

Study Exploring the Impact of People With Mental Health Disorders After Switch From Preferred Provider to High-Deductible Health Plan Finds Decline in Use & Spending of Health Care Services

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(Washington, D.C.) – A new Issue Brief released by the Employee Benefit Research Institute (EBRI) entitled, “How Do High-Deductible Health Plans Affect Use of Health Care Services & Spending Among Enrollees With Mental Health Disorders?” found that spending and overall use of mental health services declined for people with mental health disorders with who switched to a high-deductible plan.

The Issue Brief explores the impact of moving from a preferred provider organization (PPO) to a high-deductible health plan (HDHP) among people with mental health disorders. It focuses on individuals with major depressive disorder (MDD), anxiety and attention deficit hyperactivity disorder (ADHD) since these represent the majority of mental health patients. The prevalence of these conditions in the population with employment-based health insurance is especially high relative to other mental health conditions and it has been increasing. The study observed the following conclusions:

- Moving from a PPO to an HDHP reduced the probability of using health care services;
- The amount of health services used was also lower among patients with mental health disorders who moved from a PPO to an HDHP. Office visits, prescription drug fills, inpatient days and emergency department visits all declined;
- Utilization of preventive services including cancer screenings and some vaccinations was also negatively affected by the move from a PPO to an HDHP;
- The reductions in use of health care services prompted declines in overall health care spending. Employer spending fell by a greater amount and percentage than overall spending. Employee spending increased because the move from the PPO to the HDHP shifted some pre-deductible spending onto users of health care; and
- Moving from a PPO to an HDHP had a mixed impact on use of out-of-network health care services. While the probability of using an out-of-network mental health provider fell among those with ADHD and MDD, neither the number of office visits nor overall spending on out-of-network care were affected by the plan change.

“Our results are consistent with and extend prior findings that use of health care services decline when individuals with chronic conditions move from a PPO to a HDHP. Such findings can help employers make targeted benefit design decisions. They can also inform policymakers as they grapple with allowing employers to provide enhanced coverage for health care services that prevent the exacerbation of chronic conditions,” explained EBRI Director of Health Benefits Research Paul Fronstin.

Employee Benefit Research Institute Issue Brief #184 containing an “How Do High-Deductible Health Plans Affect Use of Health Care Services and Spending Among Enrollees With Mental Health Disorders?” study summary, can be viewed online by visiting <https://members.ebri.org/page/EBRIinsights184> .

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