Maryland Psychological Association

Access to Care in the State of Maryland

A White Paper

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I. Executive Summary

Payers (both public and private) typically use managed care organizations to both assure quality and control costs of health care benefits. These managed care organizations now serve as the "gatekeepers" of health care services. As the "gatekeeper," it is the role of the managed care organization to direct patients to the appropriate health care services that they need whenever they need it. The question is whether the managed care "gatekeeper" function is serving consumers well by providing timely access to appropriate services.

In Maryland, there are more than a dozen managed care organizations managing health care plans for the state's residents. Most of these managed care organizations "carve out" the management of mental health and addiction treatment services to specialty care management programs. The specialty care management programs, known as managed behavioral health care organizations (MBHOs), provide the "gatekeeper" function for those consumers seeking mental health and addiction treatment services.

The Maryland Psychological Association (MPA) is the statewide professional association for Maryland Psychologists and is affiliated with the American Psychological Association (APA). The MPA, which has recently celebrated 50 years of serving as an advocate, is working to ensure that Maryland's neediest citizens have access to the high quality mental health services they need and deserve in a timely and cost-effective manner. As a result of a number of antidotal complaints by both consumers and mental health professionals about access to mental health care through the managed care "gatekeeper" function, the MPA made the decision to frame an objective third-party survey of access to care. The survey found:

There is a consistent problem with consumers receiving accurate provider information in order to access mental health care—44% of professionals listed on managed care websites were unreachable.

The survey data showed that the more highly credentialed the professional, the longer the wait time for an appointment.

The wait time to secure an appointment with a rural professional is twice as long as the time it takes to receive an appointment with an urban professional.

The implications of these findings are that there is a pattern of access to mental health care issues in the State of Maryland. Almost half of the mental health professionals listed as available to consumers are in fact, not available. For the 56% of professionals listed as MBHO network members, there are access issues specific to both credentials and geographic location.

In partnership with State government, the MPA is working to ensure that Maryland's

citizens have access to the highest quality behavioral health services in the timeliest and most effective manner that maximizes their overall functioning and ensures that taxpayer resources are put to their best use.

II. Maryland Behavioral Health Access to Care Survey Results

MPA developed a survey of licensed mental health professionals listed as network providers for managed care organizations (and their managed behavioral health programs) in Maryland. The following are the highlights of the survey:

- Of the responding professionals, the average wait time for a daytime appointment with a psychiatrist was 25 days
- Of the responding professionals, the average wait time for a daytime appointment with a psychologist was 12 days
- Of the responding professionals, the average wait time for a daytime appointment with a mental health clinician (other than psychiatrist or psychologist) was 8 days
- There are significant differences in rural and urban access issues
- Of the responding professionals, the average wait time for a daytime appointment with a rural provider was 19.6 days
- Of the responding professionals, the average wait time for a daytime appointment with an urban provider was 9.4 days
- Shortest wait time for a daytime appointment by managed care plan was 3.1 days for Kaiser
- Longest wait time for a daytime appointment by managed care plan was 38 days for Blue Cross II
- From the responses provided, the wait time for an appointment with a lower reimbursing plan is three times longer than that for the higher reimbursing plans

A. Survey Methodology

The purpose of the survey was to determine whether or not the professionals in MBHO networks in Maryland are accepting appointments for covered adults and juveniles, as well as self-pay patients, and, if so, the waiting time for an appointment. In order to accomplish this task, *OPEN MINDS* prepared a list of behavioral health professionals comprised of three groups—licensed psychologists, licensed psychiatrists, and licensed masters-level clinicians. The defined sample pool not only includes professionals practicing in urban settings, but also rural providers. The providers and all of their contact information were garnered directly from the managed care organizations themselves, just as any patient seeking an appointment would.

