Enhancing Coordination of Behavioral Health Services after Superstorm Sandy: Planning for Future Disasters

Identifying at-Risk Communities

Initial Data Profile: Ocean County

Demographics, Behavioral Health Conditions, and Utilization of Health Services (Medicare Fee-for-Service Beneficiaries)

January 7, 2014
Preface .......................................................................................................................... 1
Introduction ................................................................................................................ 2
HQSI Project Team ..................................................................................................... 5
Acknowledgements ..................................................................................................... 6
Executive Summary .................................................................................................... 7
Demographics ............................................................................................................. 9
  • Total Medicare FFS Beneficiary Population by County ........................................ 9
  • Percent of Medicare FFS Beneficiary Population by Gender by County ............. 10
  • Percent of Medicare FFS Beneficiary Population by Race by County ............... 11
  • Percent of Medicare FFS Beneficiary Population by Age by County ............... 12
  • Socioeconomic Status by County ........................................................................ 12
Behavioral Health Conditions .................................................................................... 13
  • Prevalence and Incidence ......................................................................................... 13
    - Summary .............................................................................................................. 14
    - Depression or Proxy Disorders ........................................................................... 15
    - Anxiety Disorders ............................................................................................... 20
    - Adjustment Disorders ........................................................................................ 23
    - Post-Traumatic Stress Disorder .......................................................................... 24
    - Alcohol or Substance Abuse .............................................................................. 27
    - Substance Abuse ................................................................................................ 30
    - Suicide and Intentional Self-Inflicted Injury ....................................................... 33
  • Risk Factors for Depression or Proxy Disorders ................................................... 36
    - Top Five Risk Factors for Depression or Proxy Disorders .................................. 36
    - Alzheimer’s Disease and Related Disorders or Senile Dementia ..................... 39
    - Sleep Disturbance .............................................................................................. 39
    - Substance or Alcohol Abuse or Tobacco Use .................................................... 40
    - Hip/Pelvic Fractures ........................................................................................... 40
    - Amputations ....................................................................................................... 41
Utilization .................................................................................................................... 43
  • Outpatient Behavioral Health Services .................................................................. 43
    - Summary .......................................................................................................... 43
    - Assessments ...................................................................................................... 45
      › Depression Screening ....................................................................................... 45
Table of Contents

- Diagnostic Psychological Tests ................................................................. 49
- Health and Behavior Assessment/Intervention ........................................ 50
- Neuropsychological Tests ........................................................................ 51
- Psychiatric Diagnostic Procedures ............................................................. 53
- Therapies .................................................................................................. 55
  - Individual Psychotherapy ........................................................................ 55
  - Family Psychotherapy ............................................................................. 57
  - Group Psychotherapy ............................................................................. 58
  - Electroconvulsive Therapy ...................................................................... 59
  - Biofeedback Therapy ............................................................................. 60
- Inpatient Services ...................................................................................... 61
  - Summary ................................................................................................ 61
  - Psychiatric Hospital Admissions .............................................................. 63
  - Acute Care Hospitals ............................................................................. 64
    - Admissions .......................................................................................... 64
    - Observation Stays ................................................................................ 65
    - Emergency Department Visits .............................................................. 66
    - 30-Day Hospital Readmissions ............................................................. 67
    - Observation Stays Within 30 Days of Discharge .................................. 68
    - Emergency Department Visits Within 30 Days of Discharge .............. 69
- Other Settings ........................................................................................... 70
  - Summary ................................................................................................ 70
  - Home Health Agency Services ................................................................. 71
  - Skilled Nursing Facility Services .............................................................. 72
  - Hospice Services .................................................................................... 73
  - Medical Rehabilitation Services .............................................................. 74

Appendices .................................................................................................... 75
- Appendix A: Behavioral Health Conditions .............................................. 75
- Appendix B: Risk Factors for Depression or Proxy Disorders .................. 77
- Appendix C: Utilization of Outpatient Mental Health Services ............... 81
- Appendix D: Utilization of Services – Inpatient and Other Settings ........ 83
- Appendix E: Time Frames and Formulae .................................................. 85
- Appendix F: References ............................................................................ 86

Index of Figures ............................................................................................ 87
On October 29, 2012, Superstorm Sandy hit the Eastern Seaboard, impacting more than a dozen states. New Jersey, which took the brunt of the storm along its densely populated coastline, was devastated. Thousands of residents were displaced, their homes and communities damaged or destroyed.

Lessons learned from prior natural disasters showed that victims of storms like Superstorm Sandy are often at an elevated risk for acute or chronic behavioral health issues such as post-traumatic stress disorder (PTSD), depression, suicide, and alcohol abuse. While disaster-related issues subside over time, evidence shows that victims can experience a prolonged period of elevated risk, especially those with pre-existing chronic mental health issues. Older adults and disabled residents with chronic mental health conditions are at increased risk of deteriorating health, depression, increased isolation, and breakdown in the continuum of health care. Additionally, past natural disasters also show that access to informational resources on disaster-related mental health disorders, outcomes, and service utilization are important factors to consider.

This initial county profile – one of 10 being created for each of the Federal Emergency Management Agency (FEMA)-declared disaster counties in New Jersey – explores potential county and community level health status and health determinants of post-disaster spikes in behavioral health issues and treatments. Subsequent county profiles, to be produced in spring 2014, will include more comprehensive post-Sandy data and an analytic treatment of the predictive value of the initial county profiles in planning for and coordinating post-disaster response resources.
**Introduction**

*Enhancing Coordination of Behavioral Health Services after Superstorm Sandy: Planning for Future Disasters* is a Special Innovation Project funded by the Centers for Medicare & Medicaid Services (CMS). As part of this project, Healthcare Quality Strategies, Inc. (HQSI), the CMS quality improvement organization (QIO) for New Jersey, studied data on prevalence and incidence of selected behavioral health conditions, the utilization of health services, and demographic information from the Medicare claims database for Medicare Fee-for-Service (FFS) beneficiaries residing in the 10 New Jersey FEMA-declared disaster counties after Superstorm Sandy. These counties include Atlantic, Bergen, Cape May, Essex, Hudson, Ocean, Middlesex, Monmouth, Somerset, and Union.

From its analysis, HQSI created data profiles for each of these FEMA-designated counties. This is the initial profile for Ocean County. Separate county profiles have been developed for each of the FEMA-declared disaster counties. The county profiles can be used to determine and compare the baseline prevalence of the selected behavioral health conditions and utilization of services among all 10 FEMA-declared disaster counties pre-Superstorm Sandy.

In January 2014, additional profiles will be released that will feature a subset of 10 communities. These communities were selected because they had high rates of Medicare FFS beneficiaries both with and at risk for depression or proxy disorders. The community profiles can be used to determine and compare the baseline prevalence of the selected behavioral health conditions and utilization of services in the selected communities compared to their counties.

The county and community profiles are based on Medicare FFS claims data and provide a glimpse into the prevalence and incidence of selected behavioral health conditions and risk factors for depression, as well as the utilization of Medicare-covered behavioral health services among Medicare beneficiaries residing in the selected counties or communities before and after Superstorm Sandy. Since patients with behavioral health conditions may receive other health services because of medical problems caused by their behavioral health conditions or they may avoid utilizing behavioral health services, this report also looks at the utilization of non-behavioral health services.

These profiles are being shared with state and local governments and agencies, healthcare providers, community-based organizations, and the research community to support a community-based approach to enhance the coordination of behavioral health services after a natural disaster, and to increase utilization of the Medicare depression screening benefit which became a covered service in January 2012.
METHODOLOGY

Each county profile compares one county’s statistics to the aggregate of the 10 counties and to the other nine counties. Primary data sources include Medicare FFS Part A and Part B claims, the Medicare enrollment database and U.S. Census data. The Medicare enrollment database includes basic demographic statistics such as age, gender, and race while the U.S. Census data provides a proxy indicator (average household income) for socio-economic status. Based on the ICD-9-CM (International Classification of Disease, Ninth Revision, Clinical Modification), CPT (Current Procedural Terminology) or HCPCS (Healthcare Common Procedure Coding System) codes in Medicare Part A and Part B claims, beneficiaries were identified for chronic conditions including diseases/conditions related to behavioral health, such as depression. Appendices A through F contain documentation, technical notes, codes, algorithms, data sources, and references.

Medicare Part A claims were also used to analyze utilization of health services in or by acute care hospitals, skilled nursing facilities, medical rehabilitation facilities, home health agencies, hospice, and inpatient psychiatric facilities. Medicare Part A and Part B claims provide information on the utilization of mental health outpatient services for assessment (e.g., depression screening, diagnostic psychological tests) and treatment (e.g., individual psychotherapy, biofeedback therapy).

To identify beneficiaries with an elevated risk of depression after the storm, HQSI conducted a literature review on risk factors for depression (see Appendix B). Previous studies identified psychosocial and biological factors, increased age, history of cancer, Parkinson’s disease, Alzheimer’s disease, changes in mental function, and medication side effects as risk factors for developing depression. Based on findings from the literature review and factors available through Medicare claims, logistic regression analysis was conducted with Medicare claims, and the top five risk factors (Alzheimer’s disease and related disorders or senile dementia, hip/pelvic fractures, amputations, substance or alcohol abuse or tobacco use, and sleep disturbance) were used to identify beneficiaries with high risk for developing depression or proxy disorders.

MEASUREMENT TIME FRAMES

This profile includes data from January 1, 2011 through March 31, 2013. October 1, 2012 through December 31, 2012 (Q4 2012) is defined as the quarter during which Superstorm Sandy occurred. The post-storm quarter is defined as Q1 2013 (January 1 – March 31, 2013). Results are presented using three different measurement time frames as follows:

- The pre-Sandy time period was defined as January 1, 2011 through September 30, 2012. Statistics on demographics, prevalence of behavioral health conditions and utilization of health services are presented for this 21-month period. These statistics allowed for comparison across affected counties prior to Superstorm Sandy.
Annual prevalence with rolling quarters of behavioral health conditions and utilization statistics are included to adjust for seasonal variation and to examine possible changes pre- and post-Superstorm Sandy. The time period used for this analysis was January 1, 2011 through March 31, 2013. This time period includes six data time points.

Quarterly new incidence of the behavioral health conditions that includes five quarters of data from Q1 2012 (January 1, 2012 – March 31, 2012) through Q1 2013 (January 1, 2013 – March 31, 2013) allows the identification of new cases in a quarter when compared to the prior year. It also allows identification of possible changes after the storm when comparing Q1 2013 data against Q1 2012.

DATA CONSIDERATIONS

The available data relating to behavioral health issues as a result of Superstorm Sandy are new, given that the disaster occurred recently. Currently, there is only one quarter of post-storm data available. To examine possible changes, profiles will be updated in 2014 (when another quarter of post-storm data will be available). Claims data processing lag (at least six months), coupled with the one-year project time frame, reduces the optimal time frame for more accurate estimation of post-Sandy effects.

Identification of beneficiaries with behavioral health conditions is based on diagnoses being reported in Medicare FFS claims and could result in underestimation. There is currently no accurate way to identify when certain health conditions began and ended.

According to the subject matter experts consulted for this project, unlike other conditions, behavioral health issues are often underdiagnosed in our society and the stigma associated with behavioral health conditions may prevent people from seeking care in mental health facilities.

This type of county profile can be used to provide a baseline for the prevalence and incidence rates of eight selected behavioral health conditions (see page 13) based on the ICD-9-CM codes through the Medicare claims database. Possibly, after further data collection and analytic development using post-Sandy data, it can also be used to prioritize and plan community and county preparation for the care, tracking, and monitoring of Medicare beneficiary behavioral health status and health care utilization patterns.

