

**Network Access and Adequacy
Summary of Published and Unpublished Research 2018-2023**

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As the issues surrounding mental health provider network adequacy in commercial plans gains attention, both our published and unpublished work is relevant to regulators, purchasers, and plans and provides a unique perspective on this issue. In 2018 we conducted a national internet survey of 2131 commercial plan enrollees, oversampling individuals receiving mental health treatment, and those treated by out-of-network (OON) providers. Detailed survey methods have previously been published (see references below). One goal of this study was to compare experiences of patients using OON mental health and OON medical/surgical providers. We note that, like prior studies, we found that among those using both services, significantly more patients used OON mental health providers compared to OON medical/surgical providers (33% versus 19%). As described in detail below, our survey results indicate that while not all out-of-network care is due to inadequate networks, higher rates of out-of-network mental health care are an important signal of inadequate mental health provider networks.

Do the reasons patients report using OON mental health providers differ from the reasons patients report using OON medical/surgical providers?

We asked respondents who knowingly saw an OON provider in the past year to note whether specific reasons for seeing the out-of-network provider were important. Responses were on a Likert scale with available responses: not applicable, not important, a little important, moderately important, very important or extremely important. We created binary outcome variables indicating whether the respondent choose one of the 'important' responses (versus not applicable or not important) for each reason (Table). To determine whether reasons for OON provider use differed by mental health versus medical/surgical, we categorized reasons by whether they were more, less, or similarly common for mental health versus medical/surgical OON contacts. Our results suggest that the high rates of OON mental health compared to OON medical/surgical care are not primarily due to differences in the reasons individuals use OON mental health providers.

The decision to use an out-of-network provider is multifactorial

Often there is not a single reason patients choose to go out-of-network. Patients identified multiple 'important' reasons for using both mental health and medical/surgical OON providers. On average, survey respondents indicated five reasons were important (versus not applicable or not important). This did not differ between mental health and medical out-of-network provider contacts (5.0 versus 4.9 reasons, respectively).

Reasons for OON use that are similarly common in mental health and medical/surgical contacts

Five of the 12 reasons studied were similarly common (within five percentage points). Two of these reasons were also the two most cited reasons. About two-thirds of respondents noted as an important reason that the OON provider was in a more convenient location (66% versus 69%, for mental health versus medical/surgical, respectively), and that they thought the OON provider was higher quality (63% versus 67%). Other reasons that were similarly reported were: recommended by another provider (49% versus 47%); recommended by a family member or friend (42% versus 45%); and in-network providers could not see me soon enough (37% versus 34%).

Reasons more common in OON mental health contacts than OON medical/surgical contacts

Five reasons were more common in mental health care. Patients using OON mental health providers were more likely to indicate issues related to confidentiality (33% versus 20%) and issues related to cultural competence (that the provider or office staff respected the patient's sexual orientation, gender or race or ethnic background; 33% versus 23%). Two reasons more common in mental health directly related to the availability of in-network providers: in-network providers were not taking new patients (34% versus 25%); and the presence of provider network directory inaccuracies, including that listed providers did not accept the patient's insurance (30% versus 24%). In addition, issues related to the availability of specialists was more likely to be indicated related to mental health OON provider contacts (34% versus 26%), although, in the case of mental health contacts, this question was only asked of patients seeing OON psychiatrists.

Reasons less common in OON mental health contacts than OON medical/surgical contacts

Two reasons were less common among mental health contacts. Patients were less likely to note seeing an OON mental health provider to maintain continuity, even though the provider no longer accepted their insurance (42% versus 57%, in mental health and medical/surgical, respectively), and because the OON provider offered specialized services (36% versus 57%).

Are mental health provider networks perceived by patients as inadequate compared to medical/surgical provider networks?

Other questions in this same 2018 national survey of commercially insured adults support that use of OON mental health care is a signal of network inadequacy. We asked patients using both specialty mental health and medical/surgical treatment in the past year about their plans' mental health and medical/surgical provider networks. By including only patients using both mental health and medical/surgical treatment we can compare these provider networks in the same plan.

Patients more frequently rate their mental health provider network as inadequate

As noted in our published work, like other work in this area documenting high rates of OON mental health care, we found among patients receiving both mental health and medical/surgical care, many more patients used an out-of-network mental health provider (33% versus 19%) (Busch and Kyanko, JNO 2021). Patients rated their mental health provider network as inadequate more frequently than their medical provider network (21% vs 10%). Of those reporting use of OON mental health care, more rated their mental health network as inadequate compared to those using only in-network mental health care (31% versus 16%), indicating a correlation of OON mental health care use with inadequate networks.

Differences in out-of-network health care use likely underestimate the extent of mental health network inadequacy.

These results do not capture the experiences of individuals who forego seeing a provider due to network inadequacy. Our work suggests this is not trivial; in another analysis using the same survey data, 22% of respondents with serious psychological distress reported they tried to but ultimately did not access specialty mental health care (Kyanko et al, JGIM 2022).

These survey results indicate that higher rates of OON mental health care compared to medical/surgical care are due, at least in part, to differences in provider network adequacy. Our findings have important implications for regulators ensuring mental health provider networks are adequate, and those charged with enforcing the laws requiring plans offer mental health benefits at parity with medical/surgical benefits.

Table 1: Patients using OON providers who noted the reason was important for choosing an OON provider (2018 national internet sample)			
	Mental Health (N=405 provider contacts)	Medical (N=501 provider contacts)	Difference
Reasons that were more common in mental health			
I thought the out-of-network provider would be more confidential	33%	20%	13%
The out-of-network provider or office staff respected my sexual orientation, gender, or my race or ethnic background	33%	23%	10%
Providers listed in the insurer provider directory were not taking new patients, or not taking new patients with my problem	34%	25%	9%
I wanted to see a psychiatrist/specialist and there was none available in the network (only asked of patients seeing a psychiatrist (N=301) for mental health)	34%	26%	8%
Providers listed in the insurer provider directory had inaccurate contact information or did not take my insurance	30%	24%	6%
Reasons that were similarly common			
Providers listed in the insurer provider directory could not see me soon enough	37%	34%	3%
Recommended by another provider	49%	47%	1%
Recommended by a family member or friend	42%	45%	-3%
Out-of-network provider was in convenient location	66%	69%	-3%
I thought the out-of-network provider was higher quality	63%	67%	-4%
Reasons that that were less common in mental health			
I was seeing this provider before and wanted to stay with them even though they no longer took my insurance	42%	57%	-15%
Out-of-network provider offered specialized services	36%	57%	-22%
Notes: Responses were allowed for up to two OON MH and two OON medical/surgical provider contacts. Responses were on a Likert scale: not applicable, not important, a little important, moderately important, very important or extremely important. We created binary variables indicating whether the respondent choose one of the 'important' responses (versus not applicable or not important) for each reason.			

References

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