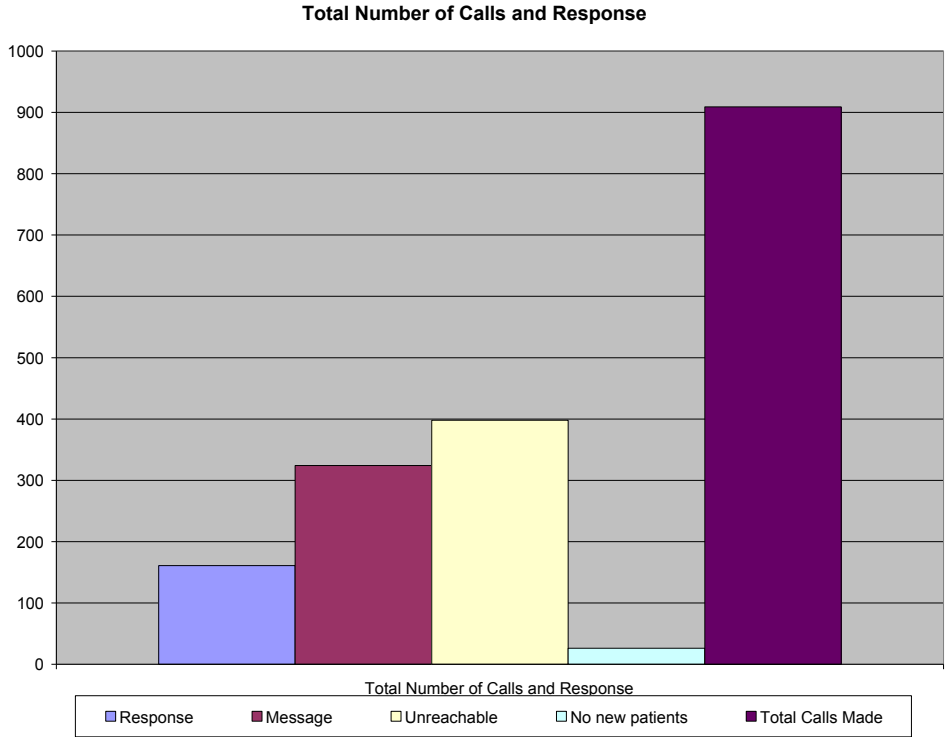
The survey included 909 professionals from seven managed care organizations—Aetna, APS, Blue Cross Blue Choice, Blue Cross II, John Hopkins EHP, Kaiser, and United Behavioral Health (UBH). After the lists were complied, *OPEN MINDS* called each provider in order to complete the survey. Each call was initiated by a live person, and a specific script was followed, and if the initiated call was routed to a voicemail

system for the practioners, a scripted message was left for the practitioners.

After all of the calls were completed, the data was categorized according to the different responses. The calls answered by a live person were categorized as a "Response;" when a professionals was not accepting new patients, they were labeled as "No new patients;" the calls in which a message was left on voicemail or with office staff were labeled as "Message left;" and finally, those practioners who had wrong numbers listed were placed into an "Unreachable" category. The data was then analyzed by managed care organization, discipline of the provider, and geographic location.

B. Summary of Findings

As displayed in the bar graph below, 909 calls were initiated to professionals. Of those calls, 161 responses were received; 26 practitioners indicated no new patients were being accepted; 324 messages were left either on voicemail or with staff; and 398 practitioners were unreachable. The most common reasons that a professional was unreachable were that their managed care organization listed an incorrect telephone number or the managed care organization's lists were not up-to-date, and/or many professionals had left the practice for which they were listed.



Overall Appointment Wait Time

A breakdown of the wait times for an appointment by category for all MCOs is as follows:

	Adult Daytime Appointment	**Adult Evening Appointment**	**Child Daytime Appointment**	**Child Afternoon (after school) Appointment**	**Self-Pay Appointment**
Range	1 day – 47 days	1 day – 40 days	1 day – 47 days	1 day – 47 days	1 day – 47 days
Average	13 days	8.5 days	19.5 days	20 days	10.5 days

Of the 161 responses regarding scheduling of an appointment, only one practitioner acknowledges that a self-pay patient is more "user-friendly" and will, therefore, be a priority. This practitioner went on to acknowledge that this is "an issue no one wants to talk about." Several practitioners also noted they were removing themselves from all or certain managed care organization panels due to the fact that the managed care organizations "don't pay well, [require] too much paperwork, [and are] aggravating." This attitude toward the managed care organizations was prevalent under the surface of the responses; however, only one practitioner listed a difference in the wait time for a patient under a managed care organization plan versus a self-pay patient. It can be assumed that if this survey had been a blind survey, where the caller identified themselves as a patient under a specific managed care organization plan looking for an appointment or as a self-pay patient looking for an appointment, there may have been a greater number of providers seeing the self-pay patient with less of a wait time than the managed care organization patient.

Wait Time by Professional Credential

In a further breakdown of the wait time for an appointment, the average wait time by the defined discipline of the provider was examined. The average wait time, by category, for an appointment with a psychiatrist is as follows:

	Adult Daytime Appointment	**Adult Evening Appointment**	**Child Daytime Appointment**	**Child Afternoon (after school) Appointment**	**Self-Pay Appointment**
Psychiatrist	25 days	19 days	15 days	20 days	23 days

The average wait time, by category, for an appointment with a psychologist is as follows:

	Adult Daytime Appointment	**Adult Evening Appointment**	**Child Daytime Appointment**	**Child Afternoon (after school) Appointment**	**Self-Pay Appointment**

Psychologist	12 days	9 days	19.5 days	20 days	23 days

The average wait time, by category, for an appointment with a clinician is as follows:

	Adult Daytime Appointment	Adult Evening Appointment	Child Daytime Appointment	Child Afternoon (after school) Appointment	Self-Pay Appointment
Clinician	8 days	13 days	11 days	14 days	6.5 days

The overall wait time averages by defined discipline of the providers are: 20.41 days for an appointment with a psychiatrist; 14.6 days for an appointment with a psychologist; and 10.69 days for an appointment with a clinician. As these numbers show, the wait time drops by almost half if a patient is seeking the care of a clinician over a psychiatrist.