HQSI will produce updated profiles in spring 2014 that will include additional data for the post-Superstorm Sandy time period.
Acknowledgements

Special thanks to the Subject Matter Experts who assisted with the project by providing feedback and guidance to the HQSI project team.

Carol Benevy, MSW
New Jersey Hope and Healing Project
Barnabas Health Institute for Prevention

Mary Ditri, MA, CHCC
New Jersey Hospital Association

Adrienne Fessler-Belli, MSW, LCSW
New Jersey Department of Human Services
Disaster & Terrorism Branch

Mark Firth, MA, MSW
New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Mary Goepfert, MPA, APR, CPM
New Jersey Group for Access and Integration Needs in Emergencies and Disasters

Connie Greene, MA, CAS, CSW, CPS
Barnabas Health Institute for Prevention

Bob Kley
Mental Health Association in New Jersey, Inc.

Lynn Kovitch, MEd
New Jersey Department of Human Services
Division of Mental Health and Addiction Services

Karen McCoy, RN, BSN
Home Care Association of New Jersey

Elyse Perweiler, MPP, RN
NJ Institute for Successful Aging

Lynn Stefanowicz, MA, LCSW
Meridian Behavioral Health

Megan Sullivan, LPC, LCADC, DRCC
New Jersey Department of Human Services
Disaster & Terrorism Branch

Pete Summers
The New Jersey Association of County and City Health Officials (NJACCHO)

Vito Veneruso
New Jersey Primary Care Association
KEY OBSERVATIONS

1. In the 21 months prior to Superstorm Sandy, 27.2% of Medicare FFS beneficiaries (272.03 per 1,000 beneficiaries) in Ocean County experienced depression or proxy disorders (anxiety and adjustment disorders).

2. In the 21 months prior to Superstorm Sandy, 20.6% of Medicare FFS beneficiaries (205.74 per 1,000 beneficiaries) in Ocean County were at risk for the top five risk factors for depression or proxy disorders. This was the highest rate among all 10 counties.

3. In the 21 months prior to Superstorm Sandy, Ocean County had the highest prevalence rate of PTSD (7.48 per 1,000 Medicare FFS beneficiaries) among all 10 counties.

4. In the 21 months prior to Superstorm Sandy, Ocean County had the highest prevalence rate of anxiety disorder (170.82 per 1,000 Medicare FFS beneficiaries) among all 10 counties.

5. Ocean County had the largest relative increase in new incidence of depression among all 10 counties.

6. While all 10 counties had a decrease in new incidence of depression or proxy disorders, Ocean County had the smallest decrease among all 10 counties.

7. The utilization rate of the Medicare depression screening benefit was low among all 10 counties. In Ocean County the rate was 9.49 per 1,000 Medicare FFS beneficiaries.

8. Ocean County had the largest relative increase in alcohol or substance abuse (21.3%) and substance abuse (23.0%) among all 10 counties.

9. The most frequently used behavioral health assessment service in Ocean County was psychiatric diagnostic procedures (8.3%).

10. The most frequently used behavioral health therapy in Ocean County was individual psychotherapy (6.2%).

11. Ocean County had the lowest rate of observation stays among all 10 counties (7.82 per 1,000 FFS Medicare beneficiaries).

12. Ocean County had the highest utilization rates of home health agency services (153.02 per 1,000 FFS Medicare beneficiaries), skilled nursing facility services (118.04 per 1,000 beneficiaries), hospice services (49.43 per 1,000 beneficiaries), and medical rehabilitation services (36.49 per 1,000 beneficiaries).
The **Snapshot of Ocean County** (Figure 1) summarizes the prevalence of the behavioral health conditions, as well as risk factors for depression or proxy disorders, analyzed for this county profile. This **Snapshot** also lists the most frequently performed behavioral health assessments and therapies in Ocean County compared to the average among all 10 counties included in this project. The non-behavioral health utilization measures that were calculated for this profile are not included in the **Snapshot**.

<table>
<thead>
<tr>
<th>Behavioral Health Disorders</th>
<th>Prevalence per 1,000 Beneficiaries (21 Months Prior to Superstorm Sandy)</th>
<th>Ocean County</th>
<th>10 County Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression or Proxy Disorders</td>
<td></td>
<td>272.03</td>
<td>251.86</td>
</tr>
<tr>
<td>• Depression alone</td>
<td></td>
<td>173.97</td>
<td>164.75</td>
</tr>
<tr>
<td>• Anxiety Disorders alone</td>
<td></td>
<td>170.82</td>
<td>144.53</td>
</tr>
<tr>
<td>• Adjustment Disorders alone</td>
<td></td>
<td>42.95</td>
<td>43.45</td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td>7.48</td>
<td>5.36</td>
</tr>
<tr>
<td>Alcohol or Substance Abuse</td>
<td></td>
<td>50.61</td>
<td>43.26</td>
</tr>
<tr>
<td>• Substance Abuse alone</td>
<td></td>
<td>30.52</td>
<td>23.75</td>
</tr>
<tr>
<td>Suicide and Intentional Self-Inflicted Injury</td>
<td></td>
<td>8.47</td>
<td>6.80</td>
</tr>
<tr>
<td>Top Five Risk Factors for Depression or Proxy Disorders*</td>
<td></td>
<td>205.74</td>
<td>175.56</td>
</tr>
<tr>
<td>• Alzheimer’s Disease and related disorders or Senile Dementia</td>
<td></td>
<td>51.86</td>
<td>49.25</td>
</tr>
<tr>
<td>• Sleep Disturbance</td>
<td></td>
<td>33.97</td>
<td>32.26</td>
</tr>
<tr>
<td>• Substance or Alcohol Abuse or Tobacco Use</td>
<td></td>
<td>136.52</td>
<td>104.94</td>
</tr>
<tr>
<td>• Hip/Pelvic Fractures</td>
<td></td>
<td>10.79</td>
<td>10.99</td>
</tr>
<tr>
<td>• Amputations</td>
<td></td>
<td>1.22</td>
<td>1.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Health Services</th>
<th>Utilization per 1,000 Beneficiaries (21 Months Prior to Superstorm Sandy)</th>
<th>Ocean County</th>
<th>10 County Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Depression Screening</td>
<td>9.49</td>
<td>4.81</td>
<td></td>
</tr>
<tr>
<td>• Psychiatric Diagnostic Procedures</td>
<td>82.92</td>
<td>81.61</td>
<td></td>
</tr>
<tr>
<td>• Neuropsychological Test</td>
<td>14.83</td>
<td>14.18</td>
<td></td>
</tr>
<tr>
<td>Therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual Psychotherapy</td>
<td>61.53</td>
<td>69.31</td>
<td></td>
</tr>
<tr>
<td>• Family Psychotherapy</td>
<td>3.76</td>
<td>5.09</td>
<td></td>
</tr>
<tr>
<td>• Group Psychotherapy</td>
<td>2.11</td>
<td>3.88</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Hospital Admissions</td>
<td>12.34</td>
<td>12.56</td>
<td></td>
</tr>
</tbody>
</table>

* The top five risk factors were identified based on findings from a literature review (Appendix B) and factors available through Medicare claims. Logistic regression analysis was conducted with Medicare claims.
The total Medicare FFS beneficiary population of Ocean County is 136,215 (Figure 2).
Females make up 56.99% of the entire Medicare FFS population in Ocean County and males 43.01% (Figure 3).

<table>
<thead>
<tr>
<th>County</th>
<th>Percent of Males</th>
<th>Percent of Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>45.03</td>
<td>54.97</td>
</tr>
<tr>
<td>Bergen</td>
<td>43.14</td>
<td>56.86</td>
</tr>
<tr>
<td>Cape May</td>
<td>46.10</td>
<td>53.90</td>
</tr>
<tr>
<td>Essex</td>
<td>42.89</td>
<td>57.11</td>
</tr>
<tr>
<td>Hudson</td>
<td>42.80</td>
<td>57.20</td>
</tr>
<tr>
<td>Middlesex</td>
<td>43.98</td>
<td>56.02</td>
</tr>
<tr>
<td>Monmouth</td>
<td>43.89</td>
<td>56.11</td>
</tr>
<tr>
<td>Ocean</td>
<td><strong>43.01</strong></td>
<td><strong>56.99</strong></td>
</tr>
<tr>
<td>Somerset</td>
<td>43.45</td>
<td>56.55</td>
</tr>
<tr>
<td>Union</td>
<td>43.04</td>
<td>56.96</td>
</tr>
<tr>
<td><strong>Average of 10 counties</strong>*</td>
<td><strong>43.47</strong></td>
<td><strong>56.53</strong></td>
</tr>
</tbody>
</table>

*Computing the average of all 10 counties in this table will not equal the average shown, as some beneficiaries moved from one county to another during this time frame.
Percent of Medicare FFS Beneficiary Population by Race by County

The majority of this population is White (95.47%) followed by Black (1.98%), Other (1.42%), Asian (0.56%), and Hispanic (0.56%) (Figure 4).

### Figure 4. Percent of Medicare FFS Beneficiary Population by Race by County (January 1, 2011 – March 31, 2013)

<table>
<thead>
<tr>
<th>County</th>
<th>Percent of Whites</th>
<th>Percent of Blacks</th>
<th>Percent of Hispanics</th>
<th>Percent of Asians</th>
<th>Percent of Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>78.45</td>
<td>14.09</td>
<td>2.50</td>
<td>2.90</td>
<td>2.06</td>
</tr>
<tr>
<td>Bergen</td>
<td>83.43</td>
<td>4.85</td>
<td>2.46</td>
<td>4.57</td>
<td>4.69</td>
</tr>
<tr>
<td>Cape May</td>
<td>94.48</td>
<td>3.63</td>
<td>0.40</td>
<td>0.40</td>
<td>1.09</td>
</tr>
<tr>
<td>Essex</td>
<td>54.00</td>
<td>36.02</td>
<td>4.24</td>
<td>1.81</td>
<td>3.93</td>
</tr>
<tr>
<td>Hudson</td>
<td>61.15</td>
<td>12.20</td>
<td>14.82</td>
<td>5.29</td>
<td>6.54</td>
</tr>
<tr>
<td>Middlesex</td>
<td>77.29</td>
<td>7.65</td>
<td>3.48</td>
<td>6.26</td>
<td>5.32</td>
</tr>
<tr>
<td>Monmouth</td>
<td>87.67</td>
<td>7.01</td>
<td>0.80</td>
<td>1.55</td>
<td>2.97</td>
</tr>
<tr>
<td>Ocean</td>
<td><strong>95.47</strong></td>
<td><strong>1.98</strong></td>
<td><strong>0.56</strong></td>
<td><strong>0.56</strong></td>
<td><strong>1.42</strong></td>
</tr>
<tr>
<td>Somerset</td>
<td>82.59</td>
<td>6.77</td>
<td>1.37</td>
<td>4.36</td>
<td>4.91</td>
</tr>
<tr>
<td>Union</td>
<td>69.39</td>
<td>19.68</td>
<td>5.52</td>
<td>1.84</td>
<td>3.58</td>
</tr>
<tr>
<td><strong>10 counties</strong>*</td>
<td><strong>78.42</strong></td>
<td><strong>11.21</strong></td>
<td><strong>3.49</strong></td>
<td><strong>3.08</strong></td>
<td><strong>3.80</strong></td>
</tr>
</tbody>
</table>

*Computing the average of all 10 counties in this table will not equal the average shown, as some beneficiaries moved from one county to another during this time frame.
PERCENT OF MEDICARE FFS BENEFICIARY POPULATION BY AGE BY COUNTY

The beneficiary population in Ocean County varies by age group with the largest group between ages 65 and 74 years old followed by beneficiaries between 75 and 84 years old. The average age of beneficiaries in this county is 71.51 (Figure 5).

