EXECUTIVE SUMMARY

Quantifying Wait Times for Outpatient Mental Health Services in Massachusetts:

PROVIDER AND ORGANIZATIONAL CHARACTERISTICS ASSOCIATED WITH ACCESS

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FOUNDATION MASSACHUSETTS

Abt ASSOCIATES

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ABOUT ABT ASSOCIATES

Abt Associates is a mission-driven, global leader in research, evaluation, and program implementation in the fields of health, social and environmental policy, and international development. For over 50 years, Abt has been a critical resource to governments, international organizations, academia, and foundations around the world.

ABOUT BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care for low-income and vulnerable individuals and families in the Commonwealth. The Foundation was founded in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

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INTRODUCTION

Many individuals seeking outpatient mental health services confront barriers when attempting to find effective, affordable, and available treatment.[1,2,3] Although studies confirm the existence of barriers to accessing outpatient mental health treatment, limited comprehensive information exists on the accessibility of these services in Massachusetts specifically. There is a lack of publicly available data measuring actual wait times in the Commonwealth, and there are few studies on provider and organizational characteristics associated with wait times for outpatient mental health services.

This mixed-methods study fills a gap in the research on wait times for outpatient mental health services by reporting on the perspectives of providers, administrators of organizations, individuals and families seeking care, and other mental health stakeholders in Massachusetts. The study examined the following three research questions (RQs):

- **RQ1:** What do stakeholders and individuals and/or parents seeking services think are clinically appropriate wait times for outpatient mental health visits, and are providers and organizations able to meet clinically appropriate standards?
- **RQ2:** What is the experience of Massachusetts adults and children seeking an outpatient mental health appointment?
- **RQ3:** What factors impact the experience of adults and children in Massachusetts seeking outpatient mental health services?

This report describes the results from a representative survey of Massachusetts outpatient mental health providers and from a survey of administrators at community-based organizations that provide outpatient mental health services. The objective of the two surveys was to quantify the wait time for an initial outpatient mental health office visit and identify provider and organizational characteristics that may influence wait times. The Blue Cross Blue Shield of Massachusetts Foundation released a companion report summarizing the qualitative findings from interviews with stakeholders and focus groups with individuals seeking outpatient mental health services.[4]

METHODS

Provider Survey

The research team fielded a multi-mode survey from September 2016 to March 2017 of outpatient mental health providers with active clinical licenses in Massachusetts, including licensed clinical social workers (LCSWs), licensed independent clinical social workers (LICSWs), psychiatrists, licensed mental health counselors (LMHCs), licensed marriage and family therapists (LMFTs), and licensed psychologists working in a variety of outpatient practice settings.

- In total, 2,250 mental health providers in Massachusetts received the survey invitation. Among these providers, **413 responded** to the survey,* and 236 providers indicated through a screen-out question that they were not eligible for the survey. After accounting for ineligible respondents, **the adjusted response rate was 28.1 percent**.
- The research team computed survey weights adjusting for the stratification of the survey sample by provider type and geographic location, differential probabilities of selection, unknown eligibility, and nonresponse. The weighting allowed analyses to reflect the broader mental health workforce across Massachusetts, after accounting for study eligibility.

Survey of Organizations

In addition to the provider survey, from October 2016 to January 2017 the research team fielded a web-based survey of organizations providing outpatient mental health services to clients with predominantly MassHealth coverage.** Survey respondents included senior administrators or behavioral health directors of organizations that provide outpatient mental health services to individuals with MassHealth—namely, community mental health centers (CMHCs), community health centers (CHCs), practices owned by a hospital or health system, group practices, and practices in social service settings. Survey instructions asked respondents to answer on behalf of all of their organization's "practice site(s) that provide(s) outpatient mental health services."

