accelerate health equity

Utilizing Claims Data to Identify the Drivers of Disparities in Health Care Journeys

mental health

There is an increasing demand for mental health care nationwide, however, it is well-documented that **gaps in care are prevalent when looking at race and socioeconomic status**. To address this, health systems and payers are increasingly **delivering and paying for mental health care in alternative settings, such as primary care**.

Accelerate Health Equity (AHE) and **Independence Blue Cross (IBX)** have begun analyzing claims data in Philadelphia to help reduce these gaps in care. This research aims to identify and characterize disparities of mental health diagnosis and prescription patterns for antidepressants and antianxiety medications among IBX members. The AHE and IBX teams studied six mental health conditions: schizophrenia, bipolar disorder, opioid use disorder, depression, ADHD, and anxiety.

findings*

- Claims data lacked precision to identify whether mental health screenings took place
- **35% of the IBX members had a mental health diagnosis during our study period** (2018-2021)
  - Prevalence of mental health diagnosis was consistently higher for non-Hispanic White (NHW) members compared to non-Hispanic Black (NHB) members across all conditions except for schizophrenia, which is consistent with previous research.
- Mental health diagnoses were **more attributable at primary care visits than psychiatry offices (67% vs 3%)**
  - NHW individuals were more likely to have a mental health diagnosis attributable to primary care than NHB individuals **(69% vs 56%)**
- **NHB members filled fewer medication prescriptions compared to NHW members**
  - Antianxiety (non-benzodiazepine): **2% vs 4%**
  - Antianxiety (benzodiazepine): **7% vs 16%**
  - Antidepressant: **13% vs 25%**
- Members living in **less disadvantaged areas were more likely to be prescribed antidepressants and antianxiety** (benzodiazepine) compared to members living in a **more disadvantaged area**
- Black members were **less adherent to antianxiety and antidepressants** than White members
  - Antianxiety (non-benzodiazepine) adherence: **33% vs 44%**
  - Antidepressant adherence: **50% vs 64%**
- **Members in most disadvantaged areas were less adherent to antidepressants** compared to members in least disadvantaged areas **(57% vs 63%)**

recommendations

Given our findings, we recommend **intervening at the treatment stage** to help improve health equity in mental health treatment by **engaging stakeholders and identifying appropriate interventions for all, including populations experiencing inequities**.

next steps

- Better understand **variations in non-adherence**:
  - Characterize when non-adherence to medications start
  - Characterize adherence to other medications
- Look at **prescriber characteristics (PCP vs psychiatrist)**
- Look at **institutional differences for mental health diagnosis and prescription patterns**
- Identify the **patient journey through primary care** receiving mental health services

*These findings are preliminary findings, not adjusted for risk and subject to change.