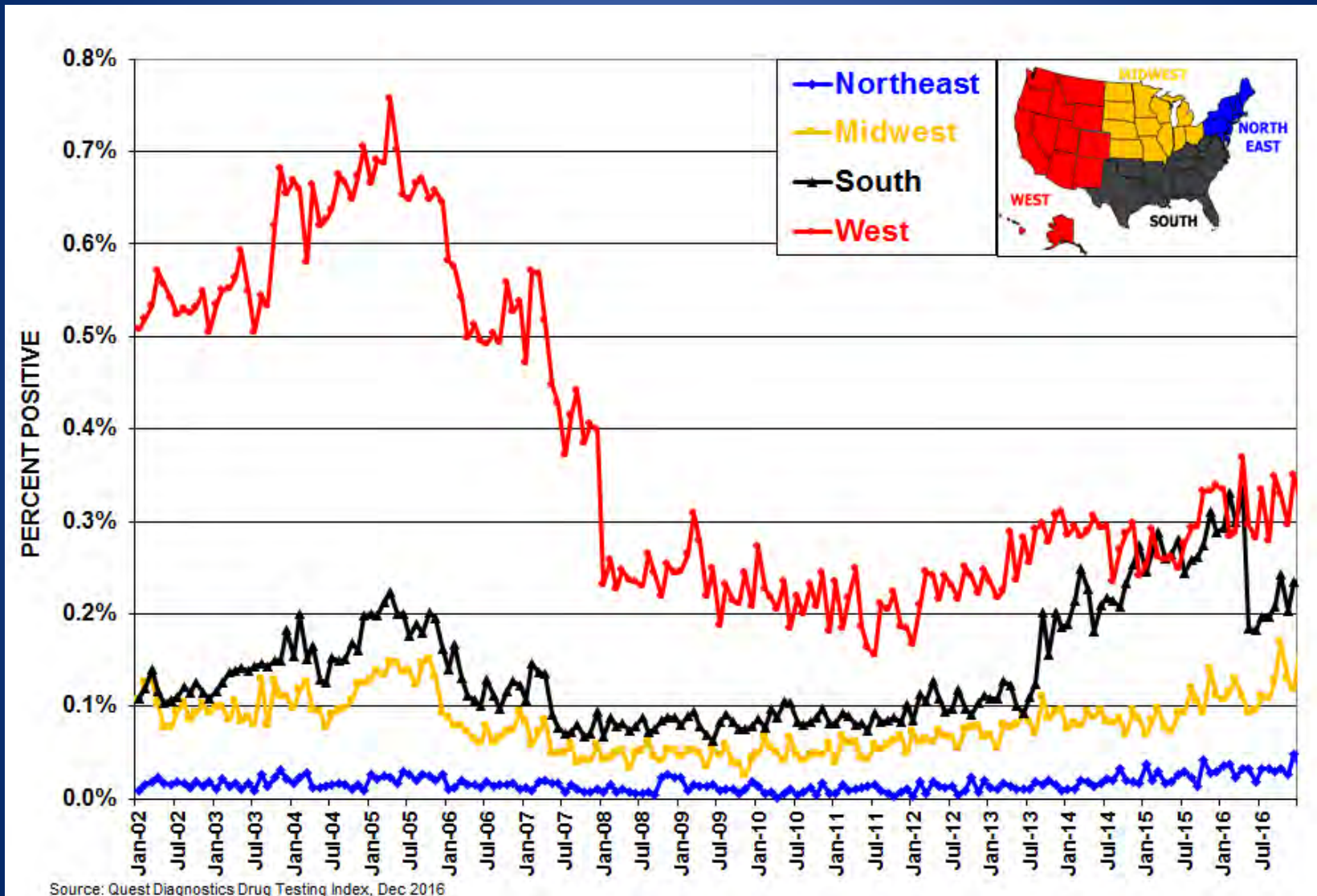
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Source: WONDER extract, March 2017

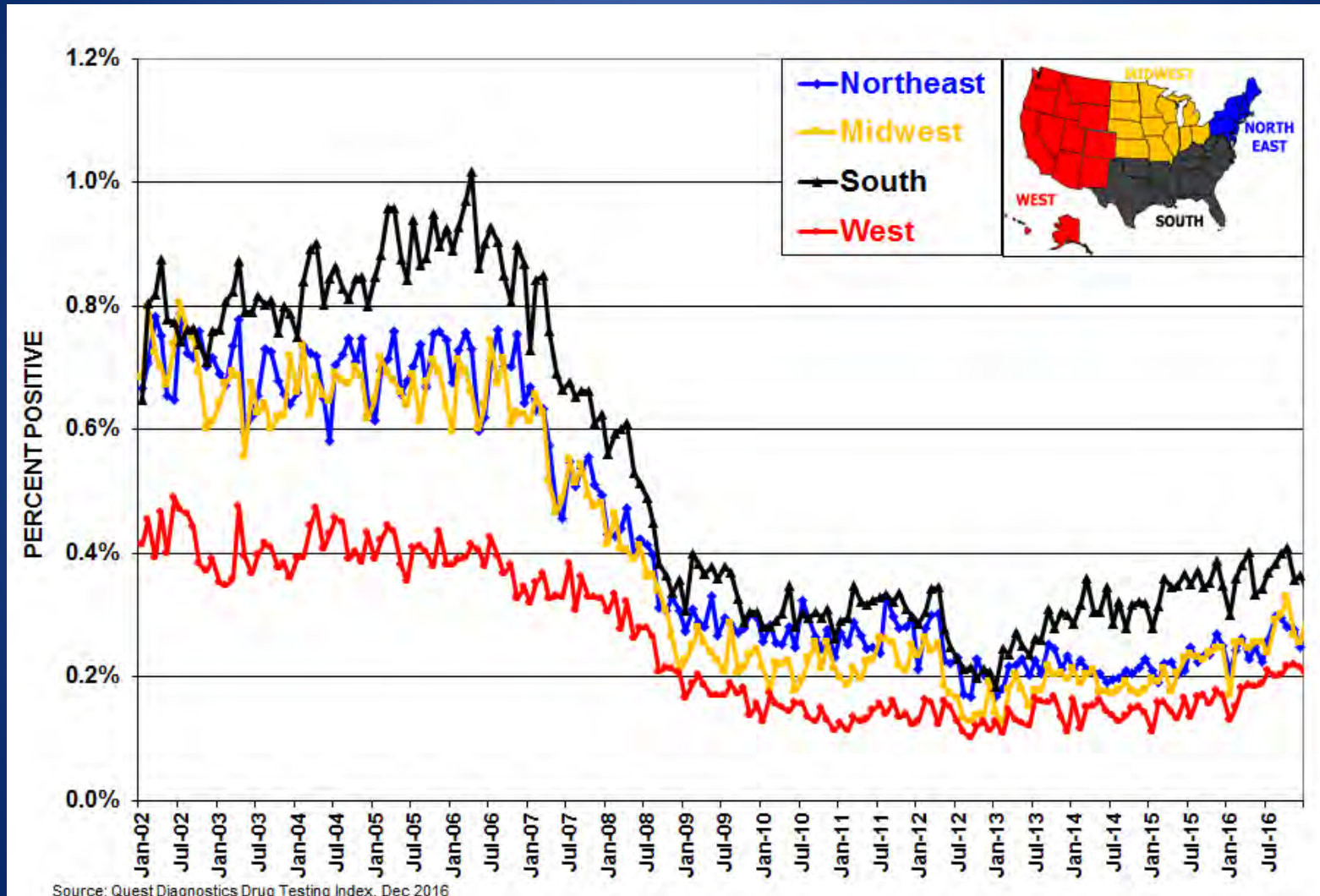
# National, Monthly Trends in Drug Testing in the General Workforce



# Regional, Monthly Trends in Meth Testing in the General Workforce



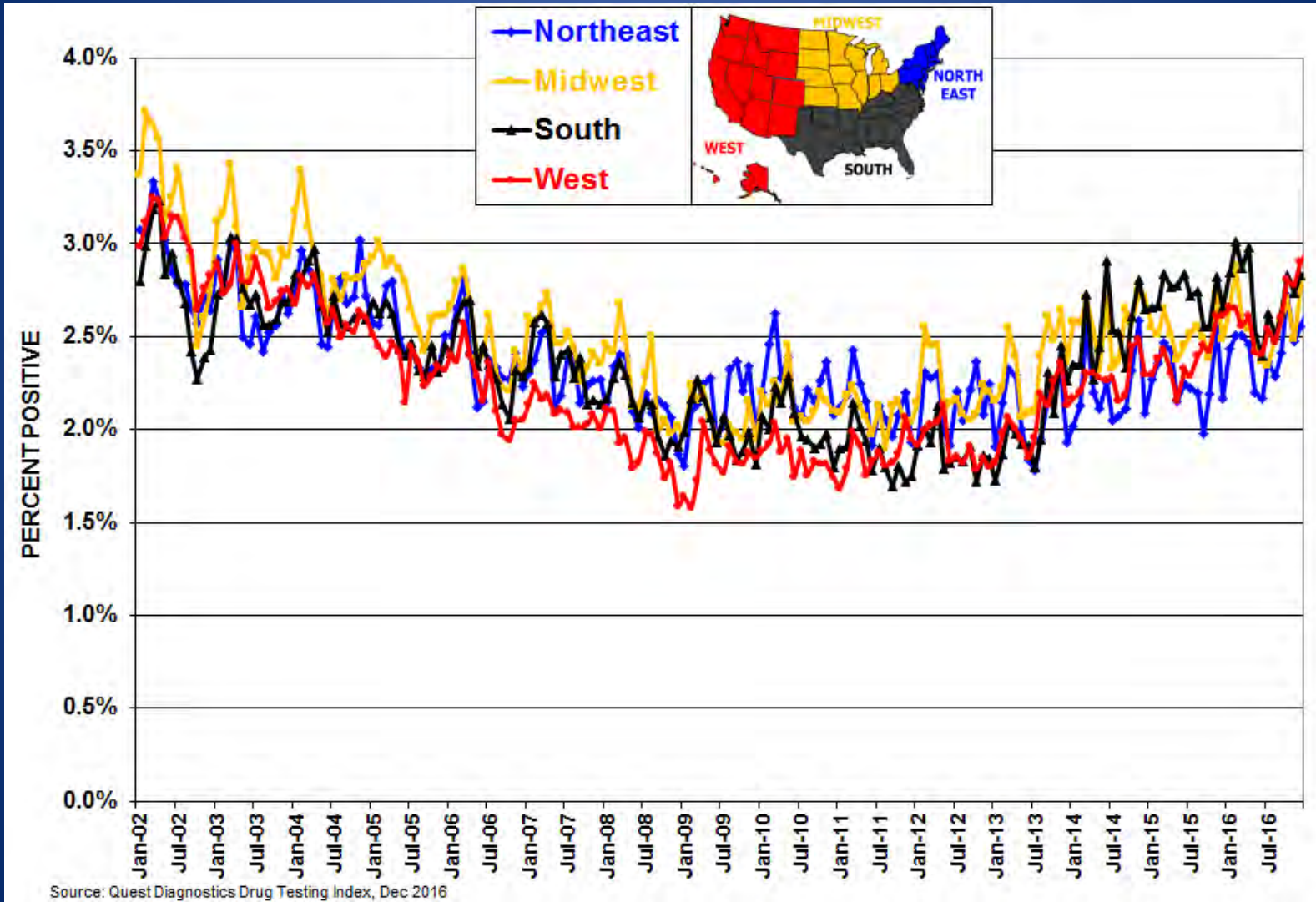
# Regional, Monthly Trends in Cocaine Testing in the General Workforce



