Background

- Substance use disorders (SUD) are heterogeneous conditions characterized by recurrent maladaptive use of a psychoactive substance associated with significant distress and disability.
- Face-to-face (FTF) therapy, either individually or in group settings, is one of the many treatment options available for SUD.
- This study aimed to quantify the costs of SUD and assess differences between patients who received FTF therapy and those that did not.

Methods

- This retrospective study analyzed medical and pharmacy claims data from 1/1/2011-7/31/2016 for Medicaid and commercially-insured patients continuously enrolled for 6 months pre- and 2 years post-index date.
- The index date was the first medical claim with a diagnosis of mental health disorder. Qualifying patients were ≥18 years old with ≥2 paid medical claims.
- Each patient was categorized based on substance use (SUD or non-SUD).
- SUD patients were categorized according to receipt of therapy (FTF or non-FTF) and those on buprenorphine therapy were excluded.
- In each category, patients were matched according to propensity scores, and descriptive statistics were generated with means provided for continuous variables.

Results

- A total of 14,072 commercially insured and 12,266 Medicaid patients met the inclusion criteria.
- Mean 2-year total costs were $42,183 (SUD) and $29,764 (non-SUD) (p<0.001) for commercial patients and $35,311 (SUD) and $32,464 (non-SUD) (p=0.003) for Medicaid patients (Table 1, Figure 1).
- Total costs were $43,325 (FTF) and $46,561 (non-FTF) (p=0.069) for commercial patients and $42,944 (FTF) and $36,591 (non-FTF) (p<0.001) for Medicaid patients (Table 2, Figure 2).
- Of the patients receiving FTF therapy, 44% and 22% of the commercially insured and Medicaid patients respectively received at least 12 sessions.

Conclusion

- For both commercially insured and Medicaid patients, healthcare resource utilization (HCRU) and costs are higher for patients with mental health disorders and SUD than those without SUD.
- In the commercially-insured population, patients diagnosed with SUD and receiving FTF therapy have similar overall HCRU and costs to patients not receiving FTF therapy.
- In the Medicaid population, patients diagnosed with SUD and receiving FTF therapy have higher costs than patients not receiving FTF therapy. Possible capitation payments are not captured in this analysis.
- Less than half of the patients with commercial insurance coverage and less than a third of the patients with Medicaid coverage receiving FTF therapy had received the recommended 12 minimum sessions. Consequently, FTF therapy is not bending the cost curve.
- Options to help ensure adequate therapy could be of clinical benefit to patients and financial benefit to payers.

Objective

- Quantify the clinical and economic burden of SUD and assess differences between patients who received FTF therapy and those who did not receive FTF therapy.

Disclosures

- This research was conducted by Magellan Rx Management, Scottsdale, AZ, with external funding from Pear Therapeutics.

References

2. Improvement Protocol (TIP) Series, No. 47.) Chapter 5.

Figure 1. SUD and Non-SUD Costs

Figure 2. FTF Therapy and Non-FTF Therapy Costs

Tables 1-5: FTF Therapy and Non-FTF Therapy Costs

Table 1: SUD and Non-SUD Healthcare Resource Use

Table 2: FTF Therapy and Non-FTF Therapy Healthcare Resource Use

Table 3: SUD and Non-SUD Costs

Table 4: FTF Therapy and Non-FTF Therapy Costs

Table 5: SUD and Non-SUD Discharges

Anne Kangethe1, Michael Polson3, Todd C. Lord, Themmi Evangelatos3, Cory Grevenitz3, Katherine Coolidge5, Chris Lento5, Matthew Smith5
1 Magellan Rx Management • Scottsdale, AZ
2 Pear Therapeutics • Boston, MA
3 Magellan Rx Management • Scottsdale, AZ
4 Pear Therapeutics • Boston, MA
5 Magellan Rx Management • Scottsdale, AZ
6 Pear Therapeutics • Boston, MA

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