![Figure 5. Percent of Medicare FFS Beneficiary Population by Age by County (January 1, 2011 – March 31, 2013)](image)

<table>
<thead>
<tr>
<th>County</th>
<th>&lt;65</th>
<th>65 – 74</th>
<th>75 – 84</th>
<th>85 and Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>29.99</td>
<td>38.06</td>
<td>22.08</td>
<td>9.87</td>
</tr>
<tr>
<td>Bergen</td>
<td>21.57</td>
<td>38.27</td>
<td>26.67</td>
<td>13.49</td>
</tr>
<tr>
<td>Cape May</td>
<td>26.28</td>
<td>39.31</td>
<td>24.02</td>
<td>10.40</td>
</tr>
<tr>
<td>Essex</td>
<td>29.31</td>
<td>36.96</td>
<td>22.34</td>
<td>11.39</td>
</tr>
<tr>
<td>Hudson</td>
<td>28.69</td>
<td>37.76</td>
<td>23.29</td>
<td>10.26</td>
</tr>
<tr>
<td>Middlesex</td>
<td>26.36</td>
<td>37.27</td>
<td>24.57</td>
<td>11.80</td>
</tr>
<tr>
<td>Monmouth</td>
<td>26.33</td>
<td>38.08</td>
<td>23.62</td>
<td>11.97</td>
</tr>
<tr>
<td>Ocean</td>
<td>22.85</td>
<td>37.89</td>
<td>26.50</td>
<td>12.75</td>
</tr>
<tr>
<td>Somerset</td>
<td>23.73</td>
<td>39.98</td>
<td>24.28</td>
<td>12.01</td>
</tr>
<tr>
<td>Union</td>
<td>26.28</td>
<td>36.41</td>
<td>24.23</td>
<td>13.09</td>
</tr>
<tr>
<td>10 counties*</td>
<td>25.56</td>
<td>37.86</td>
<td>24.56</td>
<td>12.02</td>
</tr>
</tbody>
</table>

*Computing the average of all 10 counties in this table will not equal the average shown, as some beneficiaries moved from one county to another during this time frame.

SOCIOECONOMIC STATUS BY COUNTY

According to U.S. Census data from 2012, residents aged 65 and over in Ocean County had a median household income of $37,747. This was lower than the average income among all 10 counties (Figure 6).

![Figure 6. 2012 Median Household Income (65 years and above)](image)

Prevalence and Incidence

Using Medicare FFS claims data, eight behavioral health conditions were analyzed: depression, depression or proxy disorders, adjustment disorder, anxiety disorder, post-traumatic stress disorder (PTSD), substance abuse, alcohol or substance abuse, and suicide and intentional self-inflicted injury.

Claims data can underestimate the real incidence of depression in the population and individuals with depression could be diagnosed as having anxiety or adjustment disorders, as noted by the subject matter experts consulted for this project. Therefore, HQSI created a combination measure for depression (depression or proxy disorders) which includes beneficiaries who were reported for either depression, anxiety, or adjustment disorders.

The behavioral health data from January 1, 2011 to March 31, 2013 for these different measures were calculated to quantify disease occurrence:

1. Prevalence of the condition for the pre-Sandy time frame (Q1 2011 – Q3 2012, or 21 months)
2. Quarterly new incidence compared to prior year (Q1 2012 – Q1 2013)
3. The yearly prevalence of the condition with quarterly rolling trends to account for seasonal variation

Refer to Appendix A for measurement calculation and Appendix E for quarterly time frames and formulae.
Summary

Prevalence of the selected behavioral health conditions in the 21 months prior to Superstorm Sandy in the 10 counties is color coded with highest (red) and lowest (light blue) for each condition.

In the 21 months prior to Superstorm Sandy, Ocean County had the highest prevalence of anxiety disorders and PTSD among all 10 counties (Figure 7).

<table>
<thead>
<tr>
<th>County</th>
<th>Depression or Proxy Disorders</th>
<th>Depression</th>
<th>Anxiety Disorder</th>
<th>Adjustment Disorder</th>
<th>PTSD</th>
<th>Alcohol or Substance Abuse</th>
<th>Substance Abuse</th>
<th>Suicide and Intentional Self-Inflicted Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>269.50</td>
<td>171.36</td>
<td>163.83</td>
<td>45.32</td>
<td>7.13</td>
<td>60.37</td>
<td>34.67</td>
<td>9.24</td>
</tr>
<tr>
<td>Bergen</td>
<td>237.89</td>
<td>160.41</td>
<td>131.36</td>
<td>38.14</td>
<td>3.25</td>
<td>28.04</td>
<td>14.04</td>
<td>5.44</td>
</tr>
<tr>
<td>Cape May</td>
<td>273.48</td>
<td>169.64</td>
<td>168.71</td>
<td>36.62</td>
<td>6.74</td>
<td>55.75</td>
<td>28.95</td>
<td>6.22</td>
</tr>
<tr>
<td>Essex</td>
<td>242.98</td>
<td>158.79</td>
<td>124.32</td>
<td>54.16</td>
<td>4.92</td>
<td>56.59</td>
<td>33.80</td>
<td>7.02</td>
</tr>
<tr>
<td>Hudson</td>
<td>274.76</td>
<td>181.03</td>
<td>161.26</td>
<td>48.85</td>
<td>4.29</td>
<td>44.84</td>
<td>22.94</td>
<td>7.13</td>
</tr>
<tr>
<td>Middlesex</td>
<td>236.32</td>
<td>156.07</td>
<td>131.79</td>
<td>37.58</td>
<td>5.71</td>
<td>35.12</td>
<td>19.58</td>
<td>5.60</td>
</tr>
<tr>
<td>Monmouth</td>
<td>269.64</td>
<td>176.30</td>
<td>155.45</td>
<td>55.08</td>
<td>6.59</td>
<td>48.02</td>
<td>23.81</td>
<td>8.07</td>
</tr>
<tr>
<td>Ocean</td>
<td>272.03</td>
<td>173.97</td>
<td>170.82</td>
<td>42.95</td>
<td>7.48</td>
<td>50.61</td>
<td>30.52</td>
<td>8.47</td>
</tr>
<tr>
<td>Somerset</td>
<td>232.06</td>
<td>152.38</td>
<td>131.07</td>
<td>40.32</td>
<td>5.77</td>
<td>37.67</td>
<td>21.12</td>
<td>5.90</td>
</tr>
<tr>
<td>Union</td>
<td>225.96</td>
<td>148.14</td>
<td>126.46</td>
<td>31.27</td>
<td>3.32</td>
<td>34.96</td>
<td>17.45</td>
<td>5.12</td>
</tr>
<tr>
<td>10 counties</td>
<td>251.86</td>
<td>164.75</td>
<td>144.53</td>
<td>43.45</td>
<td>5.36</td>
<td>43.26</td>
<td>23.75</td>
<td>6.80</td>
</tr>
</tbody>
</table>

Highest | Lowest

Figure 7. Prevalence of Selected Behavioral Health Conditions per 1,000 Medicare FFS Beneficiaries – Pre-Sandy (Q1 2011 – Q3 2012)
Depression or Proxy Disorders

The prevalence rate of depression or proxy disorders in Ocean County in the 21 months prior to Superstorm Sandy was 272.03 per 1,000 Medicare FFS beneficiaries. This was higher than the prevalence rate among all 10 counties (Figure 8).

![Figure 8. Prevalence of Depression or Proxy Disorders per 1,000 Medicare FFS Beneficiaries – Pre-Sandy: Q1 2011 – Q3 2012](image-url)
The color-coded map of New Jersey depicts prevalence of depression or proxy disorders from high (red) to low (blue) in the 10 FEMA-declared disaster counties. This map shows that parts of Ocean, along with Monmouth, Atlantic, and Cape May Counties had a higher prevalence of depression or proxy disorders than the other counties (Figure 9).

**Figure 9. Prevalence of Depression or Proxy Disorders per 1,000 Medicare FFS Beneficiaries in 10 Counties (Pre-Sandy: Q1 2011- Q3 2012)**
The color-coded map of Ocean County depicts regional variation of prevalence of depression or proxy disorders from high (red) to low (blue). Some areas, such as Toms River had higher rates of depression or proxy disorders than others (Figure 10).

**Figure 10. Ocean County Prevalence of Depression or Proxy Disorders per 1,000 Medicare FFS Beneficiaries (Pre-Sandy: Q1 2011- Q3 2012)**
For Q1 2013, there were 26.00 Medicare FFS beneficiaries newly diagnosed with depression or proxy disorders per 1,000 beneficiaries in Ocean County compared to Q1 2012, which was 26.21 per 1,000 beneficiaries. This was higher than the quarterly rate among all 10 counties in Q1 2013 (Figure 11).

Comparing Q1 2013 to Q1 2012, there was a 0.8% relative decrease in new incidence of depression or proxy disorders in Ocean County, the smallest decrease among all 10 counties (Figure 12).
From Q2 2012 – Q1 2013, there was a 206.09 per 1,000 Medicare FFS beneficiaries yearly prevalence of depression or proxy disorders in Ocean County compared to Q2 2011 – Q1 2012, which was 201.98 per 1,000 beneficiaries. Ocean County’s yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 13).

Comparing Q2 2012 – Q1 2013 to Q2 2011 – Q1 2012, there was a 2.0% relative increase in depression or proxy disorders in Ocean County (Figure 14).
The prevalence rate of depression in Ocean County in the 21 months prior to Superstorm Sandy was 173.97 per 1,000 Medicare FFS beneficiaries. This was higher than the prevalence rate among all 10 counties (Figure 15).
For Q1 2013, there were 16.59 Medicare FFS beneficiaries newly diagnosed with depression per 1,000 beneficiaries in Ocean County compared to Q1 2012, which was 16.12 per 1,000 beneficiaries. This was higher than the quarterly rate among all 10 counties in Q1 2013 (Figure 16).

Comparing Q1 2013 to Q1 2012, there was a 3.0% relative increase in new incidence of depression in Ocean County, the largest increase among all 10 counties (Figure 17).
From Q2 2012 – Q1 2013, there was a 128.59 per 1,000 Medicare FFS beneficiaries yearly prevalence of depression in Ocean County compared to Q2 2011 – Q1 2012, which was 127.82 per 1,000 beneficiaries. Ocean County’s yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 18).

Comparing Q2 2012 – Q1 2013 to Q2 2011 – Q1 2012, there was a 0.6% relative increase in depression in Ocean County (Figure 19).
Anxiety Disorders

The prevalence rate of anxiety disorders in Ocean County in the 21 months prior to Superstorm Sandy was 170.82 per 1,000 Medicare FFS beneficiaries. This was the highest prevalence rate among all 10 counties (Figure 20).

Adjustment Disorders

The prevalence rate of adjustment disorders in Ocean County in the 21 months prior to Superstorm Sandy was 42.95 per 1,000 Medicare FFS beneficiaries. This was lower than the prevalence rate among all 10 counties (Figure 21).
The prevalence rate of PTSD in Ocean County in the 21 months prior to Superstorm Sandy was 7.48 per 1,000 Medicare FFS beneficiaries. This was the highest prevalence rate among all 10 counties (Figure 22).