Source: Quest Diagnostics Drug Testing Index, Dec 2016



# Regional, Monthly Trends in Marijuana Testing in the General Workforce



Source: Quest Diagnostics Drug Testing Index, Dec 2016

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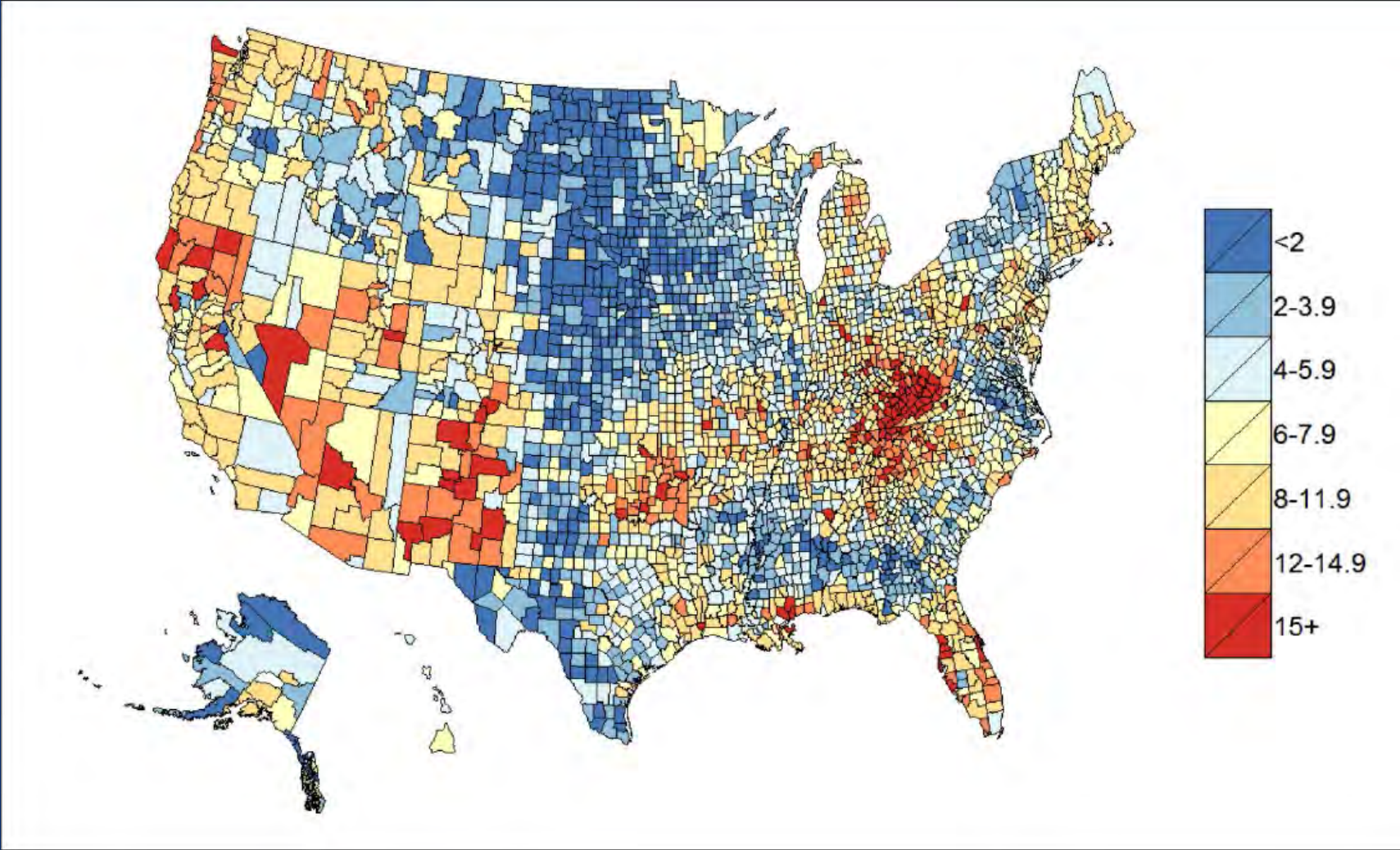
# Drug Poisoning Deaths in the United States 2002-2013

National Centers for Health Statistics. National Vital Statistics System: Mortality data. Available from: <http://www.cdc.gov/nchs/deaths.htm>.  
CDC.

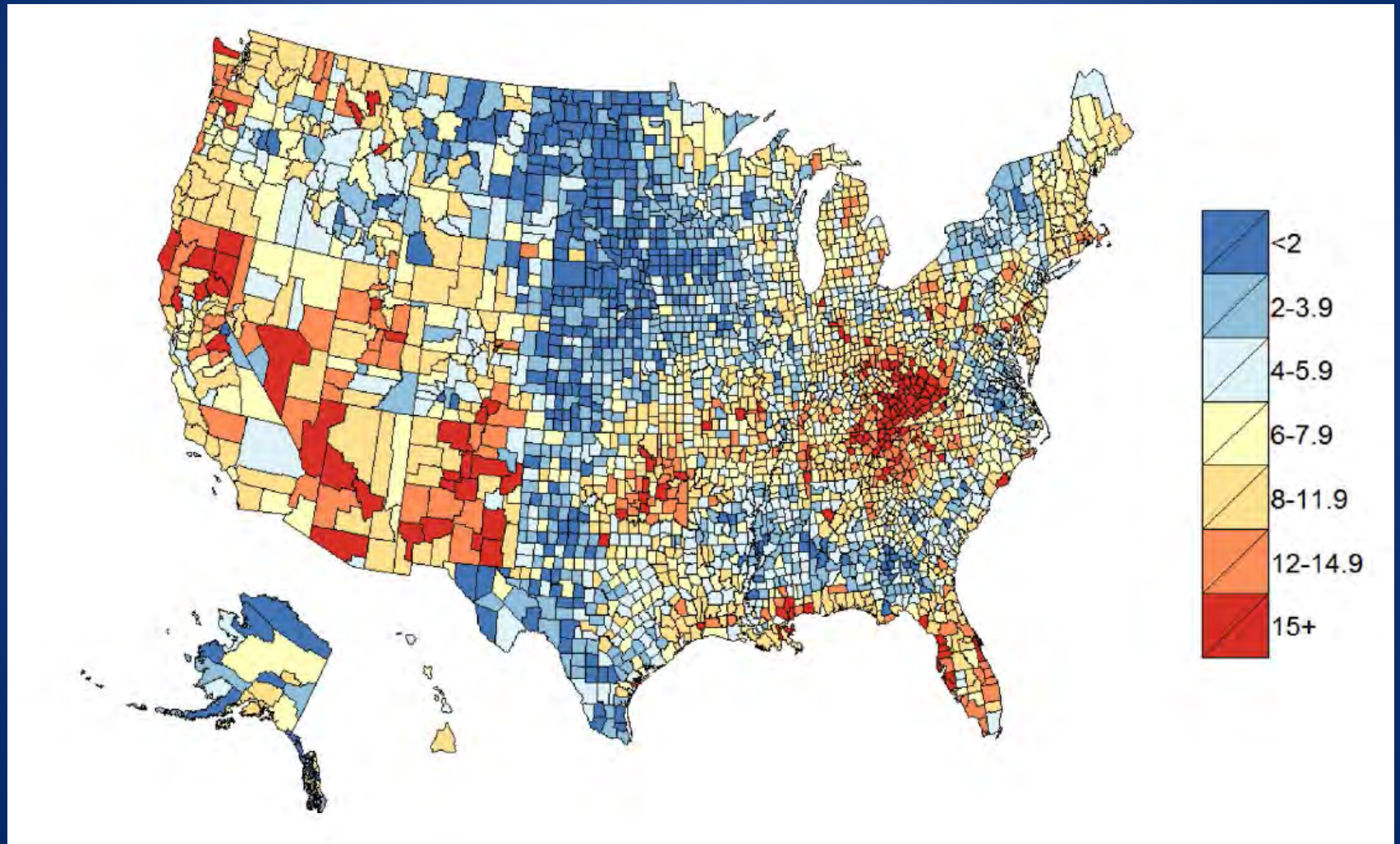
CDC Wonder: Underlying cause of death 1999–2015. Available from: <http://wonder.cdc.gov/wonder/help/ucd.html>.

Rossen LM, Khan D, Warner M. Trends and geographic patterns in drug-poisoning death rates in the U.S., 1999–2009. *Am J Prev Med* 45(6):e19–25. 2013.

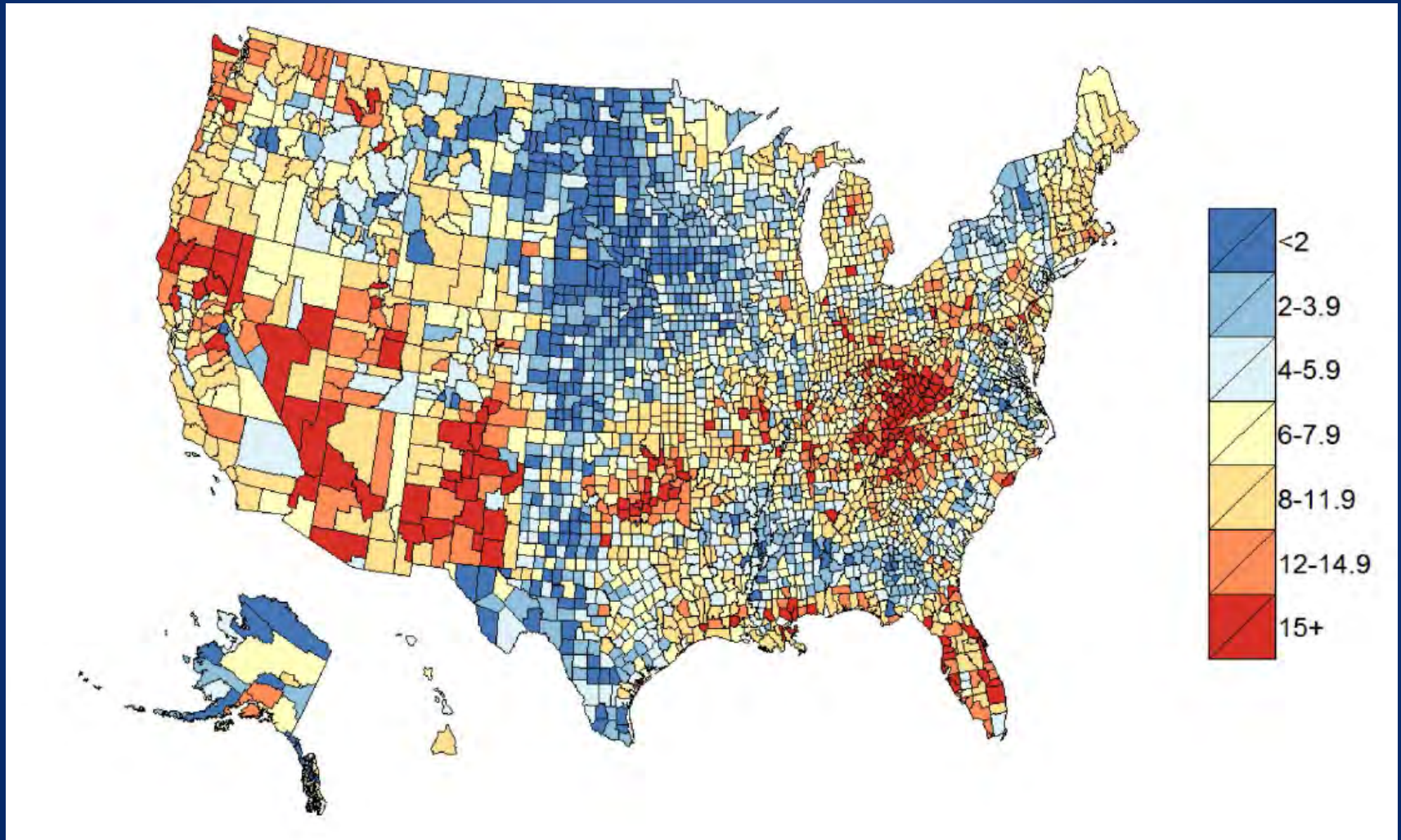
# Drug Poisoning Deaths in the United States 2002



