Differences In Early Access to Behavioral Health Care Among Medicaid and Commercial Populations: A Disparities Analysis

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BACKGROUND

- The COVID-19 endemic and other societal stressors exacerbated the unmet need for behavioral health (BH) services
- Medicaid functions as the largest payer for behavioral health services in the US, and understanding where opportunities and disparities exist is crucial to improve access and efficiency in care delivery

DESCRIPTION

Data sourced from Milliman payer claims data, Vizient's Clinical Database, and Vizient's Clinical Practice Solution Center were assessed to identify prevalence and types of behavioral health services utilized by the Commercial and Medicaid populations between the ages of 18-64 years. The population of females aged 18-34 was used for displaying data as similar trends were seen across all age and gender groups.

PRINCIPAL FINDINGS

- Medicaid patients are less likely to receive psychotherapy and more likely to receive medication as the only treatment for BH than Commercial patients (Fig. 1)
- Medicaid patients are 2-4x more likely to be treated in the ED or admitted for BH needs than Commercial patients[1]
- Medicaid patients are also more likely to have ED return visits than commercial peers (Fig. 2)
- Patients with comorbid BH diagnoses are more likely to have an admission than patients with no BH diagnoses, and Medicaid is even more likely than Commercial (Fig. 3)

RESULTS

Figure 1. Proportion of patients receiving psychotherapy and/or prescriptions by attributed condition, 2021[1]

Females, Age 18-34

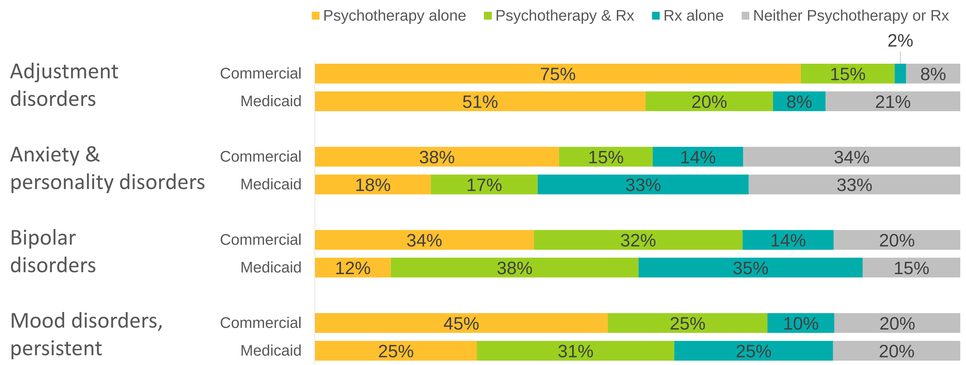


Figure 2. Percent of new ED patients in 2021 with at least one return visit in following year, by initial behavioral health condition[2]

Females, 18-34

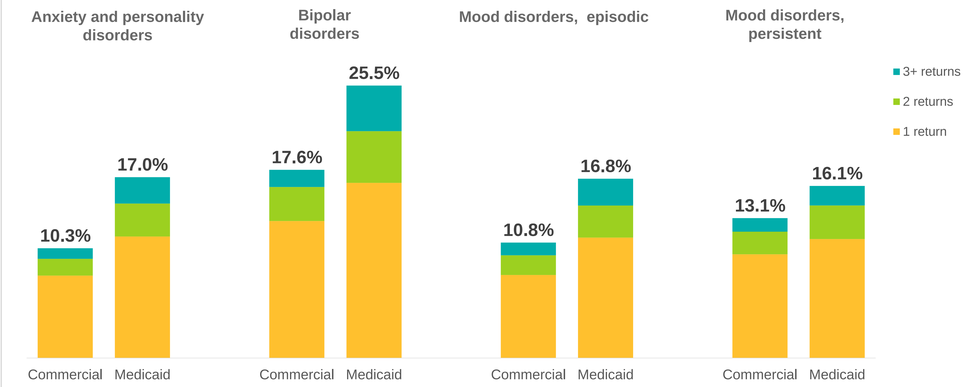


Figure 3. Non-behavioral health medical admissions per 1,000 covered lives by attributed condition, 2021[1]

Females, 18-34

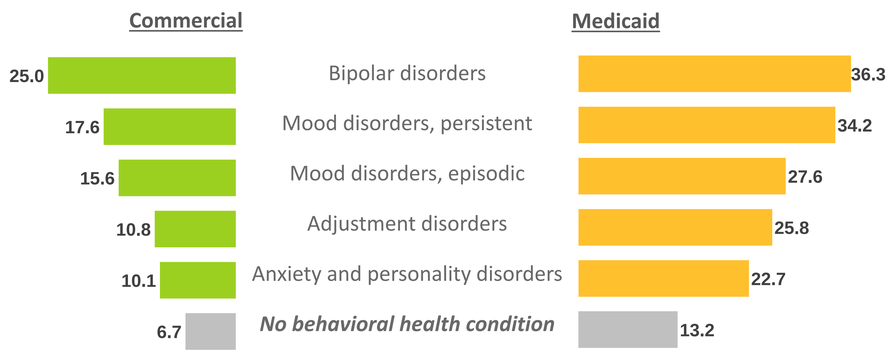
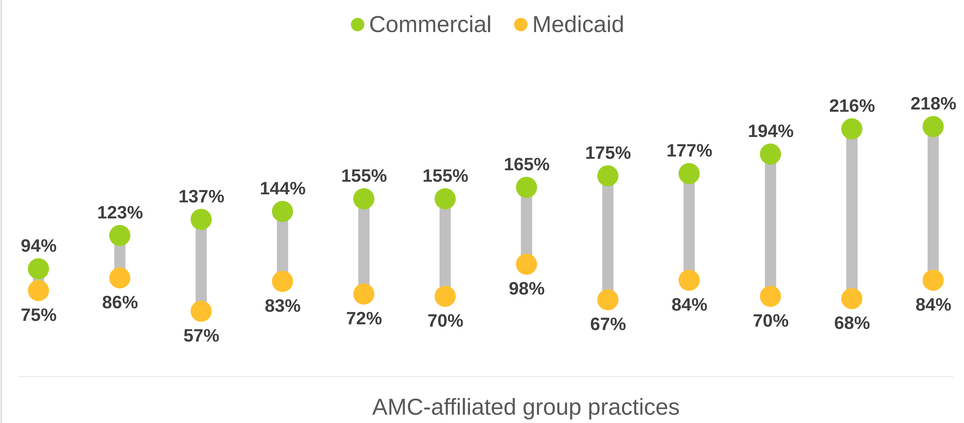


Figure 4. Psychotherapy pricing as a percentage of Medicare rates, 2021[3]



IMPLICATIONS FOR POLICY AND PRACTICE

Prioritization of early access to behavioral health services through strategies such as:

- **Eliminating price variation at the state and federal levels to reduce payer-related access disparities**
- **Reducing bureaucratic burden for practitioners treating Medicaid patients**
- **Allowing and supporting care from new care models and alternative providers - such as advanced practice providers and social workers - to treat BH patients**
- **Expanding telehealth services to reduce SDoH access barriers among Medicaid BH patients**

REFERENCES

1. Vizient Research Institute analysis of Milliman commercial and Medicaid claims data, 2021
2. Vizient Research Institute analysis of member provider data in the Vizient Clinical Data Base, 2020-2023
3. Vizient Research Institute analysis of member provider data in the Vizient Clinical Practice Solutions Center, 2021.

CONTACT INFORMATION

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