<table>
<thead>
<tr>
<th>County</th>
<th>Prevalence Rate (per 1,000 Medicare FFS beneficiaries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td>7.48</td>
</tr>
<tr>
<td>Atlantic</td>
<td>7.13</td>
</tr>
<tr>
<td>Cape May</td>
<td>6.74</td>
</tr>
<tr>
<td>Monmouth</td>
<td>6.59</td>
</tr>
<tr>
<td>Somerset</td>
<td>5.77</td>
</tr>
<tr>
<td>Middlesex</td>
<td>5.71</td>
</tr>
<tr>
<td>10 Counties</td>
<td>5.36</td>
</tr>
<tr>
<td>Essex</td>
<td>4.92</td>
</tr>
<tr>
<td>Hudson</td>
<td>4.29</td>
</tr>
<tr>
<td>Union</td>
<td>3.32</td>
</tr>
<tr>
<td>Bergen</td>
<td>3.25</td>
</tr>
</tbody>
</table>
For Q1 2013, there were 1.01 Medicare FFS beneficiaries newly diagnosed with PTSD per 1,000 beneficiaries in Ocean County compared to Q1 2012, which was 0.86 per 1,000 beneficiaries. This was higher than the rate among all 10 counties in Q1 2013 (Figure 23).

Comparing Q1 2013 to Q1 2012, there was a 17.2% relative increase in new incidence of PTSD in Ocean County (Figure 24).
From Q2 2012 – Q1 2013, there was a 5.81 per 1,000 Medicare FFS beneficiaries yearly prevalence of PTSD in Ocean County compared to Q2 2011 – Q1 2012, which was 5.42 per 1,000 beneficiaries. The yearly rate of PTSD with rolling quarters was higher than the rate among all 10 counties (Figure 25).

Comparing Q2 2012 – Q1 2013 to Q2 2011 – Q1 2012, there was a 7.1% relative increase in PTSD in Ocean County (Figure 26).
Alcohol or Substance Abuse

The alcohol or substance abuse measure includes Medicare FFS beneficiaries who were reported for either alcohol abuse or substance abuse.

The prevalence rate of alcohol or substance abuse in Ocean County in the 21 months prior to Superstorm Sandy was 50.61 per 1,000 Medicare FFS beneficiaries. This was higher than the prevalence rate among all 10 counties (Figure 27).
For Q1 2013, there were 9.35 Medicare FFS beneficiaries newly diagnosed with alcohol or substance abuse per 1,000 beneficiaries in Ocean County compared to Q1 2012, which was 5.68 per 1,000 beneficiaries. This was higher than the quarterly rate among all 10 counties in Q1 2013 (Figure 28).

Comparing Q1 2013 to Q1 2012, there was a 64.6% relative increase in new incidence of alcohol or substance abuse in Ocean County, the largest increase among all 10 counties (Figure 29).
From Q2 2012 – Q1 2013, there was a 39.86 per 1,000 Medicare FFS beneficiaries yearly prevalence of alcohol or substance abuse in Ocean County compared to Q2 2011 – Q1 2012, which was 32.87 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 30).

Comparing Q2 2012 – Q1 2013 to Q2 2011 – Q1 2012, there was a 21.3% relative increase in alcohol or substance abuse in Ocean County, the largest increase among all 10 counties (Figure 31).
The prevalence rate of substance abuse in Ocean County in the 21 months prior to Superstorm Sandy was 30.52 per 1,000 Medicare FFS beneficiaries. This was higher than the prevalence rate among all 10 counties (Figure 32).
For Q1 2013, there were 4.52 Medicare FFS beneficiaries newly diagnosed with substance abuse per 1,000 beneficiaries in Ocean County compared to Q1 2012, which was 3.68 per 1,000 beneficiaries. This was higher than the quarterly rate among all 10 counties in Q1 2013 (Figure 33).

Comparing Q1 2013 to Q1 2012, there was a 23.0% relative increase in new incidence of substance abuse in Ocean County, the largest increase among all 10 counties (Figure 34).
From Q2 2012 – Q1 2013, there was a 21.14 per 1,000 Medicare FFS beneficiaries yearly prevalence of substance abuse in Ocean County compared to Q2 2011 – Q1 2012, which was 20.48 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 35).

Comparing Q2 2012 – Q1 2013 to Q2 2011 – Q1 2012, there was a 3.2% relative increase in substance abuse in Ocean County (Figure 36).
Suicide and Intentional Self-Inflicted Injury

The prevalence rate of suicide and intentional self-inflicted injury in Ocean County in the 21 months prior to Superstorm Sandy was 8.47 per 1,000 Medicare FFS beneficiaries. This was higher than the prevalence rate among all 10 counties (Figure 37).

![Figure 37. Rate of Suicide and Intentional Self-Inflicted Injury per 1,000 Medicare FFS Beneficiaries – Pre-Sandy: Q1 2011 – Q3 2012](image)

<table>
<thead>
<tr>
<th>County</th>
<th>Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>9.24</td>
</tr>
<tr>
<td>Ocean</td>
<td>8.47</td>
</tr>
<tr>
<td>Monmouth</td>
<td>8.07</td>
</tr>
<tr>
<td>Hudson</td>
<td>7.13</td>
</tr>
<tr>
<td>Essex</td>
<td>7.02</td>
</tr>
<tr>
<td>10 Counties</td>
<td>6.80</td>
</tr>
<tr>
<td>Cape May</td>
<td>6.22</td>
</tr>
<tr>
<td>Somerset</td>
<td>5.90</td>
</tr>
<tr>
<td>Middlesex</td>
<td>5.60</td>
</tr>
<tr>
<td>Bergen</td>
<td>5.44</td>
</tr>
<tr>
<td>Union</td>
<td>5.12</td>
</tr>
</tbody>
</table>
For Q1 2013, there were 0.94 Medicare FFS beneficiaries newly diagnosed with suicide and intentional self-inflicted injury per 1,000 beneficiaries in Ocean County, compared to Q1 2012, which was 0.92 per 1,000 beneficiaries. This is higher than the quarterly rate among all 10 counties in Q1 2013 (Figure 38).

Comparing Q1 2013 to Q1 2012, there was a 1.8% relative increase in new incidence of suicide and intentional self-inflicted injury in Ocean County (Figure 39).
From Q2 2012 – Q1 2013, there was a 5.33 per 1,000 Medicare FFS beneficiaries yearly prevalence of suicide and intentional self-inflicted injury in Ocean County compared to Q2 2011 – Q1 2012, which was 5.03 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 40).

Comparing Q2 2012 – Q1 2013 to Q2 2011 – Q1 2012, there was an 6.0% relative increase in suicide and intentional self-inflicted injury in Ocean County (Figure 41).
Risk Factors for Depression or Proxy Disorders

To identify beneficiaries at risk of developing depression or proxy disorders, HQSI initially conducted a literature review on the potential risk factors for depression or proxy disorders. Previous studies suggested that psychosocial factors, biological factors, deteriorating physical functioning, and medication side effects could increase the risk of depression or proxy disorders.

Based on the literature review and running models using factors available through Medicare claims data, the top five risk factors for depression or proxy disorders were identified as: Alzheimer’s disease and related disorders or senile dementia, sleep disturbance, substance or alcohol abuse or tobacco use, hip/pelvic fractures, and amputations (see Appendix B).

These risk factors were reported prior to the diagnosis of depression or proxy disorders thus indicating development of risk factors before diagnosis. The following figures show the prevalence rates for these five conditions in the 21 months prior to Superstorm Sandy.

Top Five Risk Factors for Depression or Proxy Disorders

The prevalence rate of beneficiaries with one or more of the top five risk factors for depression or proxy disorders in Ocean County in the 21 months prior to Superstorm Sandy was 205.74 per 1,000 Medicare FFS beneficiaries. This was the highest prevalence rate among all 10 counties (Figure 42).

![Figure 42. Prevalence of Top Five Risk Factors for Depression or Proxy Disorders per 1,000 Medicare FFS Beneficiaries – Pre-Sandy Q1 2011 – Q3 2012](image-url)
The color-coded map of New Jersey depicts prevalence of any of the top five risk factors from high (red) to low (blue) in the 10 FEMA-declared disaster counties. This map shows that parts of Ocean, along with Monmouth, Atlantic, and Cape May Counties had higher prevalence of one or more of the top five risk factors for depression or proxy disorders (Figure 43).

**Figure 43. Prevalence of Top Five Risk Factors for Depression or Proxy Disorders per 1,000 Medicare FFS Beneficiaries in 10 Counties (Pre-Sandy: Q1 2011 – Q3 2012)**
The color-coded map of Ocean County depicts regional variation of prevalence of any of the top five risk factors from high (red) to low (blue) (Figure 44).

**Figure 44. Ocean County Prevalence of Top Five Risk Factors for Depression or Proxy Disorders per 1,000 Medicare FFS Beneficiaries (Pre-Sandy: Q1 2011 – Q3 2012)**
Alzheimer's Disease and Related Disorders or Senile Dementia

The prevalence rate of Alzheimer’s disease and related disorders or senile dementia in Ocean County in the 21 months prior to Superstorm Sandy was 51.86 per 1,000 Medicare FFS beneficiaries. This was higher than the prevalence rate among all 10 counties (Figure 45).

Sleep Disturbance

The prevalence rate of sleep disturbance in Ocean County in the 21 months prior to Superstorm Sandy was 33.97 per 1,000 Medicare FFS beneficiaries. This was higher than the prevalence rate among all 10 counties (Figure 46).
Substance or Alcohol Abuse or Tobacco Use

The prevalence rate of substance or alcohol abuse or tobacco use in Ocean County in the 21 months prior to Superstorm Sandy was 136.52 per 1,000 Medicare FFS beneficiaries. This was the highest prevalence rate among all 10 counties (Figure 47).

Hip/Pelvic Fractures

The prevalence rate of hip/pelvic fractures in Ocean County in the 21 months prior to Superstorm Sandy was 10.79 per 1,000 Medicare FFS beneficiaries. This was lower than the prevalence rate among all 10 counties (Figure 48).
Amputations

The prevalence rate of amputations in Ocean County in the 21 months prior to Superstorm Sandy was 1.22 per 1,000 Medicare FFS beneficiaries. This was lower than the prevalence rate among all 10 counties (Figure 49).

![Figure 49. Prevalence of Amputations per 1,000 Medicare FFS Beneficiaries Pre-Sandy Q1 2011 – Q3 2012](image-url)
OUTPATIENT BEHAVIORAL HEALTH SERVICES

Summary

HQSI analyzed five behavioral health assessment services and five behavioral health therapies. Utilization of outpatient health services is color coded with lowest (red) and highest (light blue).

The most frequently used behavioral health assessments in Ocean County were psychiatric diagnostic procedures and neuropsychological tests. Ocean County had the highest utilization rate of depression screening among all 10 counties (Figure 50).

<table>
<thead>
<tr>
<th>County</th>
<th>Depression Screening*</th>
<th>Diagnostic Psychological Tests</th>
<th>Health and Behavior Assessment/Intervention</th>
<th>Neuropsychological Tests</th>
<th>Psychiatric Diagnostic Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>1.12</td>
<td>4.59</td>
<td>1.46</td>
<td>12.04</td>
<td>90.99</td>
</tr>
<tr>
<td>Bergen</td>
<td>4.33</td>
<td>4.12</td>
<td>0.82</td>
<td>15.55</td>
<td>79.98</td>
</tr>
<tr>
<td>Cape May</td>
<td>0.65</td>
<td>2.71</td>
<td>0.94</td>
<td>8.98</td>
<td>72.68</td>
</tr>
<tr>
<td>Essex</td>
<td>0.83</td>
<td>7.81</td>
<td>0.97</td>
<td>12.77</td>
<td>88.05</td>
</tr>
<tr>
<td>Hudson</td>
<td>2.83</td>
<td>8.92</td>
<td>0.96</td>
<td>24.69</td>
<td>78.45</td>
</tr>
<tr>
<td>Middlesex</td>
<td>7.50</td>
<td>6.39</td>
<td>1.58</td>
<td>11.22</td>
<td>74.20</td>
</tr>
<tr>
<td>Monmouth</td>
<td>4.71</td>
<td>8.23</td>
<td>1.36</td>
<td>15.42</td>
<td>94.74</td>
</tr>
<tr>
<td>Ocean</td>
<td>9.49</td>
<td>4.39</td>
<td>1.03</td>
<td>14.83</td>
<td>82.92</td>
</tr>
<tr>
<td>Somerset</td>
<td>7.11</td>
<td>2.36</td>
<td>1.48</td>
<td>10.37</td>
<td>72.93</td>
</tr>
<tr>
<td>Union</td>
<td>3.02</td>
<td>2.63</td>
<td>1.33</td>
<td>10.60</td>
<td>71.56</td>
</tr>
<tr>
<td>10 counties</td>
<td>4.81</td>
<td>5.53</td>
<td>1.16</td>
<td>14.18</td>
<td>81.61</td>
</tr>
</tbody>
</table>

* Depression screening rates are for Calendar Year 2012.
The most frequently used behavioral health therapy in Ocean County was individual psychotherapy (Figure 51).