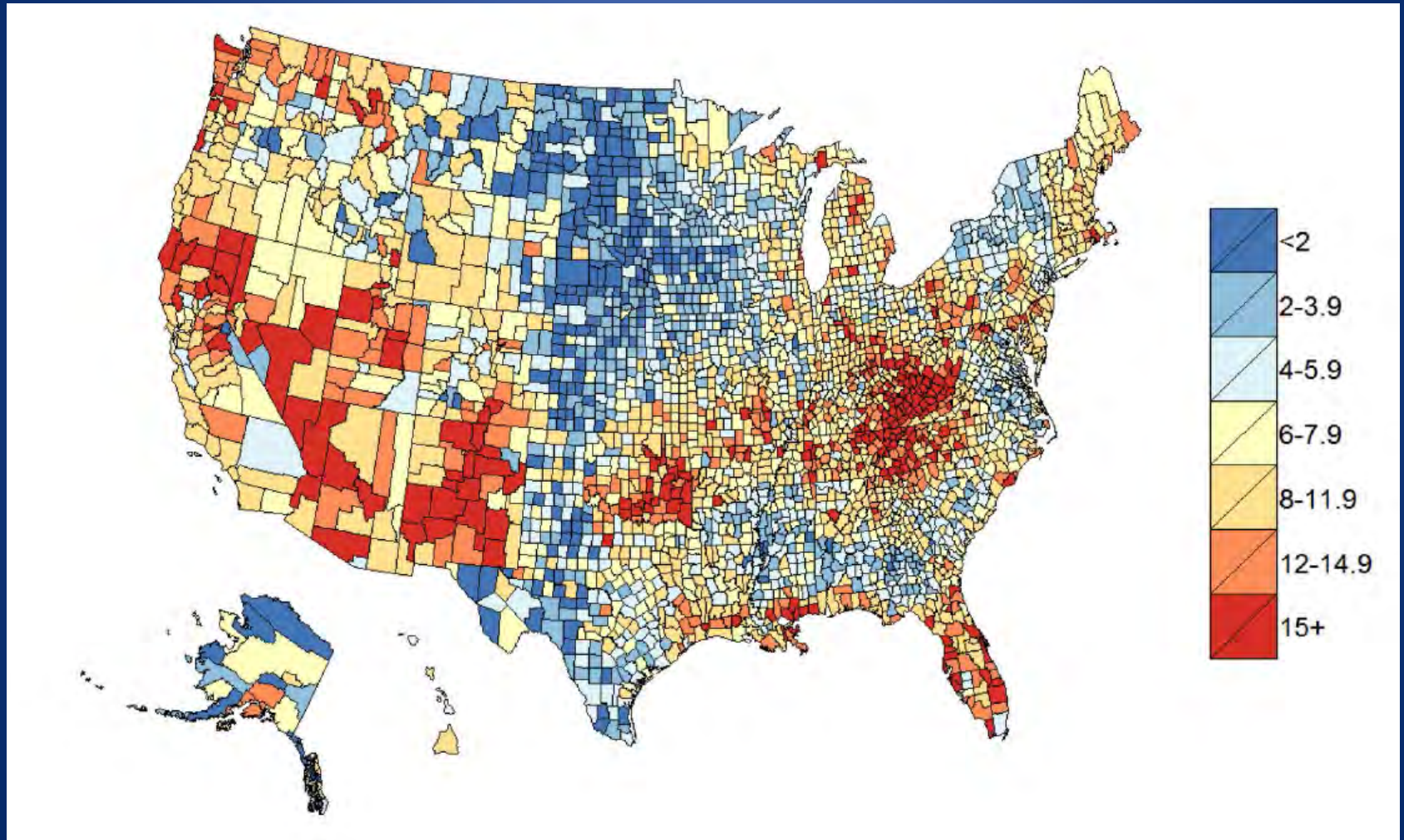
# Drug Poisoning Deaths in the United States 2003



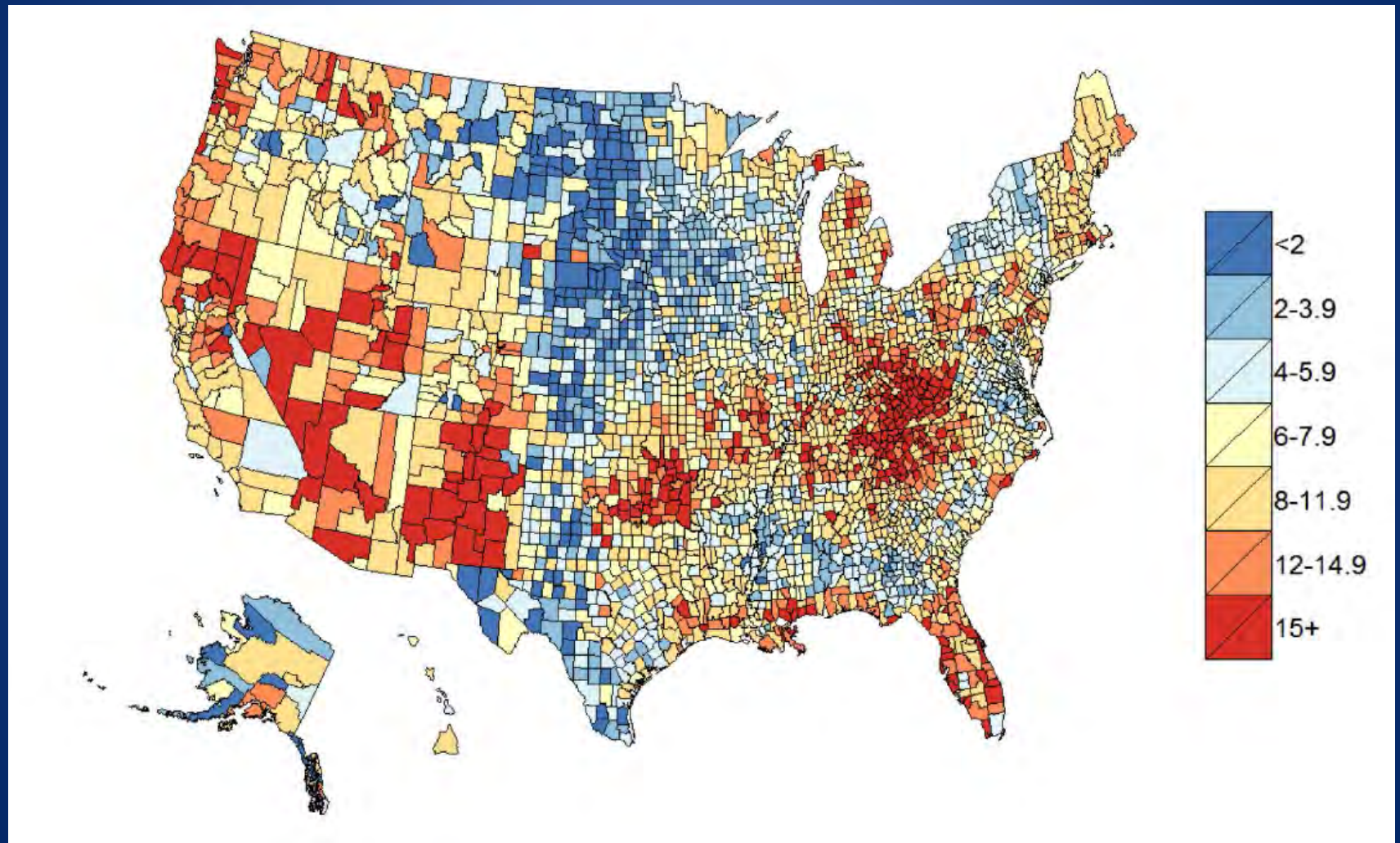
# Drug Poisoning Deaths in the United States 2004



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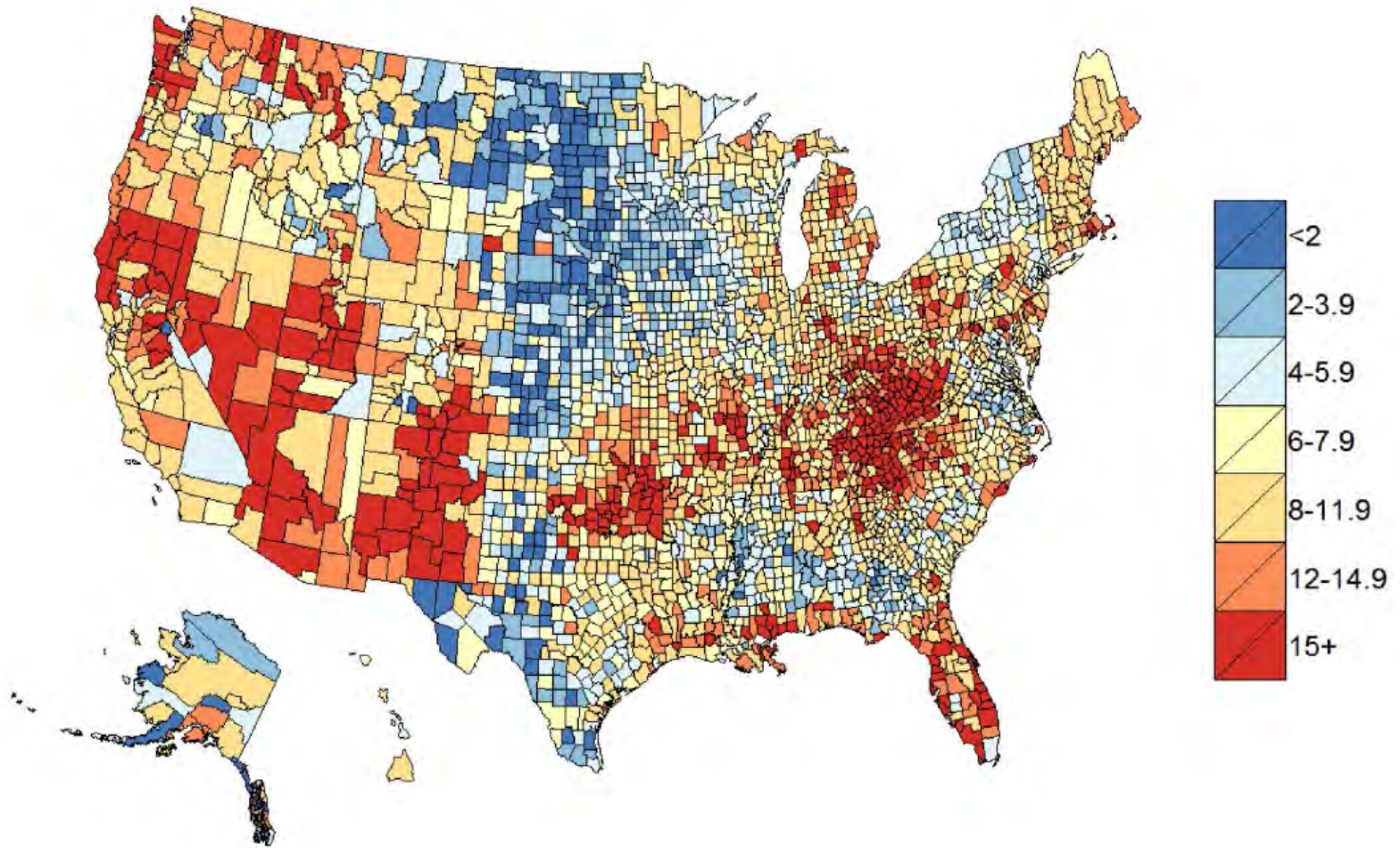


