

Contributors

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Background

- Women's mental health is an important predictor of adverse obstetric outcomes.
- Poor mental health is associated with health care utilization and expenditure patterns.
- Little is known about how women's mental health affects healthcare utilization and medical expenditures during pregnancy.

Study Aims

To determine if and to what extent women's mental health status prior to and during pregnancy impacted subsequent healthcare use and expenditures during pregnancy.

Study Design

- Complete data from 10 full panels of the 1996-2006 Medical Expenditure Panel Survey (MEPS)
 - Supplemental data from the Pregnancy Detail File
- Nationally representative sample of the civilian non-institutionalized population in the U.S.
- Data collection occurred in five rounds over a 2-year period

Sample

- Women were included in the sample if they:
 Experienced an entire pregnancy within the survey period
 - Had a live-birth within the survey period
 - Had a definite pregnancy period

Sample Size

- ∎n=2,347
- Representing 3,853,840 women

Main Outcome Variables

- Health care utilization, charges and expenditures from the MEPS Household Event Files:
 - Emergency room
 - Inpatient
 - Office-based or outpatient

Main Independent Variables

Poor Mental Health

- From women's self report of symptoms of mental health conditions
- Global mental health rating of "fair" or "poor"
- Before conception or during pregnancy

Control Variables

Maternal and family sociodemographic factors:

- Race/ethnicity
- 🗖 Age
- Education
- Marital/partner status
- Health insurance status
- Family income

Pregnancy related variables:

Pregnancy complications
 Length of gestation

- Analytic Approach
- Data were weighted to reflect complex sampling design
- 2 and Kruskal Wallis tests for descriptive analyses
- Mean healthcare use, charges, and expenditures were estimated using two-part models
 - Confidence intervals estimated using bootstrapping techniques

Descriptive Results

- Women with poor mental health before or during pregnancy were more likely to:
 - Younger (<20 years)</p>
 - Never married or divorced
 - No or some high school
 - Publicly insured
 - Below 100% of FPL
 - Have a pregnancy complication

Mean Pregnancy-Related ER Utilization	Poor Mental Health		
and Expenditures (95% CI)	Yes	No	
Utilization (number of visits)****	0.41 (0.31–0.53)	0.24 (0.21–0.27)	
Total Charges (\$)****	706.19 (408.44–1186.44)	270.54 (229.92–338.38)	
Total Expenditures (\$)****	200.10 (104.24–366.80)	116.95 (93.63–158.06)	
Total Out-of-Pocket Expenditures (\$)****	23.64 (3.54–64.70)	8.07 (5.09–12.17)	

****p<0.0001

Related <u>Outpatient</u> Visits, But Not Total Expenditures				
Mean Pregnancy-Related Outpatient	Poor Men	tal Health		
Utilization and Expenditures (95% CI)	Yes	<u>No</u>		
Utilization (number of visits)****	10.72 (9.55–11.97)	10.21 (9.97–10.49)		
Total Charges (\$)****	3,291.65 (2747.60–3886.80)	3,012.16 (2839.10–3227.25)		
Total Expenditures (\$)	1,576.44 (1331.45–1855.02)	1,584.01 (1495.05–1688.36)		
Total Out-of-Pocket Expenditures (\$)****	120.41 (75.95–183.88)	198.65 (168.62–235.08)		

****p<0.0001

Poor Mental Health Status Associated with Pregnancy
Related Inpatient Visits and Expenditures

Mean Pregnancy-Related Inpatient	Poor Men	tal Health
Utilization and Expenditures (95% CI)	Yes.	No
Utilization (number of visits)****	0.92 (0.83-1.00)	0.88 (0.86–0.91)
Total Charges (\$)****	10,701.48 (9377.26–12167.08)	10,465.85 (10021.19-10921.92)
Total Expenditures (\$)****	4,710.01 (3994.41–5450.20)	4,782.58 (4565.86–5028.85)
Total Out-of-Pocket Expenditures (\$)****	153.61 (75.29–297.30)	234.97 (203.47–309.21)

Adjusting for: age, race/ethnicity, marital status, educational attainment, insurance coverage, family income, pregnancy complications, and weeks of gestation.

Total Mean Pregnancy-Related Utilization, Charges and Expenditures

Total Charges (\$) 14,699.32 13,748.		Tes	No
Total Charges (\$) 14,699.32 13,748.			_
	Total Visits	12.06	11.33
Total Expenditures (\$) 6,486.55 6,483.5	Total Charges (\$)	14,699.32	13,748.55
	Total Expenditures (\$)	6,486.55	6,483.53
Total Out-of-Pocket Expenditures (\$) 297.66 441.69	Total Out-of-Pocket Expenditures (\$)	297.66	441.69

Conclusions

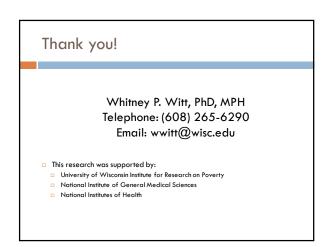
- Women with poor mental health are more likely to receive pregnancy-related care in all settings.
 - May be supplementing prenatal care in office-based setting with pregnancy-related ER visits.
- Poor mental health was associated with higher outpatient charges, but not higher expenditures.
- Poor mental health was associated with lower outpatient and inpatient out-of-pocket costs.
 - May be related to insurance coverage.

