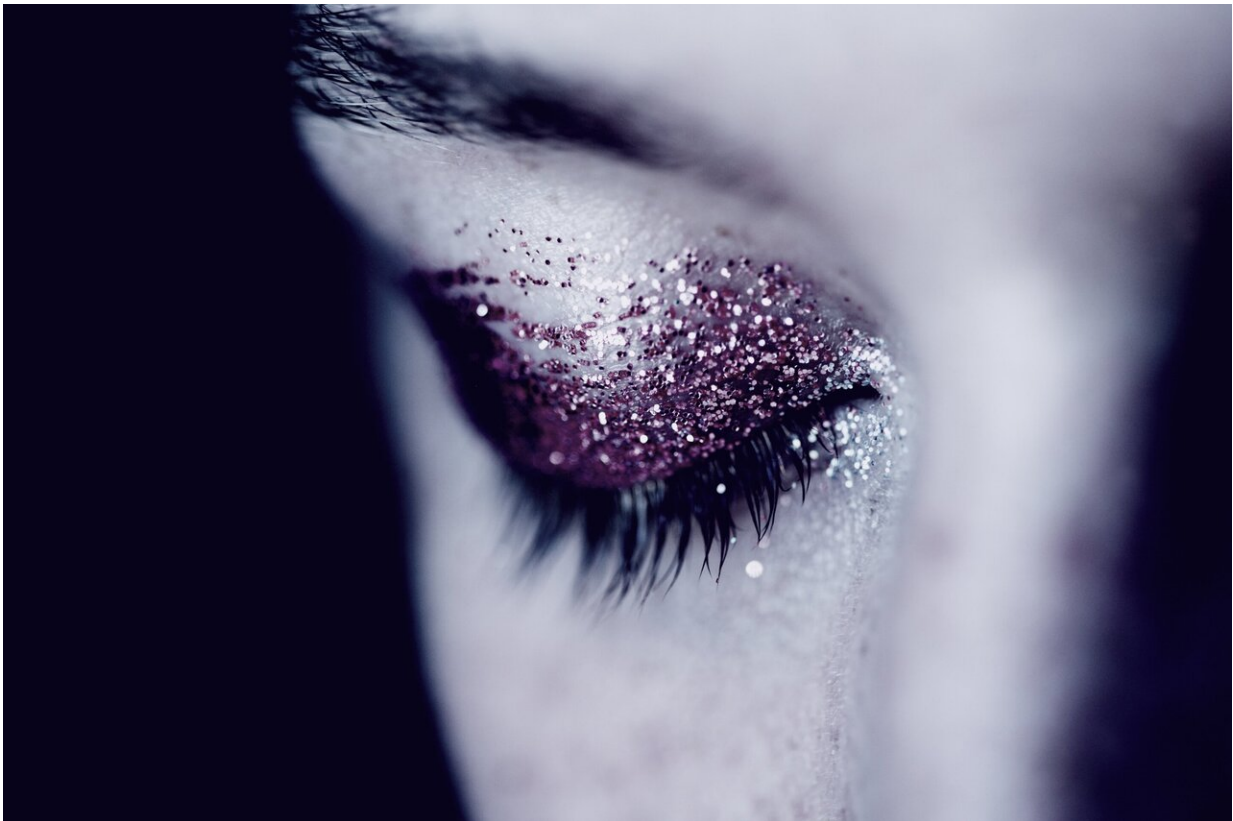


Effect of high-deductible insurance use in bipolar disorder

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A new study led by the Department of Population Medicine finds that individuals with bipolar disorder who switched to high-deductible health plans (HDHPs) experienced a moderate decrease in nonpsychiatrist

mental health outpatient visits, but rates of psychiatrist visits, medication use, emergency department visits, and hospitalizations did not change. The study, "Effect of High-deductible Insurance on Healthcare Use in Bipolar Disorder" appears in *The American Journal of Managed Care* on June 16.

Bipolar disorder is a [serious mental illness](#) characterized by acute episodes of mania, hypomania, and depression and has a lifetime prevalence of approximately 4% in the United States. People living with bipolar spectrum disorders often battle episodes of clinical instability and impairment, and require consistent access to medications and specialist care to reduce [depressive symptoms](#) or prevent future manic or depressive episodes. A small reduction in access could serve as a tipping point given that suboptimal adherence to bipolar medications can result in debilitating episodes. Considering these needs and the increasing prevalence of HDHPs with deductibles over \$1,000 per year, the study team examined the impact of HDHPs on [health care use](#) among people with bipolar disorder.

"Early cost sharing research suggested that high out-of-pocket costs have a 'blunt instrument' effect, leading consumers to reduce all healthcare utilization," said Frank Wharam, MD, MPH, lead author and Associate Professor in the Department of Population Medicine at Harvard Medical School. "Our study demonstrates that high-deductible health plans do not appear to have this 'blunt instrument' effect on healthcare use among people with bipolar disorder who are covered through employer-sponsored plans. Rather, patients might make tradeoffs to preserve important care."

The study population, drawn from a large national health insurance plan, included members with [bipolar disorder](#) who were enrolled in low-deductible plans during a baseline year. Some experienced an employer-mandated switch to HDHPs and were followed for a subsequent year.

Those remaining in low-deductible plans, as the only option offered by their employer, comprised the control group. Study findings show that HDHP members maintained stable overall mental health outpatient visits compared to members in low-deductible health plans. However, members with HDHPs experienced an 11% decrease in nonpsychiatrist mental health outpatient visits. Rates of psychiatrist visits, medication use, emergency department visits, and hospitalizations did not change.

Regarding next steps, Dr. Wharam adds, "Policy makers, employers, and health plans could use our findings to construct highly efficient value-based or tailored health insurance designs that optimize health care use and spending. For example, health insurers could reduce out-of-pocket costs for psychiatric counselling visits."

Provided by Harvard Pilgrim Health Care Institute

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