Disparities in Treated Prevalence among Medicaid Beneficiaries with Mental Illnesses

Presenter Mihail Samnaliev, PhD

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PI: Robin Clark, PhD

Center for Health Policy & Research (chpr)
University of Massachusetts Medical School

Background

- MI in Medicaid populations
  - 43% of Medicaid beneficiaries have MI (Adelman 2003)
  - Medicaid MI expenditures = $24 billion in 2001 (DHHS 2005)
- Minorities are overrepresented in Medicaid
  - 25% of African Americans have Medicaid
  - 22% of Hispanics have Medicaid
  - 9% of Whites have Medicaid

Background

- Disparities documented in other populations
  - A BCBS plan (Sheffler and Miller 1989)
  - 3 private insurance plans (Diehr et al 1984)
  - Separate Medicaid programs
- Very few studies of Medicaid populations
  - Most include one state or a MCO within state
  - Typically focus on pharmacological management

Objectives

- All beneficiaries with MI expected to have equal Tx
  - Same treatment within income and eligibility category
  - No theoretical reasons why MI Tx should differ by ethnicity/race
- Does treated prevalence among Medicaid beneficiaries with MI differ by ethnicity?
  - Are findings consistent across 6 diverse Medicaid populations?
  - Study separately community-based, ED and hospital settings
- Significance of this study
  - Greaten burden on individuals with MI and family members
  - Implications for Medicaid policy making

Populations

- 6 states from each region of the U.S:
  Arkansas, Colorado, Georgia,
  Indiana, New Jersey and Washington
- Medicaid programs differ substantially
  Size, population mix, Eligibility criteria
  Behavioral health care arrangements
- States differ substantially
  Geographic location and demographics
  Local economies, policies, supply of medical resources.

Methods

- Identify individuals with 12 month prevalence of MI
- Logistic regression to model Pr [MI treatment]
- Separate model by state and setting (18 models)
- Estimate effects of race/ethnicity

Results

- A total of 4 million beneficiaries
- 55% White, 6% Hispanic, 30% African American
- 350,000 (9%) diagnosed with MI
- 176,000 (50%) diagnosed with comorbidities