- The research team engaged stakeholder partners to develop a list of organizations that serve predominantly MassHealth beneficiaries. Stakeholder partners engaged their member organizations to participate in the survey through an email invitation that described the study and provided a URL link to the web survey. The research team and stakeholder partners then sent follow-up reminders by email to encourage response.
- In total, 198 distinct organizations received the survey invitation. After excluding duplicate responses (i.e., multiple responses from the same organization), there were 85 complete responses, resulting in a **42.9 percent response rate**.

* Complete cases were defined as having completed the first 11 survey items out of a total of 31 items. We chose question 11 as the cutoff because question 11 was the main outcome question about wait times in the survey.

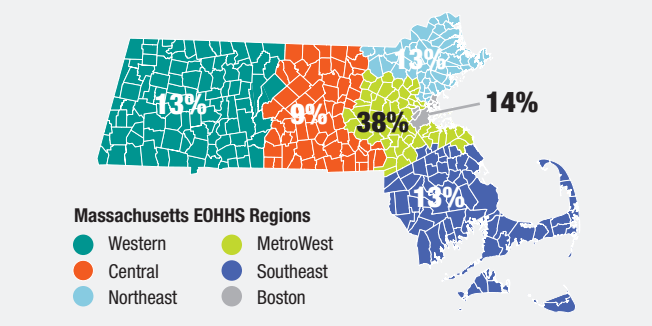
** In this report, "MassHealth" refers to all organizations that contract with the Massachusetts Medicaid program or its contracted managed care organizations to provide services to members.

DESCRIPTIVE CHARACTERISTICS OF PROVIDERS: PROVIDER SURVEY

The following summarizes how providers, *on average*, described themselves, their practice sites, and the clients they serve. Estimates from the provider survey are weighted throughout the remainder of the report to represent all eligible licensed mental health providers in Massachusetts.

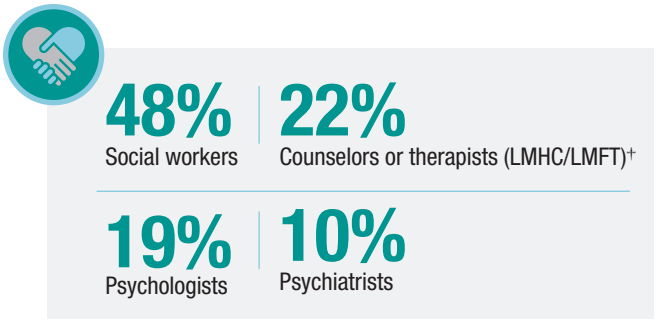
Provider characteristics

- **Geographic setting.*** Thirty-eight percent of providers were located in the MetroWest region, 14 percent in Boston, 13 percent in the Southeast, 13 percent in the Northeast, 13 percent in Western Massachusetts, and 9 percent in Central Massachusetts.



Note: n=413. The geographic regions are defined by the Massachusetts Executive Office of Health and Human Services.

- **Licensed provider type.** Almost half of providers, 48 percent, were social workers, 22 percent were counselors or therapists (LMHC/LMFT), 19 percent were psychologists, and 10 percent were psychiatrists.

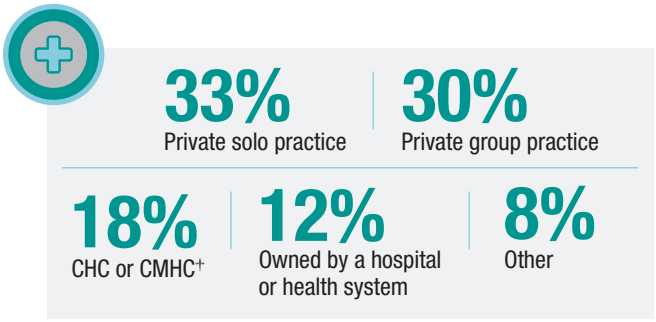


Note: n=413.

† The "counselors or therapists" category includes licensed mental health counselors (LMHCs) and licensed marriage and family therapists (LMFTs).

