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Provider type and depression treatment adequacy☆

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Abstract

We investigate the effect of initial provider (psychiatrist versus primary care physician or non-physician mental health specialist) on the adequacy of subsequent treatment for persons with depression. Our data are from MarketScan®, a medical and pharmacy insurance claims database, which we use to estimate models of the likelihood of treatment for depression and the likelihood that any anti-depression treatments received are adequate. Patients initially seeing psychiatrists are most likely to receive adequate treatment. Provider type has a statistically and medically significant effect on whether any treatment occurs but a smaller effect on treatment adequacy among treated patients. Our results show the importance of provider type in treatment patterns, but the effects on patient outcomes are yet to be determined definitively.

Keywords: Depression; Pharmacotherapy; Psychotherapy; Treatment adequacy; Probit; Bivariate probit

1. Introduction

Depression is a widespread illness in the United States and elsewhere, and although cost-effective treatments exist, many persons remain untreated or inappropriately treated [1]. Although many mentally ill persons who are untreated are outside the social safety net, even among persons covered by health insurance the treatment of depression is frequently inadequate and not cost-effective [1]. To treat depression cost-effectively, patients would ideally be matched with therapies most appropriate for them individually. However, mental health systems often perform poorly at matching patients with their ideal providers, creating access problems for patients who could be helped and creating waste where patients consume resources that are of little therapeutic benefit [2]. A better understanding of particular pathways of care is necessary, particularly with respect to the provider that first diagnoses the depression, who can thereafter direct a patient's course of treatment. Here we present evidence on how the adequacy of the course of treatment for

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persons with depression varies by type of initial care provider.

The role of provider specialty may be particularly important in treating mental conditions such as depression, where the range of treatment options available to a patient may depend heavily on the training of the provider treating the patient. General medical practitioners, psychiatrists, psychologists, and psychiatric social workers or other non-physician mental health specialists can all treat patients with depression. Many patients are treated by more than one type of professional. The consequences of provider type for patients with mental disorders are still not clearly established, however, and our contribution is to investigate how provider type affects treatment adequacy among patients diagnosed with depression.

We find that provider type is significantly related to the adequacy of treatment of a depressed person. In our data, a depressed person initially diagnosed by a general medical practitioner or a non-physician mental health specialist is more likely to go untreated than a similar depressed person initially diagnosed by a psychiatrist. Initial provider type is much less relevant to whether the treatment, once started, is considered adequate. Our findings suggest that any connection between initial provider and eventual patient outcome concerning depression largely occurs through whether treatment is initiated at all.

2. Some background literature

The role of the health care provider has been of much research concern because of its potential importance in determining the course of treatment of certain ailments. Specialty of the health care provider has been shown to have wide-range medically and economically significant effects on treatment intensity, costs, and outcomes. Differences in care are, in part, determined by variation in education, training, and other provider factors. Differences can also be determined by the preferences of patients, who may choose providers based on the types of care they offer. The limited existing literature suggests that patient's preferences are more likely to affect the decision to seek any care than to affect the type of care [3–6]. Patient demographic factors, such as age, sex, health, and mental health status, have not been found to predict the choice of particular provider specialties. Only geographic proximity and insurance have been shown to have much influence on patients' use of psychiatrists and mental health specialists [4,5].

The relationships among treatment, provider type, cost, and outcome for users of mental health services are also contextual. Research on differences in counseling styles for depression across the provider specialties shows that general practitioners counsel less than psychiatrists and psychologists. Compared with other mental health specialists, master's level clinicians reveal lower skill at counseling for psychosocial problems [7]. Some research suggests that mental health care initiated by general medical providers is as expensive as treatment initiated by psychiatrists and more expensive than treatment initiated by non-medical providers [8]. Differences across the various types of mental health care providers have led some researchers to conclude that where mental health care is concerned, policies should channel patients away from primary care providers [1,9].

Despite the existence of safe efficacious cost-effective treatments, many patients with depression remain seriously undertreated. The adequacy of treatment for depression has received considerable attention in the clinical psychiatry literature. A 1997 consensus statement on the undertreatment of depression by the National Depressive and Manic-Depressive Association highlighted the pervasiveness of undertreatment of depression and the resulting individual and social costs. The statement also identified a variety of reasons that depression is often inadequately treated, including patient-based factors such as failure to recognize the disorder or its severity, health-system factors that create barriers to matching patients to optimal treatment, and provider-related factors such as poor education and training, inadequate patient evaluation, inadequate medication dosage and duration, and failure to consider psychotherapeutic treatment [10,11].

Generally, rates of adequacy of depression treatment, usually characterized in terms of dosage and duration of medication and counts of psychotherapy, are low, particularly in general medical practice [12–14]. Adequate treatment has been linked to patient outcomes, such as subsequent hospitalization and symptom severity [15,16]. Some research has shown that certain patient populations may be more at risk for inadequate treatment than others [17]. Even among highly vulnerable populations, such as suicide