INSURANCE NETWORK ADEQUACY: PSYCHIATRISTS

Does the demand for psychiatrists meet the supply?

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DBSA

Depression and Bipolar Support Alliance

Introduction

One in four adults in the United States experience symptoms of a mental health condition and about half of adults will be affected by a mental health condition during their lifetime.[1] Over half of those individuals do not receive any mental health services.[2,3]

There has been a call for improved access to quality mental health care both from policy decision-makers and members of the public, and the clinical services provided by psychiatrists can be a crucial component for many people. Psychiatrists are uniquely trained to diagnose mental health conditions, prescribe appropriate medication and monitor a patient's progress towards wellness. However, policies to improve access to timely care may be limited by the lack of psychiatrists participating in insurance networks. Reports suggest that network participation rates for all types of insurance are significantly lower for psychiatrists than for physicians of other specialties.[4,5] This low rate of in-network psychiatrists may pose a barrier to accessing care and may limit the efficacy of proposed policies to improve care for patients.

There is a lack of psychiatrists in general, and that could contribute to an inadequate number in insurance networks. The demand for psychiatric services is greater than the amount the current number of psychiatrists can cover. Almost 60% of psychiatrists are aged 55 or older, and fewer medical students are choosing psychiatry as a specialty discipline.[6] Many psychiatrists may have so much demand that they do not need the referrals that network participation provides.

Another reason psychiatrists have given for why they do not participate in insurance networks is a low rate of reimbursement.[7,8] The return on investment may not make it worthwhile for many psychiatrists to hire additional employees in order to do business with insurance companies.[6] The added time burden to negotiate contracts, file prior authorization forms and/or claims, and track and pursue payments for treatment necessitates more personnel and, therefore, a larger work space. The income generated by participating in insurance networks may not be enough to cover these expenses for many psychiatrists.[9]

This lack of network adequacy presents a barrier to accessing quality mental health care for several reasons. A lack of in-network psychiatrists may cause extended wait times for an initial appointment or prevent those in need from finding an in-network psychiatrist that is accepting new patients.

Additionally, in the reality of the U.S. healthcare system many people rely on insurance benefits to assist them in meeting the financial obligation of care. Because individuals and family members have identified financial burdens as a barrier to care, the decision to incur higher out-of-pocket costs to see an out-of-network psychiatrist can exasperate an already fragile situation.

Each person's insurance coverage is unique, but there is one question that sums up the challenges of financial burden and timeliness of care: How difficult is it to get an appointment within a reasonable timeframe with a psychiatrist listed in your insurance network?

To better understand the patient and family experience in addressing these challenges, the Depression and Bipolar Support Alliance (DBSA) distributed a survey entitled Seeking Care from "In-Network" Psychiatrists through DBSA social media properties, email communications, and by reaching out to DBSA chapter affiliates and state advocacy Grassroots Organizations (GOs). The survey collected 107 responses from 22 states. The intent of the survey was to provide a forum for patients and their families to share their experience with insurance networks. Responses to survey questions included in this paper, while not constituting scientific research, are presented with the hope that policy makers will understand the experience of patients and family members with insurance networks. The quotes included in the paper were taken from survey respondents to open ended questions about their experience.

Network Challenges to Accessing Care

I used a referral sheet my psychologist gave me [that] had about 8 offices listed. Every office I tried seemed not to be accepting new patients or the doctor was retiring. I next looked online to see if I could find more people to try. I ended up with a psychiatrist that [is] 45 minutes away from home. **—DBSA survey respondent**

In the DBSA Seeking Care from "In-Network" Psychiatrists survey, respondents were asked which resources they used to locate a psychiatrist. With some overlap, 17.9% stated insurance plan provider manual, 49.1% insurance plan online provider list, and 26.4% telephone conversation with insurance plan. Survey respondents were asked to recall how many psychiatrists were listed as in-network, how many they had contacted, and how many of those were accepting new patients. The median and mode response to the number listed was 10. The average number of psychiatrists that respondents contacted was 7.4, with an average deviation of 5.7. The average response to the number of in-network psychiatrists that were accepting new patients was 2, which is only 27.2% of those contacted. 47.1% of respondents stated they encountered a moderately severe or a very severe problem securing an appointment because the in-network psychiatrists were not accepting new patients.

Reliable contact information was identified as a significant barrier. Almost 50% of survey respondents shared that the phone number provided by the insurance plan was either not valid or no longer working.

It's hard enough just to reach out for help only to be told 'we're not accepting your insurance'. **—DBSA survey respondent**

Over 25% of in-network psychiatrists were not accepting new patients. Almost half of respondents shared that this was a moderately severe or very severe problem.

Outdated information is not limited to contact details. "Psychiatrist is no longer in their insurance plan," was cited as a moderately severe or very severe problem for over 45% of respondents who had yet to schedule an appointment.

Months waiting list for appointments. No available openings for 3 months. **—DBSA survey respondents**

The challenges of finding accurate contact information and receiving a call back resulted in a significant delay in obtaining services. When asked to recall how many weeks it took from the time they began their search for a psychiatrist until they attended their first appointment, the mean response was 9 weeks with an average deviation of 6.8 weeks.

Unfortunately, locating an in-network psychiatrist that is accepting new patients does not always equate to problem solved. Over one third of respondents shared that geographic location of the psychiatrist created a moderately severe or very severe problem.