# Drug Poisoning Deaths in the United States 2006

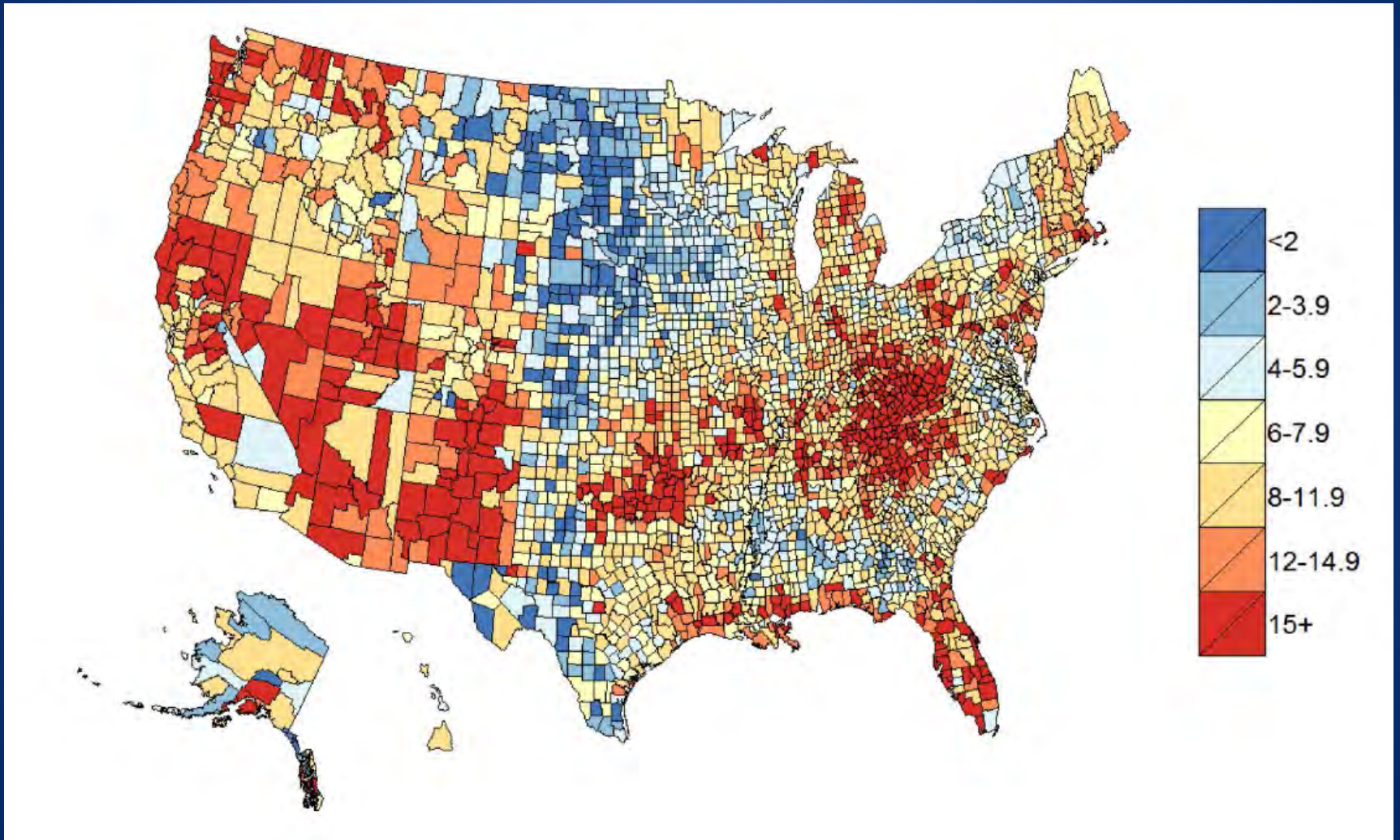




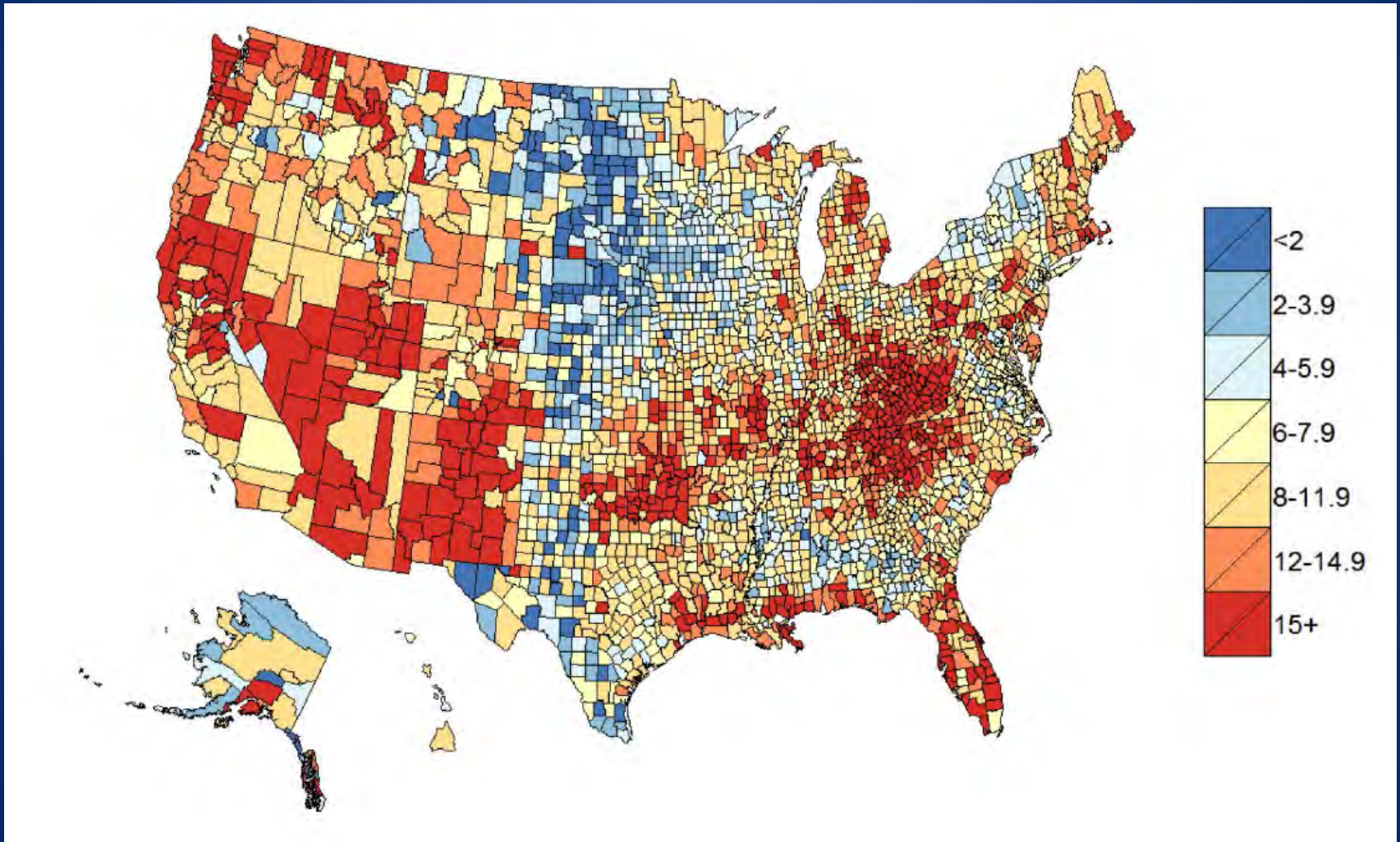
# Drug Poisoning Deaths in the United States 2007



