PROJECT INFORMATION

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Effect of High-Deductible Health Plans on Healthcare Use and Out-of-Pocket Costs for People with Bipolar Disorder

Principal investigator

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Organization

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What was the research about?

People with bipolar disorder have severe changes in mood, energy, and activity levels. To feel and function well, they need regular medical care.

Some people with bipolar disorder are enrolled in high-deductible health plans, or HDHPs. HDHPs require people to pay more toward the cost of their healthcare services than low-deductible health plans. If people face high out-of-pocket costs, they may have trouble paying for treatment and avoid getting care.

In this study, the research team compared use of health services for people with bipolar disorder who had to switch to an HDHP with those on a low-deductible health plan.

What were the results?

Compared with people who had low-deductible health plans, people who switched to HDHPs had an

- 11 percent decrease in mental health visits with nonpsychiatrist providers, such as counselors
- 15 percent increase in out-of-pocket costs for bipolar medicine
- 11 percent increase in out-of-pocket costs for other mental health medicines
- 13 percent increase in out-of-pocket costs for mental health visits overall

The groups didn't differ in

- Number of visits with psychiatrists
- Number of emergency room or hospital visits related to mental health
- Amount of bipolar medicine patients took, on average, over 30 days
- Number of lab tests to monitor medicine

In interviews, people with HDHPs reported hardship due to their increased costs for treatment. They coped in different ways. Some cut back on costs in other areas of life. Others asked for exemptions from insurance restrictions. People prioritized their bipolar care over other types of care.

Who was in the study?

The study included insurance claims from 19,654 people ages 12–64 with bipolar disorder. The average age was 38, and 62 percent were women. The claims were from 2003 to 2014. The research team also interviewed 40 people with bipolar disorder who had experience with an HDHP.

What did the research team do?

The research team reviewed insurance claims for people with bipolar disorder and identified two groups of people. In one group, people had a low-deductible health plan for at least one year, and then their employers switched them to an HDHP. In the other

group, people had a low-deductible plan for two years in a row. The team compared patients' out-of-pocket costs for treatment, use of medicine, and number of mental health visits. The team also interviewed 40 people about their experiences with HDHPs and bipolar disorder.

Bipolar disorder advocacy groups, insurers, psychiatrists, and people with bipolar disorder gave input to the research team and reviewed study results.

What were the limits of the study?

The research team didn't assign patients to each group by chance, so they can't be sure that the results were entirely due to the change in insurance. The team also

didn't know how severe patients' bipolar disorder was in either group.

Future research could see if decreases in nonpsychiatrist mental health visits affect patient mental health.

How can people use the results?

Employers can use the results when considering the types of health plans they offer employees. People with bipolar disorder can use the results when considering types of insurance.

To learn more about this project, visit www.pcori.org/Wharam300.