<table>
<thead>
<tr>
<th>County</th>
<th>Biofeedback Therapy</th>
<th>Electroconvulsive Therapy</th>
<th>Family Psychotherapy</th>
<th>Group Psychotherapy</th>
<th>Individual Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>1.20</td>
<td>0.40</td>
<td>4.02</td>
<td>7.83</td>
<td>69.00</td>
</tr>
<tr>
<td>Bergen</td>
<td>1.56</td>
<td>0.54</td>
<td>5.89</td>
<td>2.81</td>
<td>79.79</td>
</tr>
<tr>
<td>Cape May</td>
<td>0.89</td>
<td>0.98</td>
<td>1.64</td>
<td>2.01</td>
<td>50.28</td>
</tr>
<tr>
<td>Essex</td>
<td>0.88</td>
<td>0.63</td>
<td>6.04</td>
<td>3.23</td>
<td>78.83</td>
</tr>
<tr>
<td>Hudson</td>
<td>1.78</td>
<td>0.52</td>
<td>8.27</td>
<td>2.70</td>
<td>71.79</td>
</tr>
<tr>
<td>Middlesex</td>
<td>2.18</td>
<td>0.70</td>
<td>4.60</td>
<td>6.69</td>
<td>68.07</td>
</tr>
<tr>
<td>Monmouth</td>
<td>0.45</td>
<td>0.99</td>
<td>5.39</td>
<td>4.37</td>
<td>68.01</td>
</tr>
<tr>
<td>Ocean</td>
<td>0.80</td>
<td>0.84</td>
<td>3.76</td>
<td>2.11</td>
<td>61.53</td>
</tr>
<tr>
<td>Somerset</td>
<td>0.88</td>
<td>1.07</td>
<td>6.08</td>
<td>5.46</td>
<td>73.16</td>
</tr>
<tr>
<td>Union</td>
<td>0.84</td>
<td>0.54</td>
<td>3.25</td>
<td>3.29</td>
<td>55.35</td>
</tr>
<tr>
<td>10 counties</td>
<td>1.19</td>
<td>0.70</td>
<td>5.09</td>
<td>3.88</td>
<td>69.31</td>
</tr>
</tbody>
</table>

Legend:  | Lowest | Highest |
Assessments

Depression Screening

One of the long-term goals of this project is to increase the awareness and use of Medicare-covered depression screening among at-risk Medicare FFS beneficiaries residing in the 10 counties during Superstorm Sandy. The depression screening utilization rates have been low in all 10 counties.

Beginning January 2012, depression screening became a Medicare-covered service. According to the CMS Screening for Depression Booklet, Medicare Part B covers an annual screening for depression of 15 minutes in length for Medicare FFS beneficiaries in primary care settings when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.

The rate of depression screening in Ocean County for calendar year 2012 was 9.49 per 1,000 Medicare FFS beneficiaries. This was the highest rate among all 10 counties (Figure 52).

![Figure 52. Depression Screening per 1,000 Medicare FFS Beneficiaries – Calendar Year 2012]

<table>
<thead>
<tr>
<th>County</th>
<th>Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocean</td>
<td>9.49</td>
</tr>
<tr>
<td>Middlesex</td>
<td>7.50</td>
</tr>
<tr>
<td>Somerset</td>
<td>7.11</td>
</tr>
<tr>
<td>10 Counties</td>
<td>4.81</td>
</tr>
<tr>
<td>Monmouth</td>
<td>4.71</td>
</tr>
<tr>
<td>Bergen</td>
<td>4.33</td>
</tr>
<tr>
<td>Union</td>
<td>3.02</td>
</tr>
<tr>
<td>Hudson</td>
<td>2.83</td>
</tr>
<tr>
<td>Atlantic</td>
<td>1.12</td>
</tr>
<tr>
<td>Essex</td>
<td>0.83</td>
</tr>
<tr>
<td>Cape May</td>
<td>0.65</td>
</tr>
</tbody>
</table>
The color-coded map of New Jersey depicts the use of depression screening from low (red) to high (blue) in the 10 FEMA-declared disaster counties (Figure 53).

**Figure 53. Depression Screening per 1,000 Medicare FFS Beneficiaries in 10 Counties (Calendar Year 2012)**
The color-coded map of Ocean County depicts regional variation in the rates of the use of the depression screening benefit from low (red) to high (blue) (Figure 54).

**Figure 54. Ocean County Depression Screening per 1,000 Medicare FFS Beneficiaries (Calendar Year 2012)**
Figure 55 shows five quarters of data to reflect trending in the use of the depression screening benefit per 1,000 Medicare FFS beneficiaries in Ocean County and in the 10 FEMA-declared disaster counties.

**Figure 55. Quarterly Depression Screening per 1,000 Medicare FFS Beneficiaries (Q1 2012-Q1 2013)**
Diagnostic Psychological Tests

According to the CMS Mental Health Services Billing Guide, psychological testing includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology (e.g., Minnesota Multiphasic Personality Inventory, Rorschach, or Wechsler Adult Intelligence Scale).

The rate of psychological testing in Ocean County in the 21 months prior to Superstorm Sandy was 4.39 per 1,000 Medicare FFS beneficiaries. This was lower than the rate among all 10 counties (Figure 56).
Health and Behavior Assessment/Intervention

According to the CMS Mental Health Services Billing Guide, health and behavior assessments are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.

The rate of health and behavior assessment in Ocean County in the 21 months prior to Superstorm Sandy was 1.03 per 1,000 Medicare FFS beneficiaries. This was lower than the rate among all 10 counties (Figure 57).
Neuropsychological Tests

According to the CMS Mental Health Services Billing Guide, neuropsychological tests are evaluations designed to determine the functional consequences of known or suspected brain injury through testing of the neurocognitive domains responsible for language, perception, memory, learning, problem solving, and adaptation.

The rate of neuropsychological testing in Ocean County in the 21 months prior to Superstorm Sandy was 14.83 per 1,000 Medicare FFS beneficiaries. This was higher than the rate among all 10 counties (Figure 58).
Figure 59 shows nine quarters of data to reflect trending in the use of neuropsychological testing per 1,000 Medicare FFS beneficiaries in Ocean County and in the 10 FEMA-declared disaster counties.
**Psychiatric Diagnostic Procedures**

According to the CMS Mental Health Services Billing Guide, psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review of diagnostic studies.

The utilization rate of psychiatric diagnostic procedures in Ocean County in the 21 months prior to Superstorm Sandy was 82.92 per 1,000 Medicare FFS beneficiaries. This was higher than the rate among all 10 counties (Figure 60).
Figure 61 shows nine quarters of data to reflect trending in the use of psychiatric diagnostic procedures per 1,000 Medicare FFS beneficiaries in Ocean County and in the 10 FEMA-declared disaster counties.
Therapies

Individual Psychotherapy

According to the CMS Mental Health Services Billing Guide, individual psychotherapy is the treatment of mental illness and behavioral disturbances where the physician or other qualified health professional attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. This is done through the use of definitive therapeutic communication.

The utilization rate of individual psychotherapy in Ocean County in the 21 months prior to Superstorm Sandy was 61.53 per 1,000 Medicare FFS beneficiaries. This was lower than the rate among all 10 counties (Figure 62).
Figure 63 shows nine quarters of data to reflect trending in the use of individual psychotherapy per 1,000 Medicare FFS beneficiaries in Ocean County and in the 10 FEMA-declared disaster counties.
Family Psychotherapy

According to the CMS Mental Health Services Billing Guide, family psychotherapy describes the treatment of the family unit when maladaptive behaviors of family members are exacerbating the beneficiary's mental illness or interfering with treatment. It can also be used to assist the family in addressing the maladaptive behaviors of the patient and improve treatment compliance.

The utilization rate of family psychotherapy was 3.76 per 1,000 Medicare FFS beneficiaries in Ocean County in the 21 months prior to Superstorm Sandy. This was lower than the rate among all 10 counties (Figure 64).

Due to these low numbers, no quarterly trending data has been provided for this therapy.
**Group Psychotherapy**

According to the CMS Mental Health Services Billing Guide, group psychotherapy is a form of treatment where a selected group of patients are guided by a licensed psychotherapist for the purpose of helping to change maladaptive patterns which interfere with social functioning and are associated with a diagnosable psychiatric illness.

The utilization rate of group psychotherapy was 2.11 per 1,000 Medicare FFS beneficiaries in Ocean County in the 21 months prior to Superstorm Sandy. This was lower than the rate among all 10 counties (Figure 65).

Due to these low numbers, no quarterly trending data has been provided for this therapy.
Electroconvulsive Therapy

According to the CMS Mental Health Services Billing Guide, electroconvulsive therapy (ECT) is the application of electric current to the brain through scalp electrodes to induce a single seizure to produce a therapeutic effect. It is used primarily to treat major depressive disorder when antidepressant medication should not be used because it may be harmful to the patient. This type of therapy can be used for certain other clinical conditions as well.

The utilization rate of ECT was 0.84 per 1,000 Medicare FFS beneficiaries in Ocean County in the 21 months prior to Superstorm Sandy. This was higher than the rate among all 10 counties (Figure 66).

Due to these low numbers, no quarterly trending data has been provided for this therapy.
Biofeedback Therapy

According to the CMS Mental Health Services Billing Guide, biofeedback therapy provides visual, auditory, or other evidence of the status of certain body functions so that a person can exert voluntary control over those functions, and thereby alleviate an abnormal bodily condition.

The utilization rate of biofeedback therapy rate was 0.80 per 1,000 Medicare FFS beneficiaries in Ocean County in the 21 months prior to Superstorm Sandy. This was lower than the rate among all 10 counties (Figure 67).

Due to these low numbers, no quarterly trending data has been provided for this therapy.
Inpatient Services

Summary

Utilization of inpatient health services per 1,000 Medicare FFS beneficiaries in the 21 months prior to Superstorm Sandy in the 10 counties is color coded with highest (red) and lowest (light blue) for each measure. These additional services were analyzed because beneficiaries with underlying behavioral health issues may seek non-behavioral health services.

Inpatient services included four measures of service utilization: inpatient psychiatric facilities, acute care hospital admissions, observation stays with or without a subsequent hospital admission, and emergency department visits with or without a subsequent hospital admission. The second set of measures is tied to utilization of services within 30 days of an acute care episode, often used as proxy indicators of care coordination, and include all-cause 30-day hospital readmissions, observation stays within 30 days of discharge, and emergency department visits within 30 days of discharge.

Ocean County had the lowest rate of observation stays among all 10 counties (Figure 68).