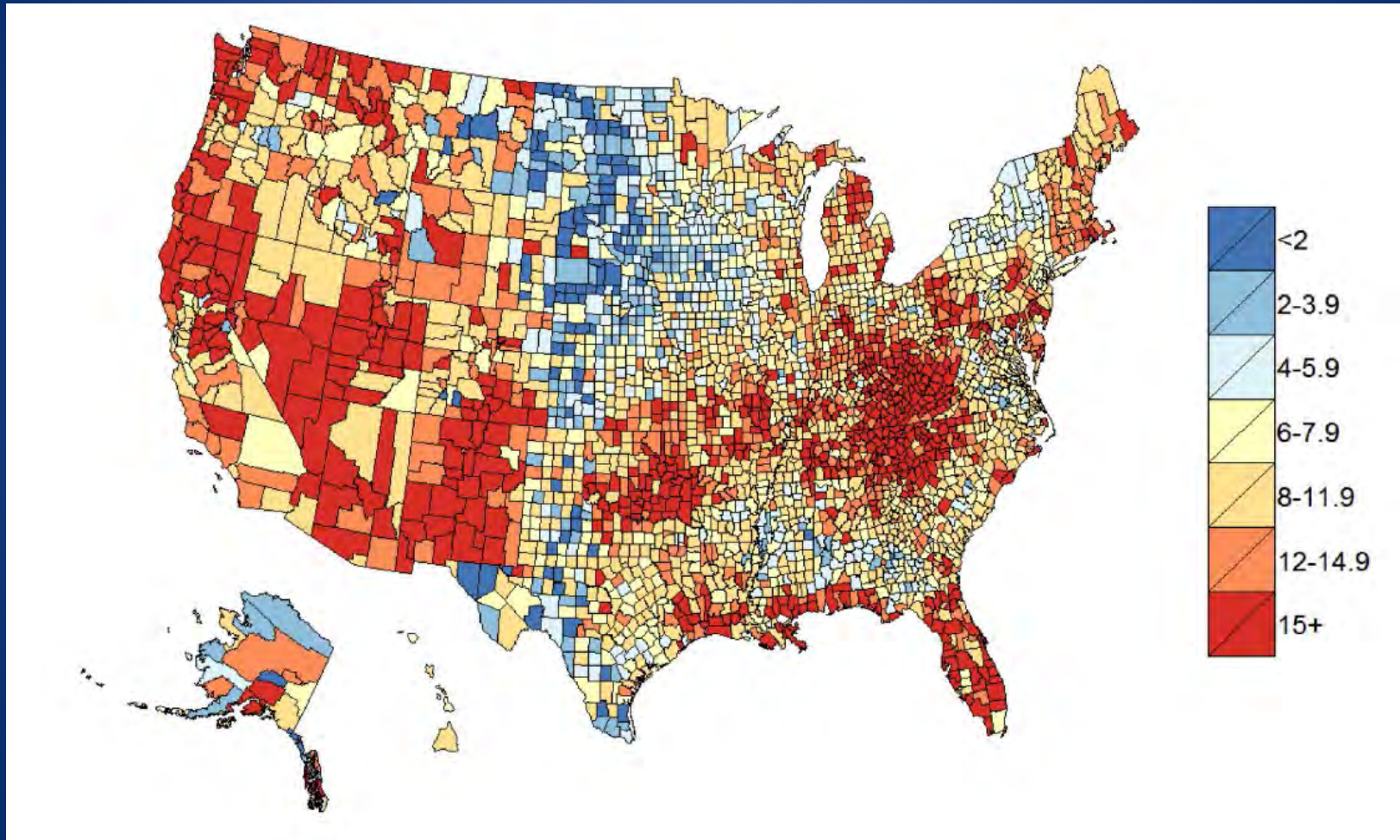
# Drug Poisoning Deaths in the United States 2008



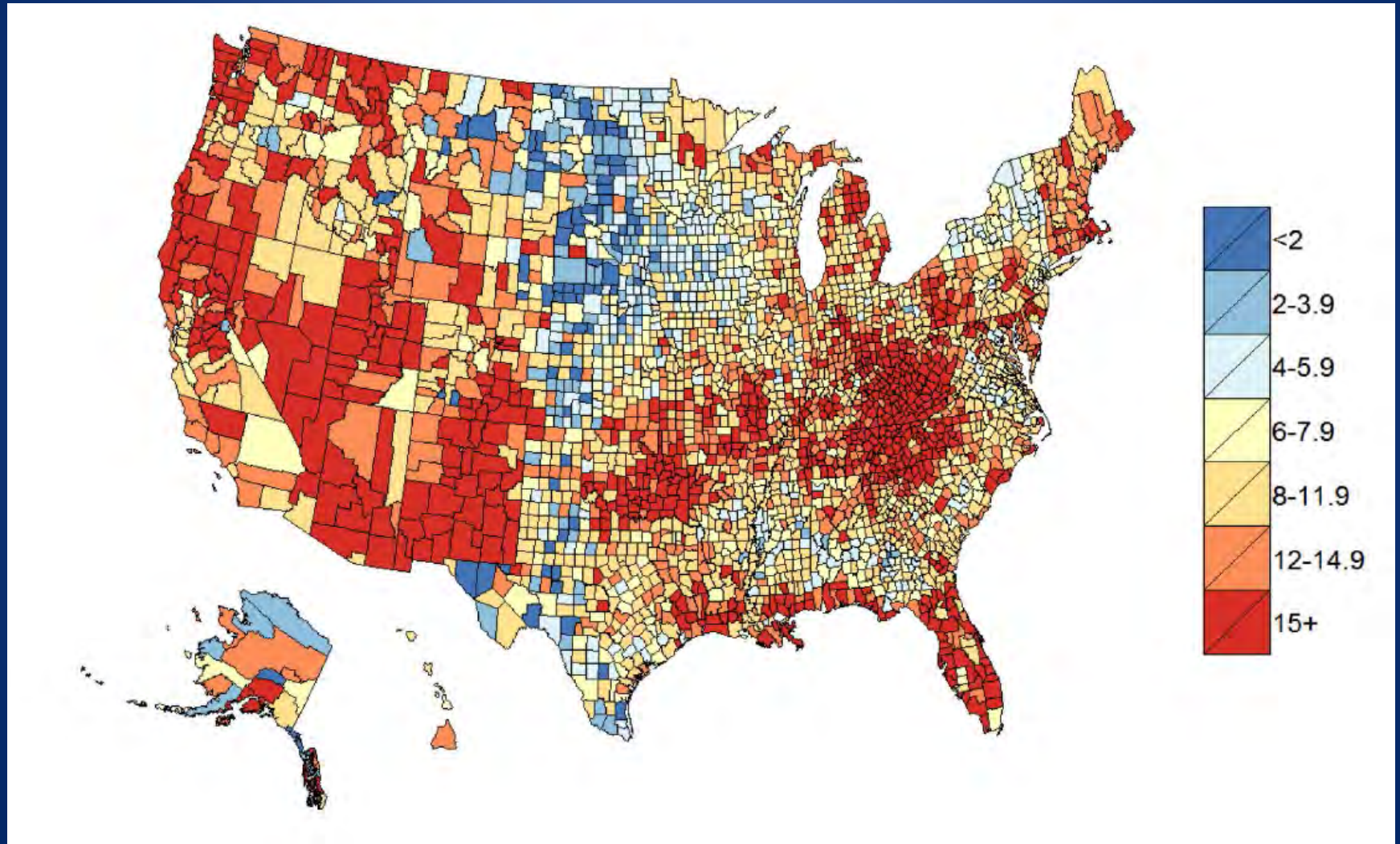
# Drug Poisoning Deaths in the United States 2009



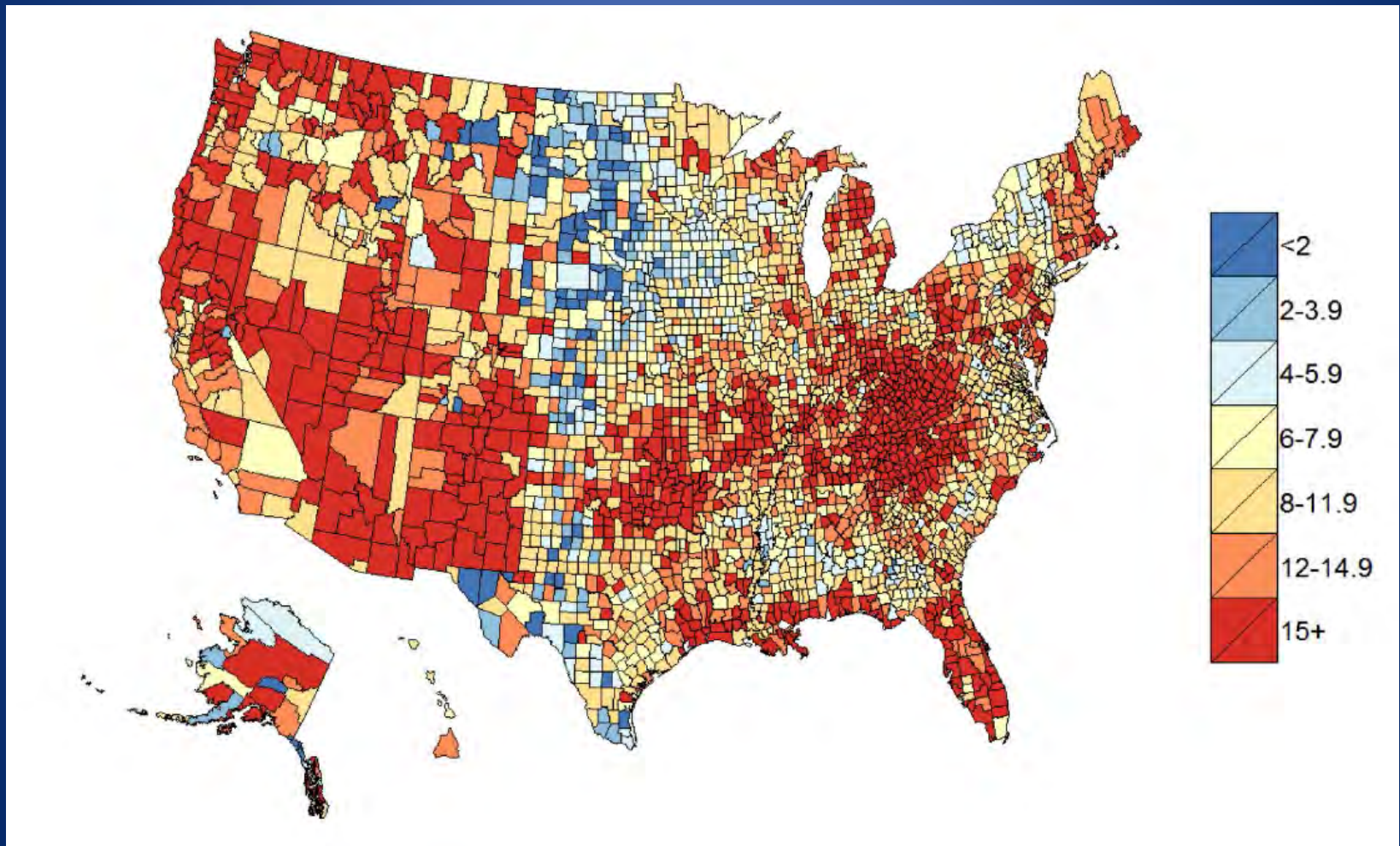
# Drug Poisoning Deaths in the United States 2010



