

The impact of value-based mental health care on racial and ethnic disparities

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Despite high demand, access to quality and affordable mental health care remains a challenge for many Americans. Less than half of those with mental health illness receive care and only about 10 percent of those

with substance use disorders receive treatment, according to the National Survey on Drug Use and Health. For people of color, the numbers are even lower.

Accountable Care Organizations (ACOs) are supposed to improve coordination of health care services, but little is known about their impact on use of mental health and substance use treatment or on racial/ethnic disparities in care.

Medicare, the federal health insurance program for people 65 or older and [younger people](#) with disabilities, introduced its own ACO program in 2012 called the Medicare Shared Savings Program (MSSP). Like other ACOs, the MSSP financially incentivizes health-care providers, hospitals, and suppliers to provide quality care while reducing overall costs.

A new study, published in print this month in the journal *Health Services Research* and led by Tufts, Cambridge Health Alliance, and Harvard Medical School researchers, found that the MSSP reduced disparities in outpatient [mental health services](#) among Native American beneficiaries.

At the same time, though, it lowered use of mental health and substance use services, and lowered quality of care for depression for Latino beneficiaries compared to whites. This is one of the first studies to explore MSSP ACOs' impact on use of mental health and addiction services and racial/ethnic disparities in care for these conditions.

"With more than 11 million Medicare beneficiaries being served in the MSSP, the study findings have important implications in the care for Medicare beneficiaries," said Andrea Acevedo, an assistant professor of community health in the School of Arts and Sciences and corresponding author of the paper. "Moving forward, there should be more emphasis placed on monitoring and reducing disparities in care."

The researchers also note that providing better care for mental health and substance use conditions could potentially reducing overall ACO costs of delivering care, given evidence that individuals with mental health and substance use conditions have higher rates of costly services, including hospitalizations and emergency department visits.

They suggested that as Medicare-based ACO models evolve, monitoring how these changes affect provision and quality of mental [health](#) and substance use services and disparities are necessary.

"Given our findings on reductions of outpatient and inpatient care, it will be crucial that quality of care for these conditions are monitored, and disparities are measured, to ensure that as ACOs try to reduce costs, they do not do so at the risk of reducing needed care for individuals suffering from these conditions and increase disparities," Acevedo said.

More information: Andrea Acevedo et al, Impact of the Medicare Shared Savings Program on utilization of mental health and substance use services by eligibility and race/ethnicity, *Health Services Research* (2021). [DOI: 10.1111/1475-6773.13625](https://doi.org/10.1111/1475-6773.13625)

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