<table>
<thead>
<tr>
<th>County</th>
<th>Psychiatric Hospital Admissions</th>
<th>Acute Care Hospital Admissions</th>
<th>Observation Stays</th>
<th>Emergency Department Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>10.58</td>
<td>642.49</td>
<td>25.54</td>
<td>510.52</td>
</tr>
<tr>
<td>Bergen</td>
<td>13.31</td>
<td>514.96</td>
<td>11.18</td>
<td>390.06</td>
</tr>
<tr>
<td>Cape May</td>
<td>7.81</td>
<td>639.80</td>
<td>8.00</td>
<td>474.60</td>
</tr>
<tr>
<td>Essex</td>
<td>14.35</td>
<td>625.28</td>
<td>53.49</td>
<td>502.88</td>
</tr>
<tr>
<td>Hudson</td>
<td>14.25</td>
<td>611.20</td>
<td>34.01</td>
<td>459.27</td>
</tr>
<tr>
<td>Middlesex</td>
<td>10.33</td>
<td>535.00</td>
<td>25.09</td>
<td>427.85</td>
</tr>
<tr>
<td>Monmouth</td>
<td>13.96</td>
<td>575.84</td>
<td>8.23</td>
<td>448.58</td>
</tr>
<tr>
<td>Ocean</td>
<td>12.34</td>
<td>602.84</td>
<td>7.82</td>
<td>455.17</td>
</tr>
<tr>
<td>Somerset</td>
<td>12.58</td>
<td>502.79</td>
<td>8.34</td>
<td>392.45</td>
</tr>
<tr>
<td>Union</td>
<td>11.77</td>
<td>500.74</td>
<td>12.13</td>
<td>395.58</td>
</tr>
<tr>
<td>10 counties</td>
<td>12.56</td>
<td>567.94</td>
<td>19.45</td>
<td>440.57</td>
</tr>
</tbody>
</table>

Figure 68. Utilization of Inpatient Health Services per 1,000 Medicare FFS Beneficiaries – Pre-Sandy (Q1 2011-Q3 2012)
Ocean County had higher than average rates of 30-day hospital readmissions and emergency department visits within 30 days of discharge among all 10 counties (Figure 69).

<table>
<thead>
<tr>
<th>County</th>
<th>30-Day Hospital Readmissions</th>
<th>Observation Stays</th>
<th>Emergency Department Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>129.80</td>
<td>14.35</td>
<td>167.45</td>
</tr>
<tr>
<td>Bergen</td>
<td>96.03</td>
<td>7.45</td>
<td>112.75</td>
</tr>
<tr>
<td>Cape May</td>
<td>117.17</td>
<td>10.66</td>
<td>150.19</td>
</tr>
<tr>
<td>Essex</td>
<td>142.86</td>
<td>21.39</td>
<td>164.37</td>
</tr>
<tr>
<td>Hudson</td>
<td>139.88</td>
<td>19.76</td>
<td>155.26</td>
</tr>
<tr>
<td>Middlesex</td>
<td>104.29</td>
<td>12.81</td>
<td>124.80</td>
</tr>
<tr>
<td>Monmouth</td>
<td>109.54</td>
<td>9.46</td>
<td>132.57</td>
</tr>
<tr>
<td>Ocean</td>
<td>115.31</td>
<td>11.52</td>
<td>143.97</td>
</tr>
<tr>
<td>Somerset</td>
<td>93.09</td>
<td>7.72</td>
<td>112.03</td>
</tr>
<tr>
<td>Union</td>
<td>92.61</td>
<td>9.08</td>
<td>110.27</td>
</tr>
<tr>
<td>10 counties</td>
<td>112.70</td>
<td>12.25</td>
<td>134.83</td>
</tr>
</tbody>
</table>

Figure 69. Utilization of Inpatient Health Services per 1,000 Medicare FFS Beneficiaries Within 30 Days of Discharge Pre-Sandy (Q1 2011-Q3 2012)
Psychiatric Hospital Admissions

Stand-alone psychiatric hospitals or distinct part psychiatric units in acute care hospitals in Ocean County in the 21 months prior to Superstorm Sandy had an admissions rate of 12.34 per 1,000 Medicare FFS beneficiaries (Figure 70).

From Q2 2012 – Q1 2013, there were 6.87 per 1,000 Medicare FFS beneficiaries admitted to psychiatric hospitals in Ocean County compared to Q2 2011 – Q1 2012, which was 8.00 per 1,000 beneficiaries. The yearly rate of psychiatric hospital admissions with rolling quarters was lower than the rate among all 10 counties (Figure 71).
Acute Care Hospitals

Admissions

The following data shows all-cause utilization measures and includes all Medicare FFS beneficiaries, not just beneficiaries with behavioral health conditions. The data are ranked from lowest utilization (top) to the highest utilization (bottom).

The rate of hospital admissions in Ocean County in the 21 months prior to Superstorm Sandy was 602.84 per 1,000 Medicare FFS beneficiaries. This was higher than the admissions rate among all 10 counties (Figure 72).

From Q2 2012 – Q1 2013, the hospital admissions rate was 320.38 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 347.33 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 73).
**Observation Stays**

According to the U.S. Department of Health and Human Services, observation stays are short-term treatments and assessments provided to outpatients to determine whether Medicare FFS beneficiaries require further treatment as inpatients or can be discharged.

The rate of observation stays in Ocean County in the 21 months prior to Superstorm Sandy was 7.82 per 1,000 Medicare FFS beneficiaries. This was the lowest rate among all 10 counties (Figure 74).

From Q2 2012 – Q1 2013, the rate of observation stays was 7.89 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 4.58 per 1,000 beneficiaries. The yearly rate with rolling quarters was lower than the rate among all 10 counties (Figure 75).
Emergency Department Visits

The rate of emergency department visits in Ocean County in the 21 months prior to Superstorm Sandy was 455.17 per 1,000 Medicare FFS beneficiaries. This was higher than the rate among all 10 counties (Figure 76).

From Q2 2012 – Q1 2013, the rate of emergency department visits was 235.33 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 260.88 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 77).
30-Day Hospital Readmissions

The rate of 30-day hospital readmissions in Ocean County in the 21 months prior to Superstorm Sandy was 115.31 per 1,000 Medicare FFS beneficiaries. This was higher than the rate among all 10 counties (Figure 78).

From Q2 2012 – Q1 2013, the rate of 30-day hospital readmissions was 58.66 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 66.98 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 79).
Observation Stays Within 30 Days of Discharge

The rate of observation stays within 30 days of discharge in Ocean County in the 21 months prior to Superstorm Sandy was 11.52 per 1,000 Medicare FFS beneficiaries. This was lower than the rate among all 10 counties (Figure 80).

From Q2 2012 – Q1 2013, the rate of observation stays within 30 days of discharge was 8.06 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 6.44 per 1,000 beneficiaries. The yearly rate of observation stays within 30 days of discharge with rolling quarters was higher than the rate among all 10 counties (Figure 81).
Emergency Department Visits Within 30 Days of Discharge

The rate of emergency department visits within 30 days of discharge in Ocean County in the 21 months prior to Superstorm Sandy was 143.97 per 1,000 Medicare FFS beneficiaries. This was higher than the rate among all 10 counties (Figure 82).

From Q2 2012 – Q1 2013, the rate of emergency department visits within 30 days of discharge was 73.23 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 83.35 per 1,000 beneficiaries. The yearly rate of emergency department visits within 30 days of discharge with rolling quarters was higher than the rate among all 10 counties (Figure 83).
Other Settings

Summary

This profile also looks at the utilization of home health agency, skilled nursing facility, hospice, and medical rehabilitation services. These additional services were analyzed because Medicare FFS beneficiaries with underlying behavioral health issues may seek these non-behavioral health services. Utilization of health services per 1,000 Medicare FFS beneficiaries for these settings in the 21 months prior to Superstorm Sandy in the 10 counties is color coded with highest (red) and lowest (light blue) for each measure.

Ocean County had the highest utilization rates for home health agency, skilled nursing facility, hospice, and medical rehabilitation services compared to the rates among all 10 counties (Figure 84).

<table>
<thead>
<tr>
<th>County</th>
<th>Home Health Agency Services</th>
<th>Skilled Nursing Facility Services</th>
<th>Hospice Services</th>
<th>Medical Rehabilitation Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>144.57</td>
<td>99.09</td>
<td>44.90</td>
<td>22.65</td>
</tr>
<tr>
<td>Bergen</td>
<td>134.21</td>
<td>103.49</td>
<td>34.63</td>
<td>18.52</td>
</tr>
<tr>
<td>Cape May</td>
<td>141.72</td>
<td>106.74</td>
<td>46.96</td>
<td>13.94</td>
</tr>
<tr>
<td>Essex</td>
<td>121.71</td>
<td>118.04</td>
<td>31.68</td>
<td>15.32</td>
</tr>
<tr>
<td>Hudson</td>
<td>138.52</td>
<td>110.10</td>
<td>27.96</td>
<td>13.43</td>
</tr>
<tr>
<td>Middlesex</td>
<td>124.56</td>
<td>107.09</td>
<td>34.23</td>
<td>15.01</td>
</tr>
<tr>
<td>Monmouth</td>
<td>146.06</td>
<td>112.50</td>
<td>48.77</td>
<td>26.61</td>
</tr>
<tr>
<td>Ocean</td>
<td>153.02</td>
<td>118.04</td>
<td>49.43</td>
<td>36.49</td>
</tr>
<tr>
<td>Somerset</td>
<td>125.70</td>
<td>103.72</td>
<td>39.73</td>
<td>16.60</td>
</tr>
<tr>
<td>Union</td>
<td>126.23</td>
<td>109.34</td>
<td>33.87</td>
<td>15.52</td>
</tr>
<tr>
<td>10 counties</td>
<td>135.89</td>
<td>109.87</td>
<td>38.86</td>
<td>20.79</td>
</tr>
</tbody>
</table>

Figure 84. Utilization of Health Services per 1,000 Medicare FFS Beneficiaries – Pre-Sandy (Q1 2011-Q3 2012)
Home Health Agency Services

The rate of home health agency use in Ocean County in the 21 months prior to Superstorm Sandy was 153.02 per 1,000 Medicare FFS beneficiaries. This was the highest rate among all 10 counties (Figure 85).

From Q2 2012 – Q1 2013, the utilization rate of home health agency services was 95.21 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 101.49 per 1,000 beneficiaries. The yearly rate of home health agency use with rolling quarters was higher than the rate among all 10 counties (Figure 86).
Skilled Nursing Facility Services

The rate of skilled nursing facility services in Ocean County in the 21 months prior to Superstorm Sandy was 118.04 per 1,000 Medicare FFS beneficiaries. This was higher than the utilization rate among all 10 counties (Figure 87).

From Q2 2012 – Q1 2013, the utilization rate of skilled nursing facility services was 74.51 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 76.41 per 1,000 beneficiaries. The yearly rate of skilled nursing facility use with rolling quarters was higher than the rate among all 10 counties (Figure 88).
Hospice Services

The rate of hospice use in Ocean County in the 21 months prior to Superstorm Sandy was 49.43 per 1,000 Medicare FFS beneficiaries. This was the highest rate among all 10 counties (Figure 89).

From Q2 2012 – Q1 2013, the rate of hospice use was 30.56 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 30.25 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 90).
Medical Rehabilitation Services

The rate of medical rehabilitation use in Ocean County in the 21 months prior to Superstorm Sandy was 36.49 per 1,000 Medicare FFS beneficiaries. This was the highest rate among all 10 counties (Figure 91).