* Throughout this report, the research team uses these six geographic regions, as defined by the Massachusetts Executive Office of Health and Human Services (EOHHS), to group cities and towns in the Commonwealth.

- **Practice setting.** One-third of providers practiced in a private solo practice, 30 percent in a private group practice, 18 percent in a CHC or CMHC,12 percent in a practice owned by a hospital or health system, and 8 percent in an "other" setting (e.g., social service settings or schools).



Note: n=400.

† "CHC" is a community health center; "CMHC" is a community mental health center.

- **Area of specialization.** Providers were asked about their specialized training. Forty-eight percent of providers had completed specialized training to treat trauma survivors or individuals with post-traumatic stress disorders. Forty percent were trained in working with children and/or adolescents, 27 percent in working with individuals with substance use disorders, 24 percent in working with older adults, 22 percent in working with individuals who identify as lesbian, gay, bisexual, transgender, and/or queer/questioning (LGBTQ), 16 percent in working with individuals with autism spectrum disorders, 15 percent in working with individuals with developmental disabilities, and 10 percent in working with veterans.

Provider-reported payer sources

The provider survey and survey of organizations included questions pertaining to provider and organization acceptance of particular insurance types.

- **Payer sources.** Providers reported that commercial insurance was the most common payer source (42% of clients), followed by MassHealth (24%). On average, providers reported that 14 percent of clients self-paid for services (including both full-fee and sliding-scale payments), 11 percent paid with Medicare, 5 percent were uninsured and did not pay any fee for services, and 5 percent had another type of insurance (e.g., TRICARE, Veterans Administration benefits).
- **Providers not accepting *any* insurance.** Ten percent of providers reported not accepting any type of insurance. Fifteen percent of psychiatrists, 11 percent of psychologists, 11 percent of LMHCs/LMFTs, and eight percent of social workers did not accept any insurance.
- **Providers not accepting insurance, by payer source.** Forty-five percent of providers indicated that they did not accept MassHealth, 16 percent did not accept commercial insurance, and 38 percent did not accept Medicare.

Reasons for not accepting insurance

- **Reimbursement rates.** Among both providers not accepting commercial insurance and those not accepting MassHealth, reimbursement rates were one of the most common reasons providers selected

for not accepting an insurance type (53% of providers not accepting MassHealth; 42% not accepting commercial; 33% not accepting Medicare).

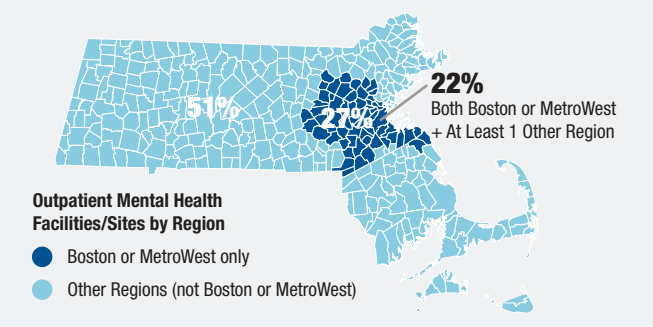
- **Network inclusion/eligibility.** Among providers not accepting MassHealth, 44 percent reported that lack of network inclusion was one of their top three reasons. The most common reason listed for not accepting Medicare, listed by 38 percent of providers, was that providers were not included in the insurance network or panel (i.e., many types of mental health providers are not eligible for reimbursement from Medicare).
- **Continuing review and prior authorization.** Continuing review and prior authorization were common reasons for opting out of accepting commercial insurance (29% and 28%, respectively), and continuing review was also a common reason selected for those not accepting MassHealth (36%).
- **Other reasons.** A large proportion (56%) of providers reported "other" as one of their top three reasons for not accepting commercial insurance. More than one-third of providers reported "other" as such a reason for not accepting MassHealth and Medicare (38% and 40%, respectively). Among those not accepting commercial insurance, three providers cited "paperwork" as their "other" rationale for opting out. "No shows" was written in as the "other" rationale by four providers not accepting MassHealth, implying an increased burden for providers (e.g., financial) when individuals do not show for scheduled appointments.