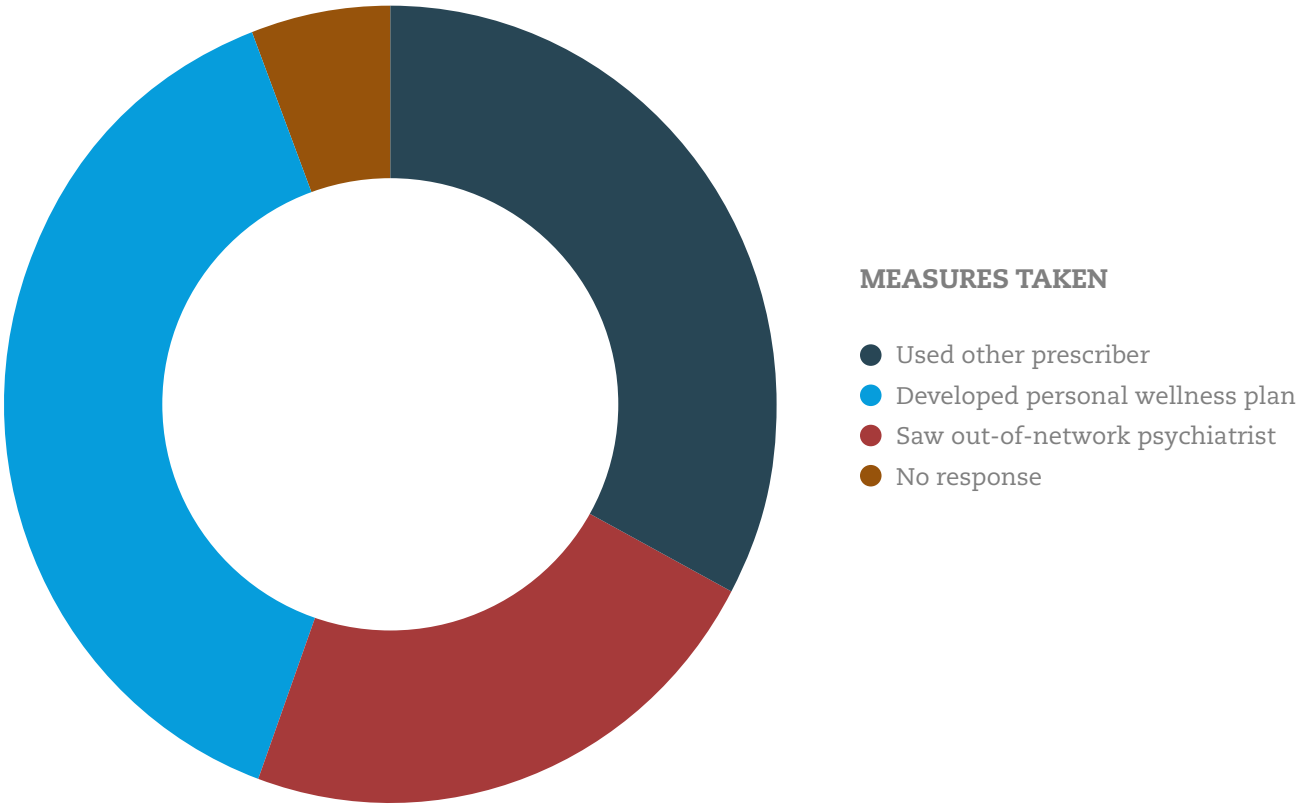
Average wait time to secure initial appointment is 9 weeks.

The only provider accepting my insurance and new patients would require a one hour and 45-minute bus ride to get there. **—DBSA survey respondent**

Consequences of Network Inadequacy

Survey respondents were asked what measures they took if they were not able to obtain an appointment with an in-network psychiatrist. One third of respondents stated that they received a prescription for psychiatric medication from a primary care physician, nurse practitioner or psychologist. 22.6% stated that they paid out of pocket to see an out-of-network psychiatrist. Wellness tools such as attending support group meetings, seeking out information on-line, reading self-help books and developing personal coping skills to deal were listed as techniques to manage symptoms by the 39% who were unable to obtain medication.

I've accumulated debt which has increased my depression. **—DBSA survey respondent**



Need for More Collaborative Care

As the largest patient advocacy organization representing the voice of individuals living with mood disorders, DBSA advocates to ensure that the community has access to quality mental health care. Given the lack of practicing psychiatrists, shortage of medical students choosing the specialty, and insurance network inadequacy, innovative solutions are needed now.

The collaborative care model endorsed by the American Psychiatry Association is an approach that needs immediate consideration by public and private stakeholders.[10] This model moves out from a siloed health care delivery approach and embraces treating the whole health of the individual. Key to collaborative care is a primary care physician and a care manager that directs the patient's care to include appointments with the psychiatrist when necessary.

A key component of collaborative care endorsed by DBSA is the addition of the peer support specialist. Peer support services are an evidence-based mental health model of care that utilizes qualified peer support providers to assists individuals with a mental health condition achieve wellness.[11] These para-professionals act as trusted and motivating role model by assisting others to:

- navigate often confusing health care systems,
- obtain needed services,
- get the most out of treatment,
- develop personal wellness plans, build skills in daily living, and
- identify community resources.

Peer support services have been shown to significantly increase individuals' abilities to manage their symptoms and reduce their reliance on formal services while still achieving personal wellness outcomes.[12]

Peer support services do not take the place of clinical services. Rather, they serve as an integral part of the health care delivery team. They supplement and improve the effectiveness of mental health care in inpatient, outpatient, and community settings.

Increasing the number of psychiatrists accepting new patients within a realistic distance from work or home is a complex problem. Given the age of the profession and shortage of new psychiatrists entering the profession, solutions will not be immediate. Healthcare systems need to look to innovation to connect individuals to care they need, when they need, and in an accessible location. Adding the certified peer specialist as a key member of the collaborative care staff should be carefully analyzed as a major step toward improving the timeliness of care that in severe circumstances can be life-saving.

CITATIONS

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