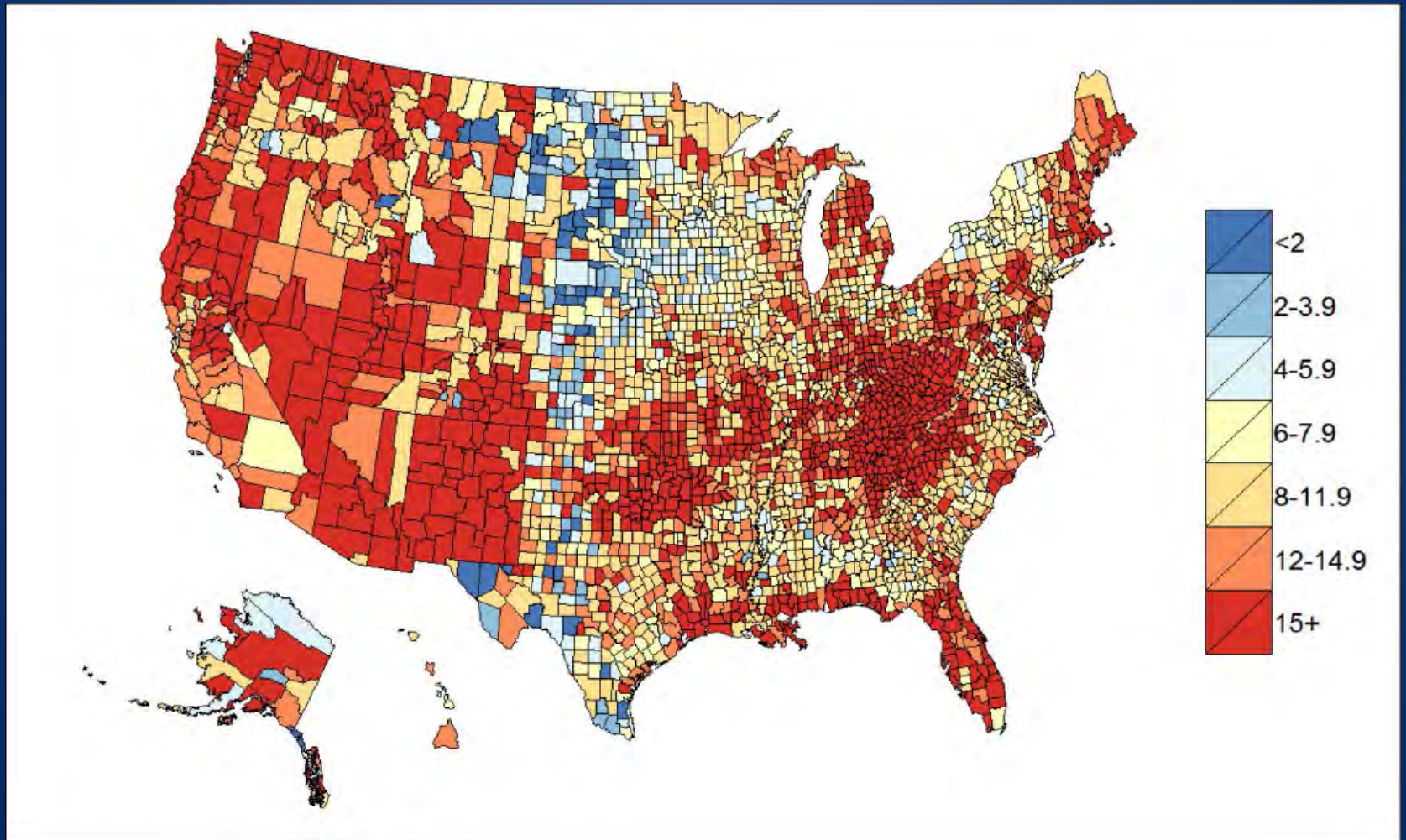
# Drug Poisoning Deaths in the United States 2011



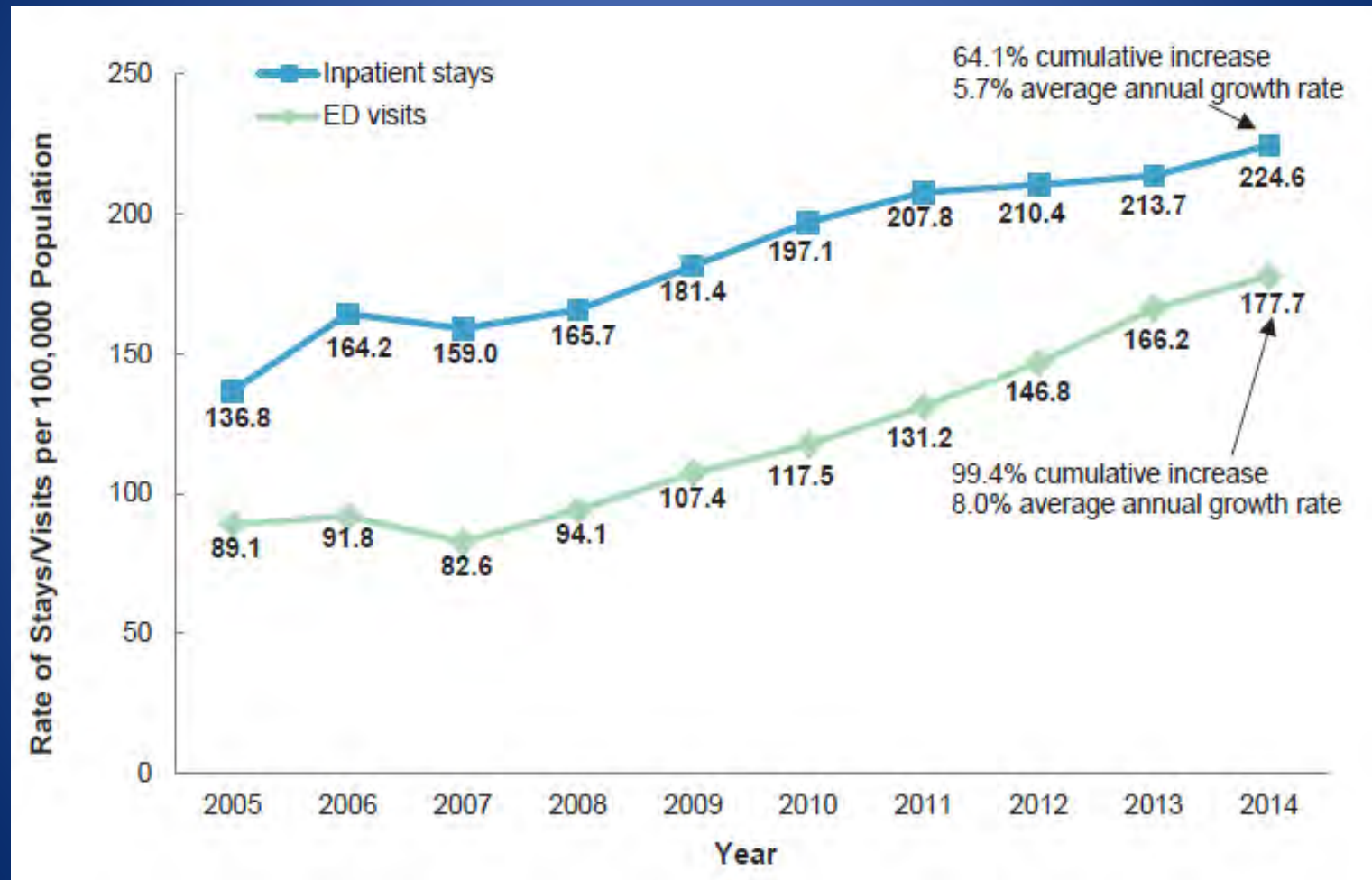
# Drug Poisoning Deaths in the United States 2012



# Drug Poisoning Deaths in the United States 2013



# National Rate of Opioid-Related Inpatient Stays and ED Visits 2005-2014



Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), HCUP Fast Stats, Opioid-Related Hospital Use (<http://www.hcup-us.ahrq.gov/faststats/landing.jsp>) based on the HCUP National (Nationwide) Inpatient Sample (NIS) and the HCUP Nationwide Emergency Department Sample (NEDS)



# Substance Use & Hospitalization

Study on the cost of health care across different substance user groups reported the following<sup>1</sup>:

- More than one in four people experience an inpatient hospital stay.
- Substance use disorders for drugs other than alcohol or marijuana were strongly associated with hospitalization. People with those disorders had 2.2 times higher odds of hospitalization relative to abstainers.

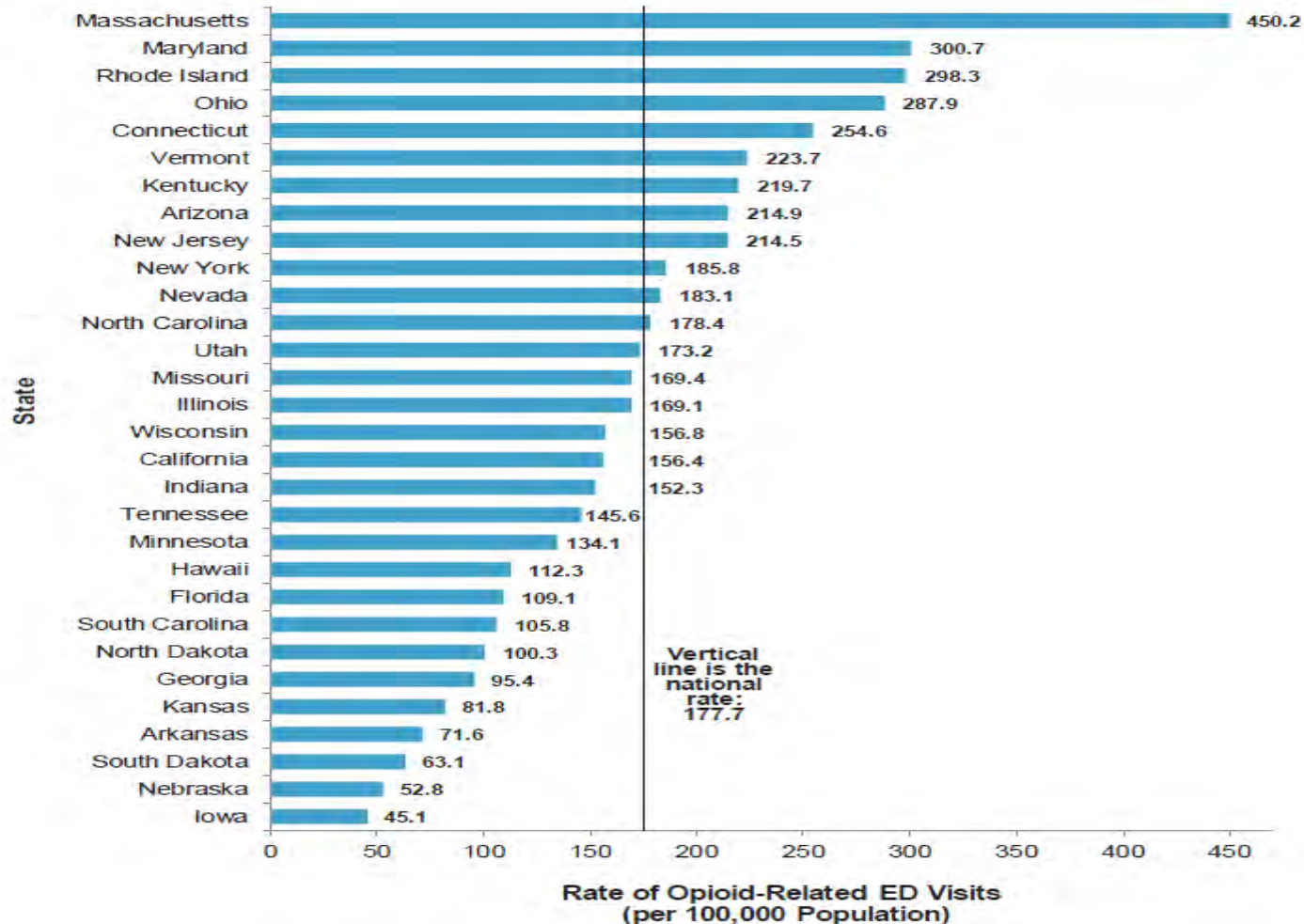
Study looking at risk of acute care hospital utilization within 30 days of discharge found that<sup>2</sup>:

- 17% of patients had a substance use disorder diagnosis.
- These patients had higher rates of recurrent acute care hospital utilization than patients without substance use disorder diagnoses (0.63 vs 0.32 events per subject at 30 days) and increased risk of any recurrent acute care hospital utilization (33% vs 22% at 30 days).

