

Psychiatrist appointments hard to get, even for insured, study finds

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Obtaining access to private outpatient psychiatric care in the Boston, Chicago and Houston metropolitan areas is difficult, even for those with private insurance or those willing to pay out of pocket, a new study by Harvard researchers shows.

The researchers, who posed on the phone as patients seeking appointments with individual [psychiatrists](#), encountered numerous obstacles, including unreturned calls, wrong numbers and providers who were no longer taking new patients. They met with success in only one-quarter of their attempts, even after two tries.

These and related findings were published online today [Wednesday, Oct. 15] by *Psychiatric Services*, a peer-reviewed journal of the American Psychiatric Association.

The researchers made telephone calls to 360 psychiatrists – 120 in each metro area – who were listed in the Blue Cross and Blue Shield (BCBS) online database of in-network providers. The callers posed as patients with BCBS PPO insurance or Medicare, or as willing to pay out of pocket.

They utilized the BCBS database because the BCBS system is the largest provider of health insurance in Massachusetts, Illinois and Texas. The psychiatrists were located within a 10-mile radius of suburban ZIP codes in Boston, Chicago and Houston.

Of 360 psychiatrists called, the "simulated patients" were able to obtain appointments with only 93 of them, or 26 percent. Although the callers were able to obtain appointments more frequently using BCBS or as self-pay compared to Medicare, this difference was not significant. There was a significant difference in success rate between cities, however, with psychiatrists in Boston least likely to offer an appointment and those in Houston most likely to do so.

In most cases, psychiatrists simply did not return calls (23 percent). There were also a large number of incorrect phone numbers (16 percent). The wrong numbers listed included a jewelry store, a boutique, and a McDonald's restaurant. Additionally, 15 percent of practices were full and not accepting new patients. Another 10 percent of the psychiatrists identified through the BCBS directory did not see general adult outpatients.

These findings add to the growing evidence that the [mental health](#) system is difficult for consumers to access. They are in line with national data demonstrating that two-thirds of primary care physicians cannot obtain outpatient mental health services for patients who need them.

The findings also show that having insurance is not enough to guarantee access to outpatient psychiatric care. The authors conclude that increasing the number of psychiatrists would increase access. As such, they call for measures to make psychiatry a more appealing field for medical students to enter, including through measures such as integrating psychiatric care with primary care, along with better reimbursements for psychiatric care by insurers and others.

Lead author Monica Malowney, M.P.H., formerly at the Harvard-affiliated Cambridge Health Alliance and now with the Department of Population Health at the Maimonides Medical Center in Brooklyn, N.Y., said: "This study poignantly illustrates how difficult it can be for patients

to obtain needed [mental health care](#). Insurance companies need to ensure that the lists of providers they offer patients contain accurate phone numbers as well as practices that are actually accepting new patients. How likely is it that a severely depressed person would persevere through so many obstacles?"

Senior author Dr. J. Wesley Boyd, an attending psychiatrist at Cambridge Health Alliance and Harvard Medical School faculty member, said: "Insurers provide lists of providers, but they are filled with names of individuals whose practices are full or who don't bother to return phone calls or with phone numbers that are simply wrong. Calling for a psychiatric appointment and reaching a McDonald's? That is totally unacceptable."

He continued: "Insurance companies care more about turning a profit than actually providing care. Everyone, even individuals with supposedly excellent insurance, has a hard time accessing psychiatric care, so what is needed is a comprehensive overhaul of [psychiatric care](#) in the context of a thoughtful single-payer system that allocates resources according to our nation's medical needs."

More information: *Psychiatric Services*, November 2014, Vol. 65, No. 11, published online in advance on Oct. 15, 2014.

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