  5.2% had asthma,12% had COPD

  14% had diabetes,23% had hypertension

  12% had substance use disorders

Results

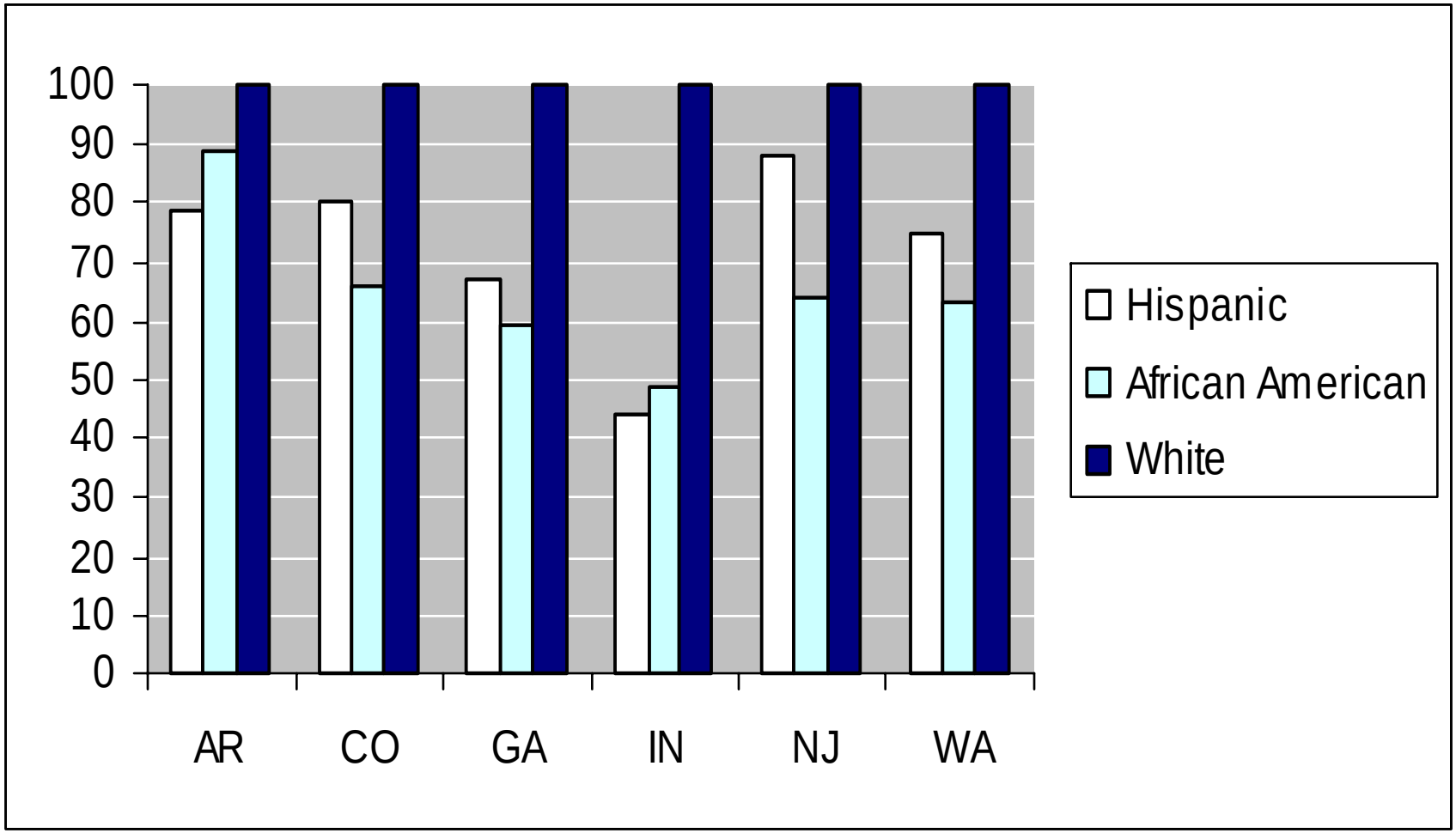
- Most had a disability (61% - 73%)
- Two thirds aged 21 to 44 (vs 44 to 65)
- FFS ranged from 7% to 91%
- 68% to 78% had continuous M-aid coverage
- Treatment
  - 32% to 72% were treated in community settings
  - 6% to 15% in ED
  - 2% to 14% in inpatient settings

Adjusted Odds Ratios

Settings	Community-based		Inpatient		Emergency department	
	Hisp	AfrAm	Hisp	AfrAm	Hisp	AfrAm
AR	.79[a]	.89	.99	.94	1.23	1.55[c]
CO	.80[c]	.66 [c]	.58[b]	1.06	1.07	1.00
GA	.67[b]	.59 [c]	.72	1.21[b]	0.65	1.22[c]
IN	.44 [c]	.49 [c]	1.23	1.08	1.66[c]	1.74[c]
NJ	.88 [c]	.64 [c]	1.29[c]	1.18[c]	0.81[b]	1.17[b]
WA	.75 [c]	.63 [c]	.72[a]	1.24[a]	0.94	1.02

a = p<0.1; b=p<0.05; c=p<0.01 compared to White. Adjusting for age, gender, continuity of eligibility, eligibility category, severity of mental illness, co-occurring substance use disorders, physical comorbidities, and local economy variables

Probability of community-based treatment



Conclusions

- Lower rates of CB MI treatment among African Americans and Hispanics
- Higher or similar rates of inpatient and ER Tx among African Americans
- Extends previous studies of single Medicaid programs
- Implications associated with greater burden of disease on ethnic minorities

Implications for Medicaid

- Medicaid coverage not sufficient by itself
- Future efforts for engagement in Tx should focus on interventions in the community
- Medicaid programs are well positioned to implement policies

  Waivers, new benefits, financial incentives to consumers and providers, culturally sensitive treatment