<sup>1</sup>Jan Gryczynski, Robert P. Schwartz, Kevin E. O'Grady, Lauren Restivo, Shannon G. Mitchell, and Jerome H. Jaffe. Understanding Patterns Of High-Cost Health Care Use Across Different Substance User Groups. *Health Affairs*, 35, no.1 (2016):12-19. (<http://content.healthaffairs.org/content/35/1/12.full.html>)

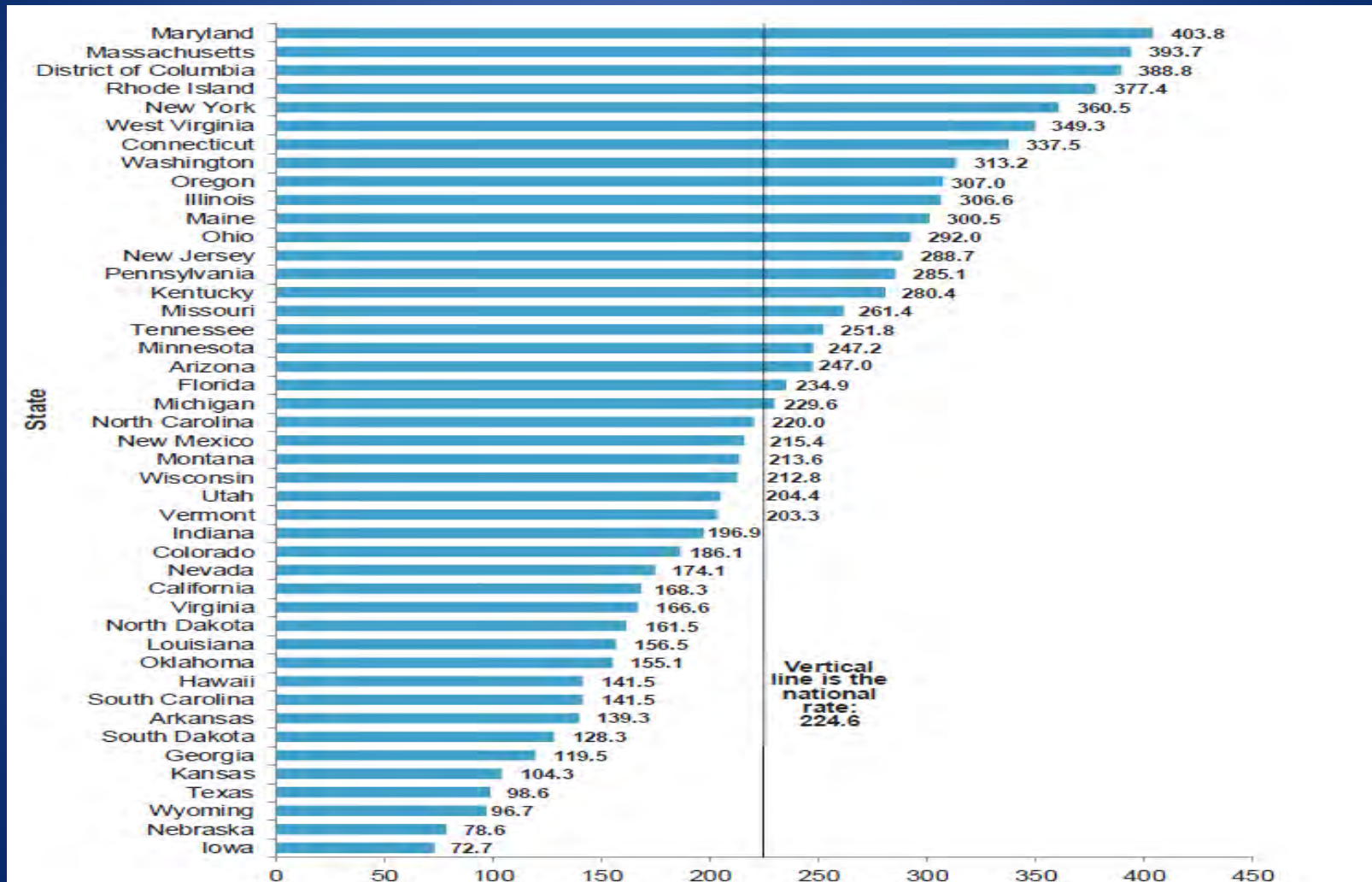
<sup>2</sup>AY Walley AY, M Paasche-Orlow M, EC Lee, S Forsythe, VK Chetty, S Mitchell, and BW Jack. Acute care hospital utilization among medical inpatients discharged with a substance use disorder diagnosis. *J Addict Med*. 2012 Mar;6(1):50-6. doi: 10.1097/ADM.0b013e318231de51.

# Rate of Opioid-Related Emergency Department Visits by State, 2014



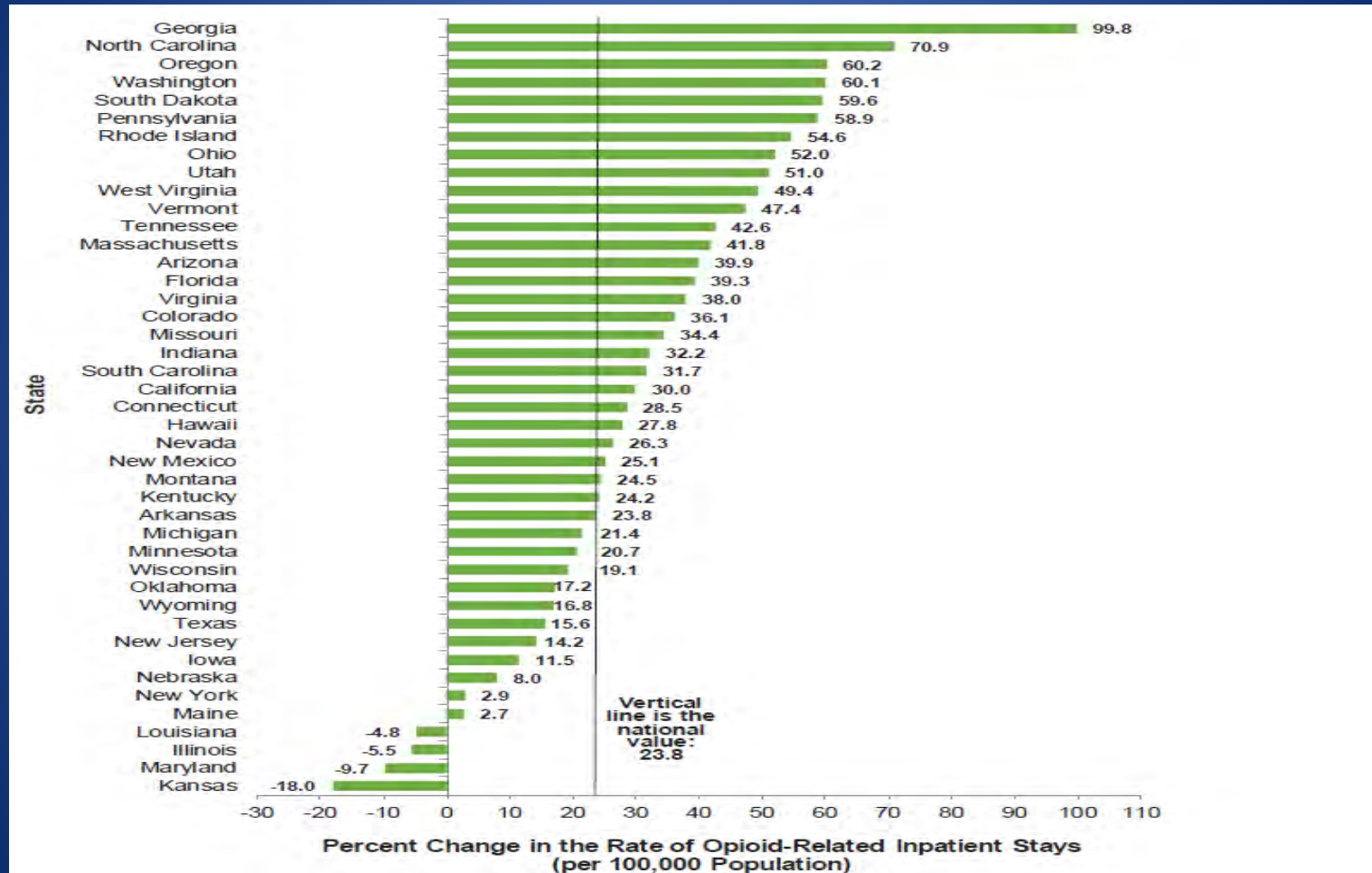
Source: Agency for Healthcare Research and Quality, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), HCUP Fast Stats, Opioid-Related Hospital Use (<http://www.hcup-us.ahrq.gov/faststats/landing.jsp>) based on the HCUP Nationwide Emergency Department Sample and the HCUP State Emergency Department Databases

# Rate of Opioid Related Inpatient Hospital Stays by State, 2014



Source: Agency for Healthcare Research and Quality, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), HCUP Fast Stats, Opioid-Related Hospital Use (<http://www.hcup-us.ahrq.gov/faststats/landing.jsp>) based on the HCUP National Inpatient Sample and the HCUP State Inpatient Databases

# Percent Change in Rate of Opioid-Related Inpatient Stays by State, 2002-2014



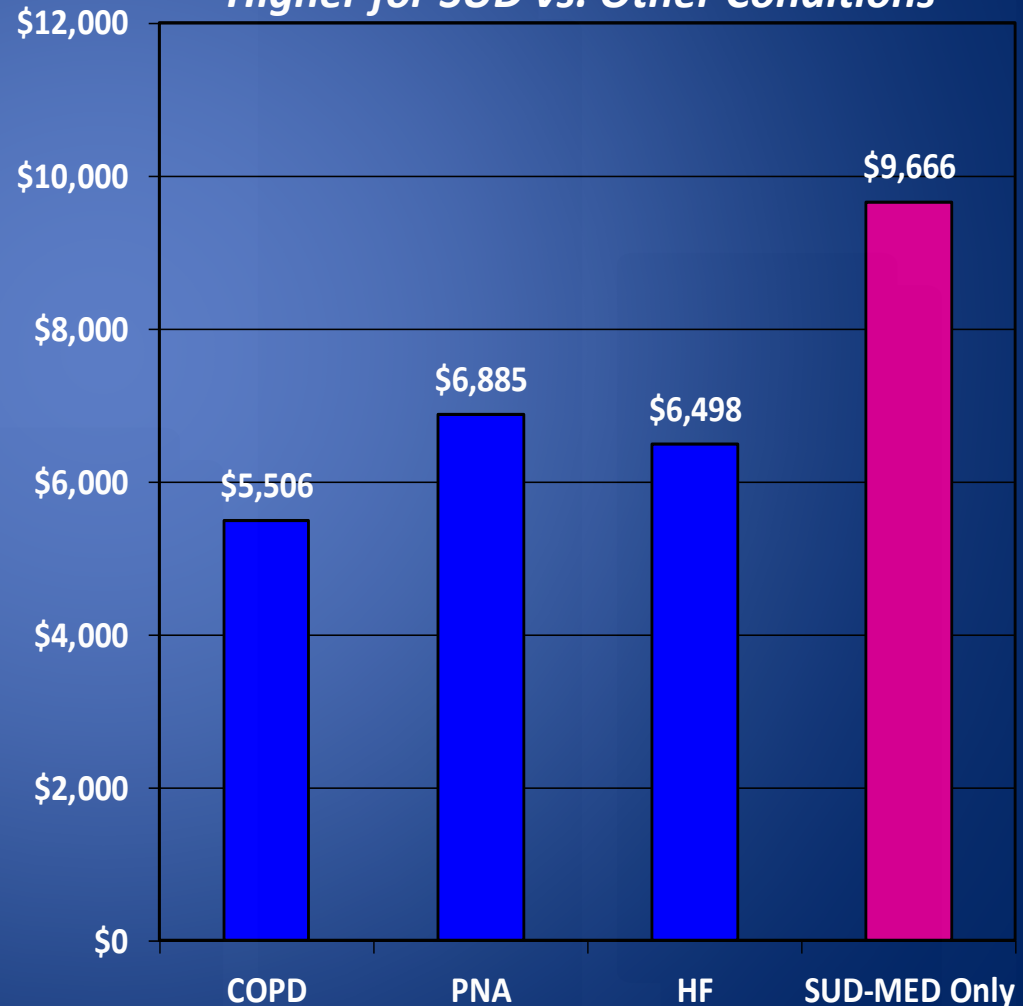
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# Substance Use Disorders: High Prevalence and Cost

