Impact of Behavioral Health Problems on Access to Care and Health Services Utilization

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Abstract

Access to specialists for treatment of behavioral health problems has become restricted in this era of capped budgets and reductions in Medicare and Medicaid reimbursement. Patients with multiple mental health problems may face additional barriers to obtaining needed health care services. The study’s aim was to measure the impact of behavioral health problems on access to care and health services utilization for veterans and non-veterans and to determine the contribution of health system characteristics in the prediction of self-reported health services utilization. The study sample consisted of Vietnam veterans who participated in both the Vietnam Drug User Study (September 1971 Army discharges) and the Vietnam Era Study (25-year follow-up) (N=642), as well as a non-veteran cohort (N=197). (JEL I12)

Introduction

Access to health care services has become a key performance benchmark in most health care systems. This is especially important in the current era of capped budgets and reductions in Medicare and Medicaid reimbursement. In many large metropolitan areas, the safety net is in peril as downsizing has become necessary [Zuckerman, et al., 2001]. Some areas of the country have no public hospital to serve as this safety net. Thus, community hospitals have had to absorb the additional workload [Health System Change, 1998-99]. In such areas, Medicaid patients report difficulty obtaining appointments with private pediatricians and primary care providers. According to data from the National Comorbidity Survey, for those respondents with three or more lifetime psychiatric disorders, only 60 percent ever receive any care for those illnesses, only one-third receive care for a current episode, and only one-fifth receive any specialty mental health care for the current episode [Kessler, et al., 1994]. Thus, it appears that access to care for behavioral health problems is a particularly problematic area in the current health care system. The Community Tracking Study, which tracks changes in the U.S. health system in 60 sites representative of the nation, reported that 16 percent of patients in metropolitan areas believed that their doctor might not refer them to a specialist when needed. Twenty-five percent of physicians stated that it was not always possible to provide high-quality care to all of their patients. Of the primary care physicians, 20 percent reported difficulty in obtaining referrals to high-quality specialists for their patients, though medically necessary [Health System Change, 1998-99].

Conducted as part of a 25-year follow-up study of Vietnam veterans and a sample of matched non-veterans, the first objective of this study was to measure the impact of behavioral health problems, such as posttraumatic stress disorder, depression, drug use, and

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alcohol use, on access to care and health services utilization for veterans and non-veterans. The second objective was to determine the relative contribution of health system measures in the prediction of self-reported health services utilization for veterans and non-veterans and identify any differences in that contribution between inpatient utilization and outpatient utilization.

Background

Common barriers to care identified in studies of health services utilization include language, culture, child care or adult care costs, travel distance and associated travel cost, living in a rural area or poor community, lack of health insurance or funds to pay for treatment, lack of a regular source of care, inconvenient office or clinic hours, and personal obligations [Gresenz, et al., 2000; McFall, et al., 2000; Fourtney, et al., 1999; Li, et al., 1999; Grella, 1997]. Additional barriers, specifically faced by patients with behavioral health problems, include lack of knowledge of the range of available treatment options, lack of knowledge of the mental health benefits they are entitled to, fear of rejection by the health care system due to the social stigma and labeling associated with substance abuse and mental disorders, confidentiality concerns, perception of symptoms as somatic rather than psychiatric in origin, and difficulty negotiating the health care system due to a psychiatric diagnosis [Mickus, et al., 2000; Copeland, 1997].

Recent analyses focusing on behavioral health care have also identified factors which appear to improve access to such care. One example is greater health maintenance organization (HMO) presence [Gresenz, et al., 2000; Norquist and Wells, 1991; Manning, et al., 1987]. Greater HMO presence was originally feared to lower access to specialty care. It is conjectured that HMO’s may affect access by changing help-seeking patterns, educating the community through advertising, or fostering increased competition among doctors vying for fee-for-service patients, resulting in reduced fees. Factors which improve access to care for patients discharged from Department of Veterans Affairs (VA) psychiatric units include receipt of VA compensation payments, discharge from a facility with greater resources devoted to medical-surgical care, and prompt mental health follow-up [Druss and Rosenheck, 1997].

Few studies, however, are able to obtain a complete picture of all the health services utilized by a given patient because many patients use multiple systems of care, such as veterans using both VA and non-VA systems of care. In a study of ten surgical procedures commonly performed in the elderly, Fleming, et al. [1992] demonstrated that VA patients in the New England region and in New York state receive from 17.6 to 37.4 percent of their hospital care outside the VA system. The problem of dual use was a limitation documented by Virgo, et al. [1999] in a recent study which demonstrated that drug use, depression, and psychiatric care seeking were important predictors of VA health services utilization over the two-decade period after discharge from military service in Vietnam. All predictors were selected from data collected either at discharge from military service in 1971, one year after discharge, or three years after discharge. It was shown that Vietnam veterans who had substance use problems prior to or immediately after the Vietnam war used VA health care services more intensively during the next two decades than Vietnam veterans without these behaviors. Without a complete picture of all the health services utilized by a given patient, however, it is difficult to assess whether access to care is compromised and barriers to care exist.

The current study extends previous research through the use of recently collected self-reported VA and non-VA health services utilization data. Irrespective of the type of facility where the services were received, all health services utilized by the study sample are recorded,