Implications

- Poor mental health may increase the cost of healthcare during the prenatal period.
- Healthcare providers should identify, monitor, and treat women's mental health problems prior to and during pregnancy.
- Improving access to prenatal care and mental health services will be important upstream interventions.

Limitations

Data on preconception/pregnancy period mental health may underestimate lifetime prevalence of poor mental health.



Backup Slides

~7% of Women Report Poor Mental
Health Prior to or During Pregnancy

Weighted and Un-Weighted Sample Size		Poor Mental Health	
	Total	Yes	No
Weighted N	3,853,840	275,026	3,578,814
Weighted %		7.14%	92.86%
Un-Weighted N	2,347	204	2,143
Un-Weighted %		8.69%	91.31%

Women With Poor Mental Health More Likely To Be Never Married, Divorced					
	Poor Mental Health				
Marital status****	Total	Yes	No		
Married, lives with partner****	75.3%	51.4%	77.2%		
Never married****	21.0%	37.6%	19.8%		
Divorced, separated, widowed****	3.7%	11.0%	3.1%		
Unadjusted analyses; ****p<0.0001					

Women With Poor Mental Health Less Educated					
	Poor Mental Health				
Education status****	Total	Yes	No		
No or some high school****	22.5%	41.80%	21.0%		
High school graduate	26.6%	27.00%	26.6%		
Some college	21.7%	18.70%	21.9%		
College or beyond****	29.2%	12.40%	30.5%		

 Women Reporting Poor Mental Health More Likely To Receive Publicly-Funded Insurance

 Poor Mental Health

 Health Insurance Status****
 Poor Mental Health

 Total
 Yes
 No

 Private insurance only****
 68.8%
 50.7%
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 Any publicly funded insurance****
 20.9%
 37.7%
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 No insurance
 10.3%
 11.6%
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Women With Poc Likely To Be Belo			More
Ratio of family income to poverty		Poor Men	tal Health
threshold****	Total	Yes	No
Below 100% (Poor)****	21.0%	38.7%	19.7%
100-199% (Near poor/Low)	20.0%	23.7%	19.7%
200-399% (Middle)*	28.2%	20.2%	28.8%
400%+ (High)***	30.8%	17.4%	31.8%
Unadjusted analyses; *p<0.1; **	p<0.01; ***p<	0.001; ****p<0	.0001

Women With Poor Mental Health Younger,					
But No Difference in Race					
	Poor Mental Health				
	Total	Yes	No		
Age****					
14-19****	9.2%	21.5%	8.2%		
20-24	25.5%	21.3%	25.8%		
25-29	27.9%	25.2%	28.1%		
30-34	24.4%	21.2%	24.7%		
35+	13.0%	10.8%	13.1%		
Race/Ethnicity					
White (Non-Hispanic)	61.8%	60.1%	62.0%		
Black (Non-Hispanic)	12.3%	13.5%	12.2%		
Hispanic	19.6%	20.4%	19.6%		
Other (Non-Hispanic)	6.3%	6.0%	6.3%		
Unadjusted analyses; ***	*p<0.0001				

Poor Mental Health Status Associated with Higher Pregnancy-Related ER Visits and Expenditures

and Expenditures	Total	Yes	No
Utilization (number of visits) **	0.2	0.4	0.2
Total Charges (\$) *	244.90	602.44	217.43
Total Expenditures (\$) *	108.53	210.31	100.71
Total Out-of-Pocket Expenditures (\$)	8.79	22.48	7.74

Mean Pregnancy-Related		Poor Mental Health		
Outpatient/Office Utilization and Expenditures	Total	Yes	No	
Utilization (number of visits)	10.8	11.2	10.8	
Total Charges (\$)	3,010.27	3,089.95	3,004.14	
Total Expenditures (\$)	1,639.99	1,519.30	1,649.27	
Total Out-of-Pocket Expenditures (\$) **	189.12	103.25	195.72	

Mean Pregnancy-Related Inpatient		Poor Mental Health			
Utilization and Expenditures	Total	Yes	No		
Utilization (number of visits)	0.9	1.0	0.9		
Total Charges (\$)	10,308.00	10,425.00	10,299.00		
Total Expenditures (\$)	4,911.39	4,972.93	4,906.66		
Total Out-of-Pocket Expenditures (\$) *	228.22	128.11	235.91		