

Even privately insured have hard time getting psychiatric care in Massachusetts: study

July 21 2011

A new study by Harvard Medical School researchers published today [July 21] in the *Annals of Emergency Medicine* finds that access to outpatient psychiatric care in the greater Boston area is severely limited, even for people with reputedly excellent private health insurance. Given that the federal health law is modeled after the Massachusetts health reform, the findings have national implications, the researchers say.

Study personnel posed as patients insured by Blue Cross Blue Shield of Massachusetts PPO, the largest insurer in Massachusetts. They called every Blue Cross-contracted mental health facility within a 10-mile radius of downtown Boston, stating they had been evaluated in an [emergency department](#) for [depression](#) and discharged with instructions to obtain a psychiatric appointment within two weeks - i.e. they signaled they needed urgent care.

Only 8 of the 64 facilities (12.5 percent) listed by Blue Cross as preferred providers offered appointments; only 4 (6.2 percent) offered an appointment within two weeks. These findings indicate that even patients with top-drawer private insurance face grave difficulties in securing mental health services in the Boston area.

According to the study, 23 percent of phone calls seeking appointments were never returned, even after a second attempt. Another common reason appointments were unavailable was that 23 percent of psychiatric providers required that the patient already be enrolled with a primary care doctor affiliated with their psychiatric facility.

"People with mental health problems often can't advocate for themselves - especially in a crisis," said lead author Dr. J. Wesley Boyd, an attending psychiatrist at the Harvard-affiliated Cambridge Health Alliance.

"Health insurers know this and yet, thanks to their restrictive provider networks and their low reimbursement rates for psychiatric services, they've created a situation where a patient with a potentially life-threatening disorder, such as the severe depression portrayed in our callers' scenario, is essentially abandoned at a time of great need."

"Despite having private coverage, our simulated patient faced daunting barriers when trying to access psychiatric care," Boyd continued. "How likely is it that a real patient in the grip of severe depression would persevere through so many unsuccessful attempts?"

Senior author Dr. Rachel Nardin, chief of neurology at Cambridge Health Alliance, said: "The incentives of the current [health insurance](#) system are aligned against patients with mental illness. Insurers try to protect their bottom line by reimbursing poorly for psychiatric services and by constraining their in-network provider lists, both of which limit patients' options so severely as to make services essentially unavailable."

"Lack of adequate access to mental health care strains our entire health care system," said Nardin. "Emergency departments are overwhelmed with boarding psychiatric patients for whom no other resources exist."

"A good first step would be for insurance companies to immediately provide improved reimbursements for [psychiatric care](#)," Nardin said. "A more fundamental solution, however, would be to remove private insurers from the picture altogether and to establish a single-payer national health insurance program - a program that would cover [mental health](#) services as part of its comprehensive benefits package."

More information: "The crisis in mental health care: A preliminary

study of access to psychiatric care in Boston," J. Wesley Boyd, M.D., Ph.D.; Andrew Linsenmeyer, M.D.; Steffie Woolhandler, M.D., M.P.H.; David Himmelstein, M.D.; Rachel Nardin, M.D. *Annals of Emergency Medicine*, July 21, 2011.

Provided by Physicians for a National Health Program

Citation: Even privately insured have hard time getting psychiatric care in Massachusetts: study (2011, July 21) retrieved 12 July 2023 from <https://medicalxpress.com/news/2011-07-privately-hard-psychiatric-massachusetts.html>

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