INTRODUCTION

• 18 to 25 percent of older adults are in need of mental health care. Yet, few seem to receive proper care and treatment for their mental health conditions.

• Since the passage of the Affordable Care Act, emphasis has been placed on the integration of primary care and behavioral health as a major strategy in reaching persons with mental health conditions.

• Often times, this integration is depicted by the placement of behavioral health providers in primary care settings, and vice versa, at different engagement levels.

STUDY OBJECTIVE

• To assess the relationship between mental health status and healthcare utilization among adults 65 and older. We focus on healthcare utilization settings and describe whether existing systems are designed to meet seniors’ mental healthcare needs.

METHODS

• Data: 2012 and 2013 Medical Expenditure Panel Survey data, obtained from the U.S. Agency for Healthcare Research and Quality.

• Subjects: Individuals 65 and older. Sample size: 1,363 and 1,192 in 2012 and 2013 respectively.

• Design: Retrospective cohort analysis of subjects followed over a 2-year period.

• Analyses: For each year, three zero-inflated binomial regression models were used to assess the relationship between mental health status and healthcare utilization settings related to:
  • emergency department use,
  • inpatient visits, and
  • office-based physician visits.

• In 2013, utilization settings was assessed as a factor of longitudinal mental health status.

• 00 (no mental problems in both years), 01 (No in 2013, Yes in 2013), 10 (Yes in 2012, No in 2013), 11 (Yes in both years)

• Results were adjusted for predisposing, enabling and health needs factors.

• Survey weights were applied; all analysis was conducted in STATA 12.

RESULTS, SUPPORTING TABLES, KEY FINDINGS

Table 1: Socio-demographic Characteristics of Adults ≥65 Years of Age, by Mental Health Status in 2012

Table 2: Regression Models Separately Predicting Healthcare Utilization Settings for Adults ≥65 in 2012: ER, Inpatient Hospital and Office-visit Visits by Mental Health Status in 2012

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<th>Setting</th>
<th>Model 1</th>
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<td>kHz/No problems</td>
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CONCLUSIONS

• While most mental health services are delivered in office based settings, such as primary care offices and behavioral health centers, our findings indicate that older adults with mental health problems are more likely to seek care at emergency department facilities compared to older adults without mental health problems.

• This has profound implications on the design of effective care provision sites, suggesting the need to provide targeted mental health services in emergency departments.

REFERENCES


ACKNOWLEDGEMENTS

We will like to acknowledge the Pierre M. & Jeanette G. Williamson Foundation for providing funds for this research.

Table 3: Regression Models Assessing Longitudinal Mental Health Effect on Healthcare Utilization Settings for Adults ≥65 in 2013: ER, Inpatient Hospital and Office-based Physician visits (N = 1,460)

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Final