From Massachusetts  
General Hospital:

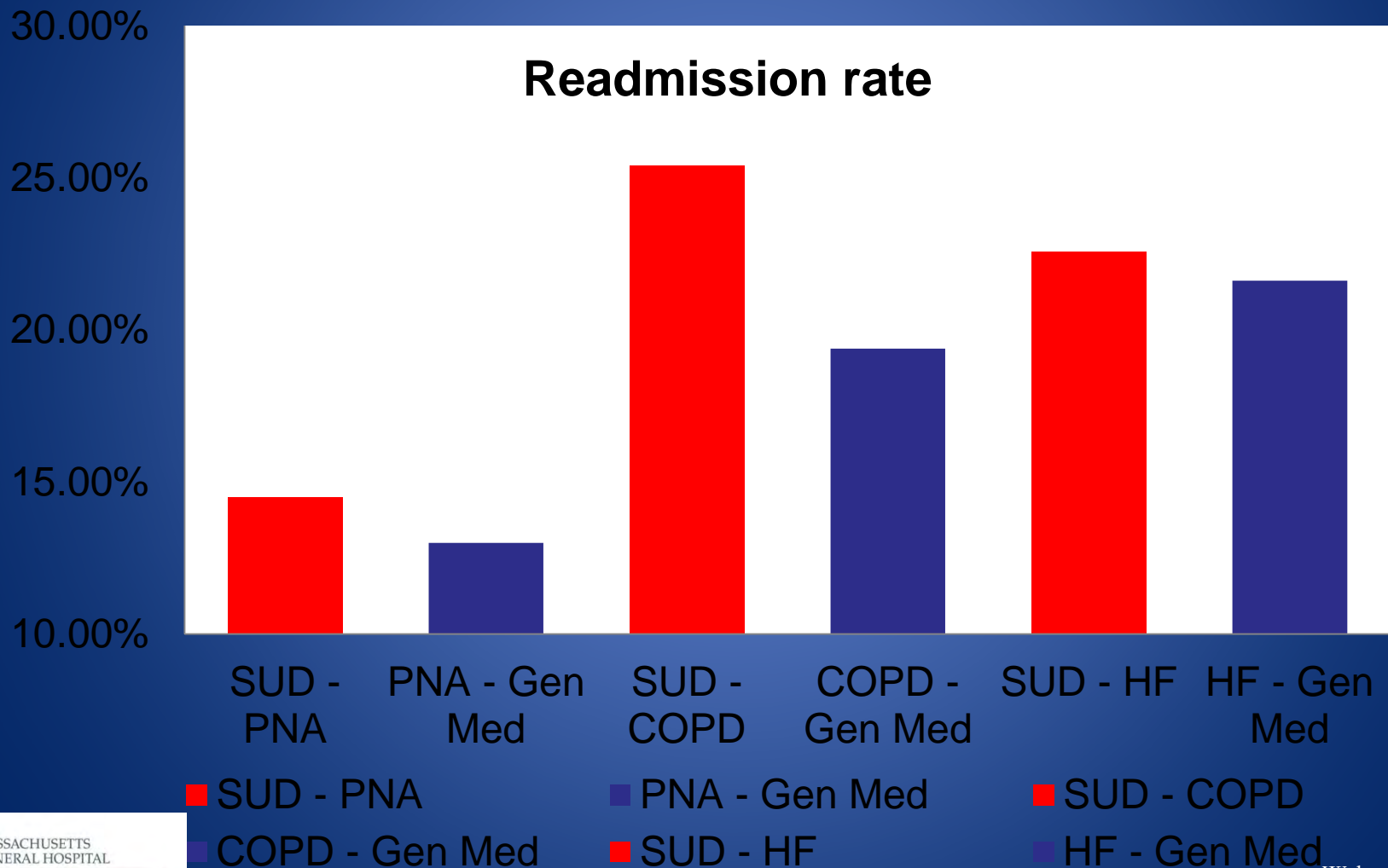
- 29% of MGH high risk patients have an SUD
- Higher cost
- Higher readmission rate with SUD diagnosis

*Average Direct Patient Cost Considerably Higher for SUD vs. Other Conditions*



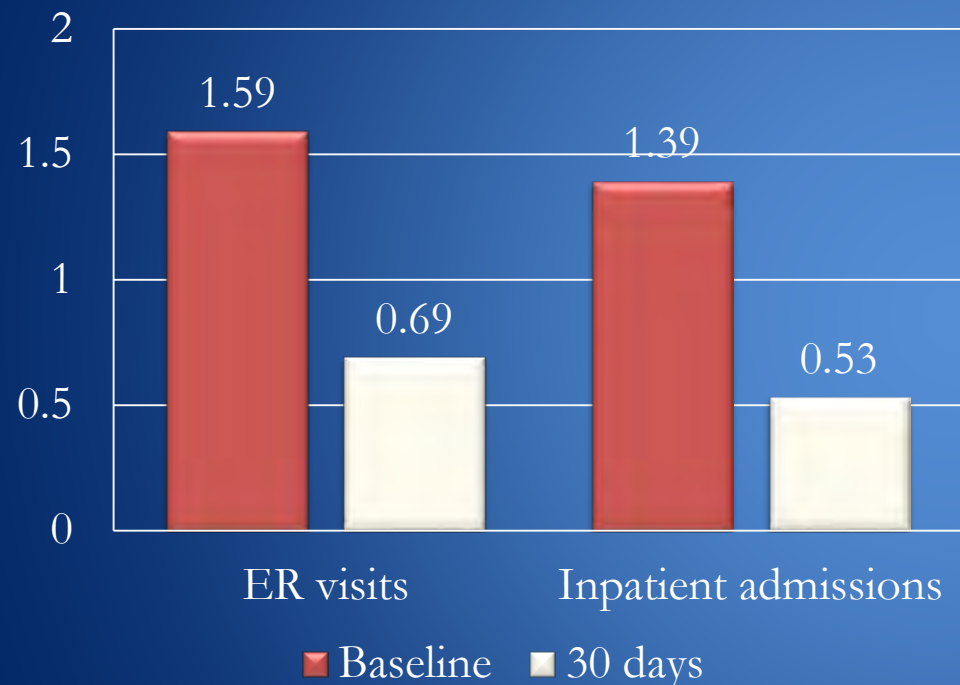
N=2,583 medical and surgical patients (20% homeless); 10/12-10/13

# MGH Readmission Rates are Higher with a Substance Use Disorder Diagnosis

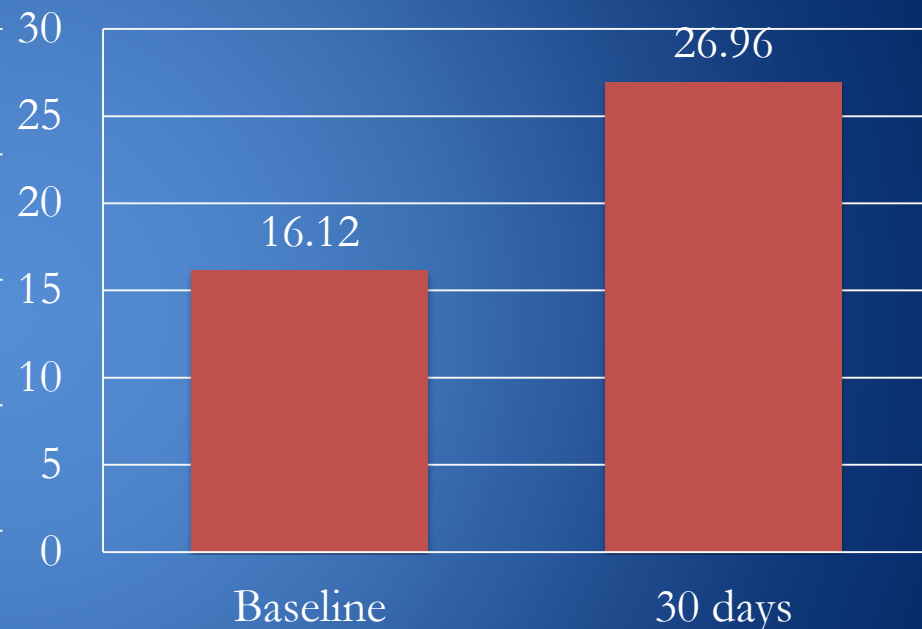


# MGH Substance Use Initiative Reducing Readmission Rates and Increasing Sobriety

## Self-reported utilization



## Self-reported days abstinent



**57% and 62% decrease in self-reported ER visits and inpatient admissions**

**67% increase in number of days abstinent**



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# Resources

## Internal Revenue Service

The IRS provides downloadable data files of tax-exempt organizations, including non-profit hospital (<https://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Business-Master-File-Extract-EO-BMF>). Information about the data is available here [https://www.irs.gov/pub/irs-soi/eo\\_info.pdf](https://www.irs.gov/pub/irs-soi/eo_info.pdf).

## Finding a Local Non-Profit Hospital

American Hospital Association's *AHA Guide*® 2017 Edition is available in book format and includes information about hospitals by state, including non-profit hospitals.

## Effective Prevention Approaches

- ***Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide.*** (<https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/index>)
- **National Registry of Evidence-based Programs and Practices (NREPP).** (<https://www.samhsa.gov/nrepp>)
- **Washington State Institute for Public Policy (WSIPP) – Cost-Benefit Results**  
WSIPP uses a 3-step methodology to assess the cost-effectiveness of a range of programs, including substance use. (<http://www.wsipp.wa.gov/BenefitCost>)

## Centers for Disease Control and Prevention – NCHS Data Visualization Gallery

- **Drug Poisoning Mortality: United States** (<https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/>)
- **Opioids - U.S. Prescribing Rate Maps** (<https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>)

FOR QUESTIONS CONTACT:  
JANE SANVILLE  
USANVILLE@ONDCP.EOP.GOV