DESCRIPTIVE CHARACTERISTICS OF ORGANIZATIONS: SURVEY OF ORGANIZATIONS

The following summarizes how administrators of organizations that provide mental health services and serve predominantly MassHealth clients, *on average,* described their practice sites and the clients they serve.

Organizational characteristics

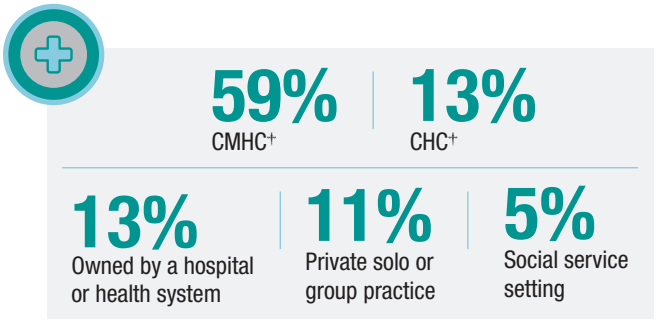
- **Geographic setting.** Twenty-seven percent of respondents indicated that they had outpatient mental health facilities/sites in Boston or MetroWest only; half (51%) of organizations had facilities in other parts of the state but not in Boston or MetroWest, and 22 percent had sites in both Boston or MetroWest and at least one other region of the state.*



Note: n=85. The geographic regions reflect combinations of the six regions defined by the Massachusetts Executive Office of Health and Human Services.

* Four of the six regions defined by the Massachusetts Executive Office of Health and Human Services are grouped together.

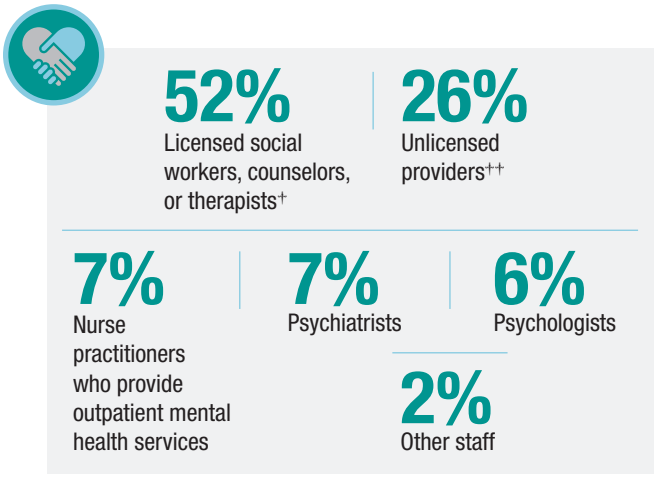
- **Practice setting.** Over half (59%) of respondents described their organizations as a CMHC, 13 percent as a CHC, 13 percent as a practice owned by a hospital or health system, 11 percent as a private solo or group practice, and 5 percent as a social service setting.



Note: n=85.

†"CHC" is a community health center; "CMHC" is a community mental health center.

- **Provider mix**
  - Licensed social workers (LCSWs and LICSWs) and licensed counselors and therapists (LMHCs and LMFTs) were the most common mental health providers, making up roughly half of the organizations' mental health provider full-time equivalents (FTEs).
  - Unlicensed mental health providers (e.g., trainees, students, individuals working toward licensure) made up, on average, one-quarter of all staff FTEs.
  - Respondent organizations had fewer psychologists and psychiatrists (collectively only 13% of the organization's total mental health provider FTEs) than social workers, counselors, and therapists (52% of total mental health provider FTEs).
  - Provider mix varied by setting: CHCs and private solo or group practices employed proportionally more psychologists and psychiatrists than CMHCs and social service settings (p value <0.05 for both measures in bivariate analyses; data not shown).



