

Objectives: The number of veterans with substance use disorders (SUDs) increased from 366,000 in FY2000 to 533,000 in FY2003, an increase of 31%. Over the same period, the average number of veterans on waiting lists for SUD treatment programs increased. Average waiting lists grew 458% for inpatient programs, 36% for residential programs, and 100% for intensive outpatient programs. The central objective of this study was to measure the effects of access to VA and non-VA SUD treatment on outcomes for veterans diagnosed with alcohol and/or drug use disorders.

Research Design: This was a retrospective study of secondary data. Data sources included VA, Medicare, and Medicaid utilization and claims records, VA waiting times data from 2001 through 2005, and VA Drug and Alcohol Program Survey (DAPS) data from 2000, 2003, and 2006. Additional VA program-level data were used to measure variations in outpatient waiting times, geographic location, patient case-mix and budgets during the study period. These data were augmented by several public-use data sets including the National Survey of Substance Abuse Treatment Services (N-SSATS) and National Association of State Budget Officers (NASBO) data.

Methods: This study measured the effects of access to treatment on outcomes for veterans diagnosed with substance use disorders between January 1st, 2001 and December 31st, 2002. Access was measured by waiting times, distance to VA facilities, and variation in local supply of non-VA treatment. Outcomes included risk-adjusted mortality and risk of hospitalization for ambulatory care sensitive conditions. We followed all individuals through 2005, but did not add new patients to the cohort after 2002.

Findings: Findings indicate that changes in VA budgets affected the probability of receiving specialty SUD treatment from VA providers, as expected, but that these relationships were weak between 2001 and 2005. Perhaps because of the weak relationship between specialty treatment access and budget changes, we did not find a relationship between budget changes and risk-adjusted mortality or hospitalizations.

Clinical Relationships: N/A

Impact/Significance: At a time when policymakers, VA managers and researchers are seeking to understand the extent and consequences of reduced access to treatment for substance use disorders, this study contributed new information regarding the relationship between access to treatment for substance use disorders and more general health outcomes. This project was particularly innovative in two ways: its focus on general health effects of treatment for substance use disorders in a group of individuals with high rates of co-occurring physical and mental conditions, and its emphasis on availability of non-VA treatment services as well as services available from the VA. The results helped inform VA policy regarding the establishment of mental health and substance abuse treatment resources in community based outpatient clinics.