From Q2 2012 – Q1 2013, the rate of medical rehabilitation use was 21.06 per 1,000 Medicare FFS beneficiaries in Ocean County compared to Q2 2011 – Q1 2012, which was 22.13 per 1,000 beneficiaries. The yearly rate with rolling quarters was higher than the rate among all 10 counties (Figure 92).
APPENDIX A: BEHAVIORAL HEALTH CONDITIONS

Documentation and Technical Notes

The following defines the study population, the time frames, and the exclusion and inclusion criteria:

Data Source
- New Jersey Medicare Part A and Part B FFS claims data and denominator file

Reference Time Period
- Prevalence of the condition for the pre-Sandy time frame (Q1 2011- Q3 2012 or 21 months)
- Yearly prevalence of the condition with quarterly rolling (Q1 2011-Q1 2013)
- Quarterly new incidence of conditions that were not existent (not reported) in the prior year

Denominator
- All Medicare beneficiaries who were in CMS denominator file during measurement time frame
- With FFS coverage AND eligible enrollment in FFS days/total measurement days > 0

Numerator
- Unique beneficiaries with disease-specific inpatient OR outpatient claim during the time frame
- CCW and AHRQ disease diagnosis code match (ICD-9-CM codes) Part A dgns_cd_1-25 and dgns_e_cd_1-3; Match Part B dgns_cd_1_12

Exclusions
- HMO coverage period
- Age <18 or >= 110
- Eligible FFS days/total measurement days = 0

Resources

More information on the classification codes, requirements, and processing of the behavioral health conditions highlighted in this profile can be located at the following links:

- http://www.hcup-us.ahrq.gov/toolsoftware/ccs/ccs.jsp
The following table shows the ICD-9-CM codes for the eight behavioral health conditions:

<table>
<thead>
<tr>
<th>Behavioral Health Conditions</th>
<th>Numerator: Valid ICD-9-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression or Proxy Disorders (Depression, Anxiety Disorders or Adjustment Disorders)</td>
<td>29384, 29620, 29621, 29622, 29623, 29624, 29625, 29626, 29630, 29631, 29632, 29633, 29634, 29635, 29636, 30000, 30001, 30002, 30009, 30010, 30020, 30021, 30022, 30023, 30029, 3003, 3004, 3005, 30089, 3009, 3080, 3081, 3082, 3083, 3084, 3089, 3090, 3091, 30922, 30923, 30924, 30928, 30929, 3093, 3094, 30981, 30982, 30983, 30989, 3099, 311, 3130, 3131, 31322, 3133, 31382, 31383, V790</td>
</tr>
<tr>
<td>Depression</td>
<td>29620, 29621, 29622, 29623, 29624, 29625, 29626, 29630, 29631, 29632, 29633, 29634, 29636, 3004, 311, V790</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>29384, 30000, 30001, 30002, 30009, 30010, 30020, 30021, 30022, 30023, 30029, 3003, 3005, 30089, 3009, 3080, 3081, 3082, 3083, 3084, 3089, 3130, 3131, 31321, 31322, 3133, 31382, 31383</td>
</tr>
<tr>
<td>Adjustment Disorders</td>
<td>3090, 3091, 30922, 30923, 30924, 30928, 30929, 3093, 3094, 30981, 30982, 30983, 30989, 3099</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>30981</td>
</tr>
<tr>
<td>Alcohol or Substance Abuse</td>
<td>2920, 29211, 29212, 2922, 29281, 29282, 29283, 29284, 29285, 29289, 2929, 30400, 30401, 30402, 30403, 30410, 30411, 30412, 30413, 30420, 30421, 30422, 30423, 30430, 30431, 30432, 30433, 30440, 30441, 30442, 30443, 30450, 30451, 30452, 30453, 30460, 30461, 30462, 30463, 30470, 30471, 30472, 30473, 30480, 30481, 30482, 30483, 30490, 30491, 30492, 30493, 30520, 30521, 30522, 30523, 30530, 30531, 30532, 30533, 30540, 30541, 30542, 30543, 30550, 30551, 30552, 30553, 30560, 30561, 30562, 30563, 30570, 30571, 30572, 30573, 30580, 30581, 30582, 30583, 30590, 30591, 30592, 30593, 64830, 64831, 64832, 64833, 64834, 65550, 65551, 65552, 65553, 76072, 76073, 76075, 7795, 96500, 96501, 96502, 96509, 96510, 96520, 96542</td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>2910, 2911, 2912, 2913, 2914, 2915, 2918, 29181, 29182, 29189, 2919, 30300, 30301, 30302, 30303, 30390, 30391, 30392, 30393, 30500, 30501, 30502, 30503, 76071, 9800</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>2920, 29211, 29212, 2922, 29281, 29282, 29283, 29284, 29285, 29289, 2929, 30400, 30401, 30402, 30403, 30410, 30411, 30412, 30413, 30420, 30421, 30422, 30423, 30430, 30431, 30432, 30433, 30440, 30441, 30442, 30443, 30450, 30451, 30452, 30453, 30460, 30461, 30462, 30463, 30470, 30471, 30472, 30473, 30480, 30481, 30482, 30483, 30490, 30491, 30492, 30493, 30520, 30521, 30522, 30523, 30530, 30531, 30532, 30533, 30540, 30541, 30542, 30543, 30550, 30551, 30552, 30553, 30560, 30561, 30562, 30563, 30570, 30571, 30572, 30573, 30580, 30581, 30582, 30583, 30590, 30591, 30592, 30593, 64830, 64831, 64832, 64833, 64834, 65550, 65551, 65552, 65553, 76072, 76073, 76075, 7795, 96500, 96501, 96502, 96509, 96510, 96520, 96542</td>
</tr>
</tbody>
</table>
APPENDIX B: RISK FACTORS FOR DEPRESSION OR PROXY DISORDERS

Documentation and Technical Notes
The following defines the study population, the time frame, the exclusion and inclusion criteria, and the literature review references:

Data Source
- New Jersey Medicare Part A and Part B FFS claims data and denominator file

Reference Time Period
- Prevalence of the condition for the pre-Sandy time frame (January 2011 – September 2012 or 21 months)

Denominator
- All Medicare beneficiaries who were in CMS denominator file during measurement time frame
- With FFS coverage AND eligible enrollment in FFS days/total measurement days > 0

Numerator
- Unique beneficiaries with disease-specific inpatient OR outpatient claim during the time frame
- CCW and AHRQ disease diagnosis code match (ICD-9-CM codes) Part A dgns_cd_1-25 and dgns_e_cd_1-3; Match Part B dgns_cd_1_12

Exclusions
- HMO coverage period
- Age <18 or >= 110
- Eligible FFS days/total measurement days = 0

Model
- Logistic Regression Models were used to determine the top five risk factors with the highest Odds Ratios (OR) (p<0.001)

Resources
More information on the classification codes, requirements, and processing of the combination measure of depression or proxy disorders which includes beneficiaries reported for either depression, anxiety, or adjustment disorders can be located at the following links:
- http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp
Literature Review References for Risk Factors for Depression or Proxy Disorders


Missouri Department of Mental Health. CPS Facts: Depression and Older Adults [Internet]. Jefferson City(MO): Missouri Department of Mental Health, [date unknown, cited 2013 Sep 26], 2 p. Available from: http://dmh.mo.gov/docs/mentalillness/elderlydepress.pdf


Oriol W. Psychosocial Issues for Older Adults in Disasters [Internet]. Washington (DC): Emergency Services and Disaster Relief Branch, Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration; 1999 [cited 2013 Sep 30]; DHHS Publication No. ESDRB SMA 99-3323. 79 p. Available from: http://store.samhsa.gov/shin/content/SMA99-3323/SMA99-3323.pdf


The following table shows the ICD-9-CM codes for the top five risk factors for depression or proxy disorders:

<table>
<thead>
<tr>
<th>Top Five Risk Factors for Depression or Proxy Disorders*</th>
<th>Numerator: Valid ICD-9-CM Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease and Related Disorders or Senile Dementia</td>
<td>3311, 33111, 33119, 3312, 3317, 2900, 29010, 29011, 29012, 29013, 29020, 29021, 2903, 29040, 29041, 29042, 29043, 2940, 2941, 29410, 29411, 2948, 797</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>04672, 29182, 29285, 30740, 30741, 30742, 30748, 30749, 32700, 32701, 32702, 32709, 78050, 78051, 78052, 78059</td>
</tr>
<tr>
<td>Substance or Alcohol Abuse or Tobacco Use</td>
<td>2910, 2911, 2912, 2913, 2914, 2915, 2918, 29181, 29182, 29189, 2919, 2920, 2921, 29212, 2922, 29281, 29282, 29283, 29284, 29285, 29289, 2929, 30300, 30301, 30302, 30303, 30390, 30391, 30392, 30393, 30400, 30401, 30402, 30403, 30410, 30411, 30412, 30413, 30420, 30421, 30422, 30423, 30430, 30431, 30432, 30433, 30440, 30441, 30442, 30443, 30450, 30451, 30452, 30453, 30460, 30461, 30462, 30463, 30470, 30471, 30472, 30473, 30480, 30481, 30482, 30483, 30490, 30491, 30492, 30493, 30500, 30501, 30502, 30503, 3051, 30510, 30511, 30512, 30513, 30520, 30521, 30522, 30523, 30530, 30531, 30532, 30533, 30540, 30541, 30542, 30543, 30550, 30551, 30552, 30553, 30560, 30561, 30562, 30563, 30570, 30571, 30572, 30573, 30580, 30581, 30582, 30583, 30589, 30590, 30591, 30592, 30593, 33392, 3575, 4255, 5353, 53530, 53531, 5710, 5711, 5712, 5713, 64830, 64831, 64832, 64833, 64834, 65550, 65551, 65553, 76071, 76072, 76073, 76075, 7795, 7903, 96500, 96501, 96502, 96509, 9800, V110, V111, V112, V113, V114, V118, V119, V154, V1541, V1542, V1549, V1582, V6285, V6542, V663, V701, V702, V7101, V7102, V7109, V790, V791, V792, V793, V798, V799</td>
</tr>
<tr>
<td>Hip/Pelvic Fractures</td>
<td>73314, 73315, 73396, 73397, 73398, 73400, 8080, 8081, 8082, 8083, 80841, 80842, 80843, 80849, 80851, 80852, 80853, 80859, 8088, 8089, 82000, 82001, 82002, 82003, 82009, 82010, 82011, 82012, 82013, 82019, 82020, 82021, 82022, 82030, 82031, 82032, 8208, 8209</td>
</tr>
<tr>
<td>Amputations</td>
<td>8870, 8871, 8872, 8873, 8874, 8875, 8876, 8877, 8960, 8961, 8962, 8963, 8970, 8971, 8972, 8973, 8974, 8975, 8976, 8977, 9059, 99760, 99761, 99762, 99769</td>
</tr>
</tbody>
</table>

* Other risk factors for depression or proxy disorders analyzed include Acute Myocardial Infarction (AMI), Stroke/Transient Ischemic Attack, Coronary Artery Bypass Graft Surgery (CABG), Parkinson’s Disease, Chronic Obstructive Pulmonary Disease and Bronchiectasis (COPD), Diabetes, Chronic Kidney Disease, Rheumatoid Arthritis/Osteoarthritis (RA/OA), Macular Degeneration, Disability, History of Cancer, Heart Failure, and Acquired Hypothyroidism.
APPENDIX C: UTILIZATION OF OUTPATIENT MENTAL HEALTH SERVICES

Documentation and Technical Notes
The following defines the study population, the time frame, and the exclusion and inclusion criteria:

Data Source
- New Jersey Medicare Part A and Part B FFS claims data and denominator file

Reference Time Period
- Utilization during pre-Sandy time frame (January 2011 – September 2012 or 21 months)
- Depression Screening: Calendar Year (CY) 2012
- Quarterly utilization (January 2011 – March 2013 or nine quarters)

