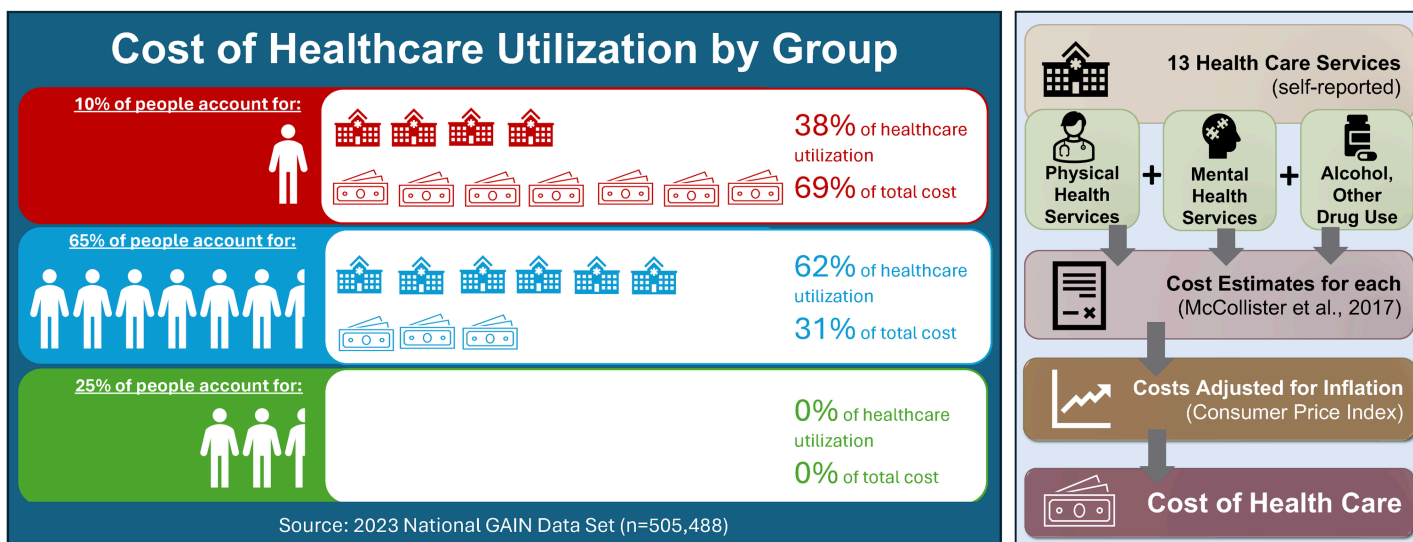


A small percentage of people account for the majority of healthcare costs in the United States. GAIN data can be used to estimate these costs, among many other uses. Administering GAIN instruments at treatment intake can help to identify and focus services on those who need it most.

The Cost of Care

2023 GAIN data shows that 10% of people drive 69% of U.S. health care costs and 38% of utilization—mainly through costly emergency room visits and hospital stays. This care accounts for 40% of total costs (more than \$3.1 billion), while proactive care like screening (\$9) and brief intervention (\$62) costs are far less.¹



The Sample

Data from 505,488 individuals in the 2023 National GAIN Data Set were used to calculate healthcare costs. This data set is composed of in-person interviews conducted across a variety of institutional settings (e.g., treatment and justice agencies) and substance use treatment levels of care. Interviews took place at sites across all 50 states, with individuals ages 12 to 99, from a variety of racial and ethnic backgrounds.

Data were grouped by cost severity into 3 groups, based on the following criteria:

- **High cost** Top 10% of cases with highest costs (\$7,600 and higher)
- **Low cost** Cases with \$0 costs (25% of cases)
- **Moderate cost** Everyone in the middle (>\$0 to \$7,599; 65% of cases)

Calculating the Cost of Health Care

As part of the GAIN interview, participants were asked about the frequency of utilization for each of the 13 measures, calculated using medical services across physical health, mental health, and alcohol or other substance use services.

Costs for each type of service were determined based on estimates by economists.

Changes in the consumer price index (CPI), released by the Bureau of Labor Statistics, were then used to adjust for inflation. The GAIN Coordinating Center updates all cost scales annually to adjust for inflation.

Discover how cost measures can help you understand your population and improve outcomes.

**Learn more at chestnut.org/GAIN
or email GAINinfo@chestnut.org**

Calculating Cost of Health Care Utilization in 2023 Dollars

	Units	Unit Cost	Units x Unit Cost	% of Total \$
Emergency room visit (PH)	456,548	\$ 3,759	\$ 1,716,261,002	22%
Inpatient hospital day (PH)	505,336	\$ 2,769	\$ 1,399,177,168	18%
Nights spent in hospital (MH)	776,648	\$ 1,253	\$ 973,519,818	12%
Nights in residential for AOD use	3,617,352	\$ 222	\$ 803,376,490	10%
Times in ER for AOD use	197,000	\$ 3,759	\$ 740,564,886	9%
Times given a breathalyzer or urinalysis for AOD use	7,110,780	\$ 82	\$ 579,943,492	7%
Times gone to emergency room (MH)	132,640	\$ 3,759	\$ 498,621,962	6%
Outpatient clinic/dr's office visit (PH)	1,568,876	\$ 152	\$ 237,700,907	3%
Times seen MD in office or clinic (MH)	1,474,636	\$ 152	\$ 223,885,147	3%
Days in detox	845,560	\$ 519	\$ 439,237,946	6%
Days in intensive outpatient program for AOD use	1,634,576	\$ 104	\$ 170,230,859	2%
Times in regular outpatient program for AOD	1,573,040	\$ 39	\$ 61,186,631	1%
Days took medication for AOD use	3,689,032	\$ 30	\$ 111,090,966	1%
Yearly Total Uncapped			\$ 7,954,797,275	100%
Yearly Total Capped at 99.9%			\$ 7,684,863,286	

Other Cost Scales in the GAIN

The GAIN offers multiple cost estimate measures, calculated using the same procedure. These include:

- Cost of Crime to Society
- Cost of Corrections
- Cost of Health Care Utilization

References

- 1 McCollister, K., Yang, X., Sayed, B., French, M.T., Leff, J.A., Schackman, B.R. (2017). Monetary conversion factors for economic evaluations of substance use disorders. *Journal of Substance Abuse Treatment*, 81, 25-34.
- 2 Modisette, K. C. (2025). National GAIN Data Sets: Methods and Access. Lighthouse Institute, Chestnut Health Systems. <https://chestnut.box.com/v/MethodsAccessMemo>

What is the GAIN?

The Global Appraisal of Individual Needs (GAIN) is a family of evidence-based, biopsychosocial instruments providing agencies a variety of options, from screening to comprehensive assessment, supporting early detection of major clinical problems, co-occurring disorders, risk of re-offending and more. Used across a wide range of institutional settings, GAIN supports decisions on diagnosis, placement, and treatment planning, and provides data for program evaluation and research.



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