Note: n=82.

† The "counselors or therapists" category includes licensed mental health counselors (LMHCs) and licensed marriage and family therapists (LMFTs).

†† Unlicensed providers may include trainees, students, individuals working toward licensure.

- **Areas of specialization.** Organizations were asked about the services they offered and the specializations of their staff. Over two-thirds of respondents reported that their organizations employed staff with specialized training to treat children or adolescents (71%) and trauma survivors or individuals with post-traumatic stress disorders (69%). Over half of organizations indicated they had staff with specialized training to treat individuals with substance use disorders (58%). Administrators also indicated they had providers on staff with specialized training to treat individuals who identify as LGBTQ (44%); older adults (39%); individuals with limited English proficiency (33%); individuals experiencing homelessness (29%); individuals with autism spectrum disorders (25%); individuals with developmental disabilities (25%); recent immigrants (25%); and veterans (18%).
- **Practice size.** Organizations had an average of five sites and employed, on average, 52 licensed and unlicensed mental health provider FTEs. There was considerable variation in size: some organizations comprised less than three FTEs, and others had up to 373 FTEs. The median number of FTEs was 22.
- **Payer sources.** Respondents reported that MassHealth was the most common payer source, accounting for 60 percent of the organizational payer mix, on average; almost all organizations that responded to the survey accepted MassHealth.* Commercial insurance was the form of payment used by 20 percent of clients, Medicare accounted for 12 percent, and the remaining sources included no fee (3%), other insurance (2%), self-pay sliding scale (2%), and self-pay full fee (1%).
- **Organizations not accepting any insurance, by payer source.** One percent (a single organization) did not accept MassHealth, 7 percent did not accept commercial insurance, and 15 percent did not accept Medicare.
- **Organizational acceptance of insurance, by payer source.** Nearly all organizations accepted MassHealth (99%), commercial insurance (93%), and Medicare (85%). Among those indicating they did not accept a given insurance type, they most frequently selected "not included in the insurance network or panel" as the reason for non-acceptance, regardless of payer.

WAIT TIMES AND CHARACTERISTICS ASSOCIATED WITH WAIT TIMES

This study sought to quantify the wait time for an initial outpatient mental health office visit. For both surveys, provider- and organization-reported wait times were measured as the length of time new clients waited between first requesting an appointment and their actual visit. Providers and organizational administrators were asked to report the percentage of their clients experiencing wait times in each of the following categories: (1) 2 weeks or less, (2) 3–4 weeks, (3) 5–8 weeks, (4) over 8 weeks, or (5) don't know.

Providers reported that they saw, on average, 81 percent of new clients for an initial mental health visit within two weeks of clients requesting an appointment. Respondents to the survey of organizations reported relatively longer wait times at their practice sites; organizational administrators reported 59 percent of new clients were seen for an initial mental health visit within two weeks of the client's requesting an appointment.

Each survey identified several characteristics independently associated with longer wait times. The following characteristics were associated with longer wait times as reported in the provider survey and the survey of organizations, adjusting for other characteristics. All findings reported were statistically significant, unless otherwise noted.

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* All but one respondent reported serving at least some clients covered by MassHealth; one respondent reported that 100 percent of its clients received care for no fee.

Provider type and mix of providers

- Psychiatrists reported longer wait times than social workers and psychologists. Psychiatrists also reported longer wait times than counselors and therapists (LMHCs/LMFTs), but these differences were not statistically significant.
- Relative to organizations with proportionally more social workers, organizations with proportionally more unlicensed providers reported shorter wait times and organizations with proportionally more psychiatrists reported longer wait times.

Providers serving children/adolescents (under 18 years)

- Providers serving children or adolescents (individuals under 18 years of age) reported longer wait times than providers serving only adults.
- Similarly, organizations that served a greater proportion of children or adolescents (>25%) reported seeing fewer new clients within two weeks than organizations that reported serving a smaller proportion of (≤25%) or no children or adolescents.