Wait Time by MCO

There is also a difference in the breakdown of wait times for appointments according to managed care organization. The following table depicts the breakdown by patient category and the resulting average wait time for an appointment for each managed care organization. The table also delineates managed care organizations by low (light grey), medium (white), and high reimbursement (dark grey).

As the table displays, there is a marked difference in the wait times for an appointment depending upon which managed care organization the consumer belongs. The wait times for an adult appointment during the day ranges from 3.13 days (Kaiser) to 38 days (Blue Cross II). Also of note in this section, there is a slight difference in the average wait time for an adult daytime appointment under a managed care organization and an appointment for a self-pay patient. Three of the managed care organizations have the same wait time as a self-pay patient (APS, Blue Cross II, and John Hopkins EHP); however, the remaining four managed care organizations (Aetna, Blue Cross/Blue Choice, Kaiser, and UBH) have longer wait times for their patients than for self-pay patients.

Average Wait Times by MCO

	Adult Daytime Appointment	Adult Evening Appointment	Child Daytime Appointment	Child after 3:00 Appointment	Self-Pay Appointment
Aetna	11.3 days	14.77 days	10.13 days	17.5 days	10.52 days
APS	6.6 days	7.83 days	5.4 days	4.4 days	6.6 days
Blue Cross Blue Choice	19.27 days	13.44 days	21.5 days	16.33 days	12.91 days
Blue Cross II	38 days	36 days	36 days	36 days	38 days

John Hopkins EHP	10.37 days	16 days	10.5 days	16 days	10.37 days
Kaiser	3.13 days	4.83 days	2.75 days	1.66 days	5.45 days
UBH	13.55 days	10.9 days	24.42 days	26.33 days	11.33 days

In relation to wait times and the reimbursement provided by each managed care company, there was a significant variance in wait times between levels of reimbursement, with wait times almost three times higher for an adult daytime appointment with the medium reimbursement payers (19.8 days) than for the same appointment with the high reimbursement payers (6.75 days). The variance between the low and medium reimbursement payers was less remarkable at 15.28 days and 19.38 days respectively; however it is important to note that the average wait for the medium reimbursement payers was slightly higher than that for the low reimbursement group.

In examining the wait time for an appointment as it relates to geographic location, there is a marked difference between rural and urban providers. The wait time for an appointment with a rural provider is almost, and in most cases more than, double the wait time for an urban provider. This clearly indicates a difference in access to care depending upon a consumer's location. The table below depicts the average wait time for an appointment with a rural provider and an urban provider.

	Adult Daytime Appointment	**Adult Evening Appointment**	**Child Daytime Appointment**	**Child Evening Appointment**	**Self-Pay Appointment**
Rural	19.6 days	20.26 days	20.70 days	20.13 days	16.54 days
Urban	9.4 days	8.24 days	9.9 day	12.57 days	8.72 days

III. Implications of Research for the State of Maryland

The most significant finding of the access to care survey is the data's indication that there is a consistent problem with consumer access to care in the State of Maryland—specifically as it relates to receiving accurate provider information. Of the information being disseminated by managed care organizations via provider lists on their websites, forty-four percent of the providers listed as active on their managed care panels were unreachable—meaning that the numbers were no longer in service or practitioners were no longer associated with the number provided. This poses quite a challenge to a consumer trying to identify an appropriate provider and to secure an appointment. It also challenges the validity of the geoaccess maps utilized by managed care companies to demonstrate that they have sufficient provider networks. Further study in this area would be beneficial to clarify how this problem affects consumer behavior (i.e. how many wrong numbers is a consumer willing to dial before they give up on securing an appointment?).

The data also indicates that the more highly credentialed the provider, the longer the wait time for an appointment. For example, the wait time for a psychologist is almost double the wait for a masters level clinician, and for a psychiatrist the wait time is more than double that of a psychologist. The data also indicates that psychiatric capacity may be an issue in some Maryland communities as there is an average 25-day wait time for an adult, daytime psychiatry appointment.

A review of the data also indicates that there is a difference between rural and urban environments in relation to how quickly an appointment can be obtained. The wait time to secure an appointment with a rural provider is twice as long as the time it takes to receive an appointment with an urban provider, indicating that consumer access in rural environments is much more limited than in urban settings.

In an effort to ensure that there is appropriate access to mental healthcare throughout the state, it would be beneficial for the State of Maryland to request updated provider network information from all MCOs/MBHOs. This information could be utilized to determine if there are enough providers delivering care in each geographic region of the state, as well as if there are appropriately credentialed providers delivering this care.

For more information on consumer access to care in the State of Maryland, contact the Maryland Psychological Association at (410) 992-4258.