Denominator
- All Medicare beneficiaries who were in CMS denominator file during measurement time frame
- With FFS coverage AND eligible enrollment in FFS days/total measurement days > 0

Numerator
Unique beneficiaries with specific outpatient mental health service claims

Exclusions
- HMO coverage period
- Age <18 or >= 110
- Eligible FFS days/total measurement days =0

Resources
More information on the definitions and uses of the outpatient mental health services highlighted in this profile can be located at http://www.medicarenhic.com/providers/pubs/REF-EDO-0012MentalHealthBillingGuide2013.pdf.
The following table shows the CPT/HCPCS codes for the outpatient mental health services:

<table>
<thead>
<tr>
<th>Mental Health Services</th>
<th>Numerator: CPT/HCPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments</td>
<td></td>
</tr>
<tr>
<td>Depression Screening</td>
<td>G0444</td>
</tr>
<tr>
<td>Diagnostic Psychological Tests</td>
<td>96101, 96102, 96103, 96105, 96110, 96111</td>
</tr>
<tr>
<td>Health and Behavior Assessment/Intervention</td>
<td>96150, 96151, 96152, 96153, 96154, 96155</td>
</tr>
<tr>
<td>Neuropsychological Tests</td>
<td>96116, 96118, 96119, 96120</td>
</tr>
<tr>
<td>Psychiatric Diagnostic Procedures</td>
<td>90801, 90802, 90791, 90792</td>
</tr>
<tr>
<td>Therapies</td>
<td></td>
</tr>
<tr>
<td>Individual Psychotherapy</td>
<td>90804, 90805, 90832, 90833, 90806, 90807, 90834, 90836, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90837, 90838, 90839, 90840</td>
</tr>
<tr>
<td>Family Psychotherapy</td>
<td>90846, 90847</td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td>90849, 90853, 90857</td>
</tr>
<tr>
<td>Electroconvulsive Therapy</td>
<td>90870</td>
</tr>
<tr>
<td>Biofeedback Therapy</td>
<td>90901, 90911</td>
</tr>
</tbody>
</table>
APPENDIX D: UTILIZATION OF SERVICES – INPATIENT AND OTHER SETTINGS

Documentation and Technical Notes
The following defines the study population, the time frame, and the exclusion and inclusion criteria:

Data Source
New Jersey Medicare Part A and Part B FFS claims data and denominator file

Reference Time Period
- Utilization during pre-Sandy time frame (January 2011 – September 2012 or 21 months)
- Quarterly utilization of services (January 2011 – March 2013 or nine quarters)
- Yearly utilization of services with quarterly rolling (January 2011 – March 2013)

Denominator
- All Medicare beneficiaries who were in CMS denominator file during measurement time frame
- With FFS coverage AND eligible enrollment in FFS days/total measurement days > 0

Exclusions
- HMO coverage period
- Age <18 or >= 110
- Eligible FFS days/total measurement days = 0

Utilization Measure
Refer to Appendix E.
## Numerator

<table>
<thead>
<tr>
<th>Utilization Measure Description</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Hospital Admissions</td>
<td>Number of eligible beneficiaries with at least one psychiatric hospital admission claim</td>
</tr>
<tr>
<td>Acute Care Hospital Admissions</td>
<td>Number of acute care hospital admissions</td>
</tr>
<tr>
<td>Observation Stays</td>
<td>Number of observation stays</td>
</tr>
<tr>
<td>Emergency Department Visits</td>
<td>Number of emergency department visits</td>
</tr>
<tr>
<td>30-Day Hospital Readmissions</td>
<td>Number of 30-day hospital readmissions</td>
</tr>
<tr>
<td>Observation Stays Within 30 Days of Hospital Discharge</td>
<td>Number of observation stays within 30 days of hospital discharge</td>
</tr>
<tr>
<td>Emergency Department Visits Within 30 Days of Hospital Discharge</td>
<td>Number of emergency department visits within 30 days of hospital discharge</td>
</tr>
<tr>
<td>Home Health Agency Services</td>
<td>Number of eligible beneficiaries with at least one home health agency claim</td>
</tr>
<tr>
<td>Skilled Nursing Facility Services</td>
<td>Number of eligible beneficiaries with at least one skilled nursing facility claim</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Number of eligible beneficiaries with at least one hospice claim</td>
</tr>
<tr>
<td>Medical Rehabilitation Services</td>
<td>Number of eligible beneficiaries with at least one medical rehabilitation claim</td>
</tr>
</tbody>
</table>
### Appendix E: Time Frames and Formulae

<table>
<thead>
<tr>
<th>Time Frames</th>
<th>Quarters</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td></td>
<td>January 1 to March 31</td>
</tr>
<tr>
<td>Q2</td>
<td></td>
<td>April 1 to June 30</td>
</tr>
<tr>
<td>Q3</td>
<td></td>
<td>July 1 to September 30</td>
</tr>
<tr>
<td>Q4</td>
<td></td>
<td>October 1 to December 31</td>
</tr>
</tbody>
</table>

#### Formulae

- **Incidence** = \( \frac{(\text{Number of new cases in a time frame, not present in prior year})}{(\text{Total beneficiaries at risk during the time frame})} \)
- **Prevalence** = \( \frac{(\text{Number of cases in a time frame})}{(\text{Total beneficiaries in the population during the time frame})} \)
- **Utilization** = \( \frac{(\text{Number of beneficiaries or measures with specific service utilization})}{(\text{Total beneficiaries})} \)
- **Relative change** = \( \frac{(\text{Current rate}-\text{Former rate})}{(\text{Former rate})} \)
REFERENCES


Executive Summary
Figure 1: Snapshot of Ocean County

Demographics
Figure 2: Total Medicare FFS Beneficiary Population by County
Figure 3: Percent of Medicare FFS Beneficiary Population by Gender by County
Figure 4: Percent of Medicare FFS Beneficiary Population by Race by County
Figure 5: Percent of Medicare FFS Beneficiary Population by Age by County
Figure 6: 2012 Median Household Income (65 years and above)

Prevalence and Incidence
Figure 7: Prevalence of Selected Behavioral Health Conditions
Figure 8: Prevalence of Depression or Proxy Disorders
Figure 9: Prevalence of Depression or Proxy Disorders in 10 Counties
Figure 10: Ocean County Prevalence of Depression or Proxy Disorders
Figure 11: Quarterly New Incidence of Depression or Proxy Disorders
Figure 12: Quarterly Relative Change in New Incidence of Depression or Proxy Disorders
Figure 13: Yearly Prevalence of Depression or Proxy Disorders
Figure 14: Yearly Relative Change in Prevalence of Depression or Proxy Disorders
Figure 15: Prevalence of Depression
Figure 16: Quarterly New Incidence of Depression
Figure 17: Quarterly Relative Change in New Incidence of Depression
Figure 18: Yearly Prevalence of Depression
Figure 19: Yearly Relative Change in Prevalence of Depression
Figure 20: Prevalence of Adjustment Disorders
Figure 21: Prevalence of PTSD
Figure 22: Quarterly New Incidence of PTSD
Figure 23: Quarterly Relative Change in New Incidence of PTSD
Figure 24: Yearly Prevalence of PTSD
Figure 25: Yearly Relative Change in Prevalence of PTSD
Figure 26: Prevalence of Alcohol or Substance Abuse
Figure 27: Quarterly New Incidence of Alcohol or Substance Abuse
Figure 28: Quarterly Relative Change in New Incidence of Alcohol or Substance Abuse
Figure 29: Yearly Prevalence of Alcohol or Substance Abuse
Figure 30: Yearly Relative Change in Prevalence of Alcohol or Substance Abuse
Figure 31: Prevalence of Substance Abuse
Figure 32: Quarterly New Incidence of Substance Abuse
Figure 33: Quarterly Relative Change in New Incidence of Substance Abuse
Figure 34: Yearly Prevalence of Substance Abuse
Figure 35: Yearly Relative Change in Prevalence of Substance Abuse
Figure 36: Prevalence of Suicide and Intentional Self-Inflicted Injury
Figure 38: Quarterly New Incidence of Suicide and Intentional Self-Inflicted Injury
Figure 39: Quarterly Relative Change in New Incidence of Suicide and Intentional Self-Inflicted Injury
Figure 40: Yearly Rate of Suicide and Intentional Self-Inflicted Injury
Figure 41: Yearly Relative Change in Rate of Suicide and Intentional Self-Inflicted Injury

Risk Factors for Depression or Proxy Disorders
Figure 42: Prevalence of Top Five Risk Factors for Depression or Proxy Disorders
Figure 43: Prevalence of Top Five Risk Factors for Depression or Proxy Disorders in 10 Counties
Figure 44: Ocean County Prevalence of Top Five Risk Factors for Depression or Proxy Disorders
Figure 45: Prevalence of Alzheimer’s Disease and Related Disorders or Senile Dementia
Figure 46: Prevalence of Sleep Disturbance
Figure 47: Prevalence of Substance or Alcohol Abuse, or Tobacco Use
Figure 48: Prevalence of Hip/Pelvic Fractures
Figure 49: Prevalence of Amputations

Outpatient Behavioral Health Services
Assessments
Figure 50: Utilization of Outpatient Behavioral Health Services – Assessments
Figure 51: Utilization of Outpatient Behavioral Health Services – Therapies
Figure 52: Depression Screening
Figure 53: Depression Screening in 10 Counties
Figure 54: Ocean County Depression Screening
Figure 55: Quarterly Depression Screening
Figure 56: Diagnostic Psychological Tests
Figure 57: Health and Behavior Assessment/Intervention
Figure 58: Neuropsychological Tests
Figure 59: Quarterly Neuropsychological Tests
Figure 60: Psychiatric Diagnostic Procedures
Figure 61: Quarterly Psychiatric Diagnostic Procedures

Therapies
Figure 62: Individual Psychotherapy
Figure 63: Quarterly Individual Psychotherapy
Figure 64: Family Psychotherapy
Figure 65: Group Psychotherapy
Figure 66: Electronconvulsive Therapy
Figure 67: Biofeedback Therapy
Inpatient Services

Admissions
Figure 68: Utilization of Inpatient Health Services 61
Figure 69: Utilization of Inpatient Health Services Within 30 Days of Discharge 62
Figure 70: Psychiatric Hospital Admissions 63
Figure 71: Yearly Psychiatric Hospital Admissions 63
Figure 72: Acute Care Hospital Admissions 64
Figure 73: Yearly Acute Care Hospital Admissions 64
Figure 74: Observation Stays 65
Figure 75: Yearly Observation Stays 65
Figure 76: Emergency Department Visits 66
Figure 77: Yearly Emergency Department Visits 66
Figure 78: 30-Day Hospital Readmissions 67
Figure 79: Yearly 30-Day Hospital Readmissions 67
Figure 80: Observation Stays Within 30 Days of Discharge 68
Figure 81: Yearly Observation Stays Within 30 Days of Discharge 68
Figure 82: Emergency Department Visits Within 30 Days of Discharge 69
Figure 83: Yearly Emergency Department Visits Within 30 Days of Discharge 69

Other Settings
Figure 84: Utilization of Health Services 70
Figure 85: Utilization of Home Health Agency Services 71
Figure 86: Yearly Utilization of Home Health Agency Services 71
Figure 87: Utilization of Skilled Nursing Facility Services 72
Figure 88: Yearly Utilization of Skilled Nursing Facility Services 72
Figure 89: Utilization of Hospice Services 73
Figure 90: Yearly Utilization of Hospice Services 73
Figure 91: Utilization of Medical Rehabilitation Services 74
Figure 92: Yearly Utilization of Medical Rehabilitation Services 74