Payer mix*

- Providers reported longer wait times as the proportion of their clients with MassHealth insurance increased.

Practice setting and services provided

- Relative to providers in private solo and group practices, providers practicing in CHCs, CMHCs, and hospitals or health systems reported longer wait times.
- There was no statistically significant variation in wait times for organizations that indicated providing the following service types or specializations: primary care services, substance use disorder treatment, case management/care coordination, and specialization in serving clients who identify as LGBTQ.**

Geographic setting

- Wait times reported by providers serving the Central Massachusetts region were longer than those reported in Boston, the Northeast, the Southeast, and the MetroWest regions. The difference in wait times in the Central region and in Western Massachusetts was not statistically significant.
- In contrast, there was no statistically significant variation in wait times across organizations that identified as having sites across three categories of the Massachusetts Executive Office of Health and Human Services (EOHHS) geographic regions: (1) Boston/MetroWest, (2) other EOHHS regions, and (3) sites in both Boston/MetroWest and other EOHHS regions.***

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* Payer mix was not included in multivariate analyses for the survey of organizations, because all organizations served a high volume of clients with MassHealth.

** Organizations were asked about the services they offered and the specializations of their staff, as opposed to focusing on practice setting for multivariate analyses, because many of the respondent organizations had similar setting types and the sample was too small for meaningful subgroup comparisons.

*** Because administrators of multi-site organizations reported results for their organizations as a whole rather than for individual sites, the research team could not explore within-organization regional variation for multi-site organizations. Organizations with sites in multiple regions were thus analyzed as a separate category, an approach that differed from the one used for the provider survey analysis.

Factors identified as influencing access to outpatient services

- Finally, both surveys asked respondents to provide their own perspective on factors that influence access to outpatient mental health services across Massachusetts. Over 80 percent of respondents to the provider survey and survey of organizations reported that the availability of psychiatrists who accept insurance was a "very important" factor influencing access to outpatient mental health services statewide. Over half of providers and organizational administrators indicated that insurance reimbursement rates for MassHealth (65% and 63%, respectively) and reimbursement rates for commercial plans (69% and 59%, respectively) were "very important" factors impacting access by providers and organizational administrators. Two-thirds (67%) of organizational administrators indicated that the availability of providers able to provide services in the client's preferred language was "very important," and almost half ranked the ability to provide culturally appropriate care as "very important."

CONCLUSION

This report describes the results from a survey of providers, representative of Massachusetts outpatient mental health providers, and a survey of clinical administrators in community-based organizations. The objective of the two surveys was to quantify wait times for an initial outpatient mental health visit and identify factors that may influence wait times or other aspects of client experiences.

These results suggest that individuals seeking outpatient mental health services in Massachusetts may face longer wait times for specific types of providers—in particular, psychiatrists and providers who specialize in treating children or adolescents. Insurance type (e.g., MassHealth versus commercial), the practice setting (e.g., CMHCs, hospitals, private solo and group practices), and the geographic region of providers (e.g., Central, Boston, MetroWest) are also characteristics associated with variation in wait times across the Commonwealth. Providers have identified the nature of reimbursement, insurance plan structure, and administrative burden as factors contributing to their decision not to accept certain insurance types, including MassHealth and commercial insurance.

Still, further research is needed to identify policy or programmatic opportunities to improve timely access to mental health services, especially for those needing a psychiatrist or a provider who specializes in treating children or adolescents. This will require consideration of ways to improve incentives for providers to accept insurance and processes that help connect individuals to providers with appropriate expertise; some of these themes are discussed in the companion qualitative report issued as part of this study. Navigating the health system is challenging, and those with mental health needs may be particularly vulnerable, making it critical that appropriate services are accessible and available in a timely way.

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