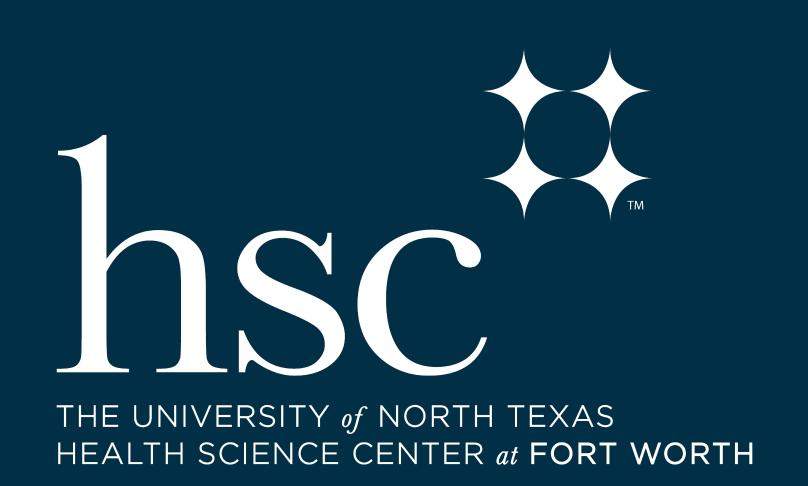
Healthcare Utilization in Texas

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INTRODUCTION

 Texas is ranked number one in the United States in terms of rural hospital closures.¹

Reasons for rural hospital closures:

- Low occupancy rates²
 - Preference for urban providers
- Aging facilities
- Poor financial health³⁻⁵
 - Medicare cuts
 - Medicaid underpayments
 - Operation costs
 - Low patient volume and dynamic changes in patient number
 - Recruitment difficulties
 - Often rely on property taxes for expense coverage

OBJECTIVES

Describe mental health utilization and costs in rural vs. urban hospitals by:

- Demographics: age, gender, race/ethnicity, insurance type
- Mental health diagnosis

METHODS

Study Design

Retrospective cohort analysis

Data Sources

Texas Hospital Association (THA) dataset

- De-identified patient and hospital-level data from Texas hospitals that report to THA in 2019
- Mental health services and costs: ICD-10 (codes with "F") and revenue codes
- Demographic variables provided via data set

VariablesIndependent variable:

- Jenueni vanabie.
- Hospital type (inpatient vs. outpatient vs. ED)
- Rural vs. urban hospital
- Dependent variable:
 - % of mental health-related visits for rural vs. urban areas
 - Mental health diagnosis-related visits
 - Average total cost/mental health diagnosis
 - Insurance coverage
 - Visits and costs by demographic (race/ethnicity, age, insurance types)
 - Charge by diagnosis, revenue code, and insurance (charity) ongoing

Inclusion & Exclusion Criteria:

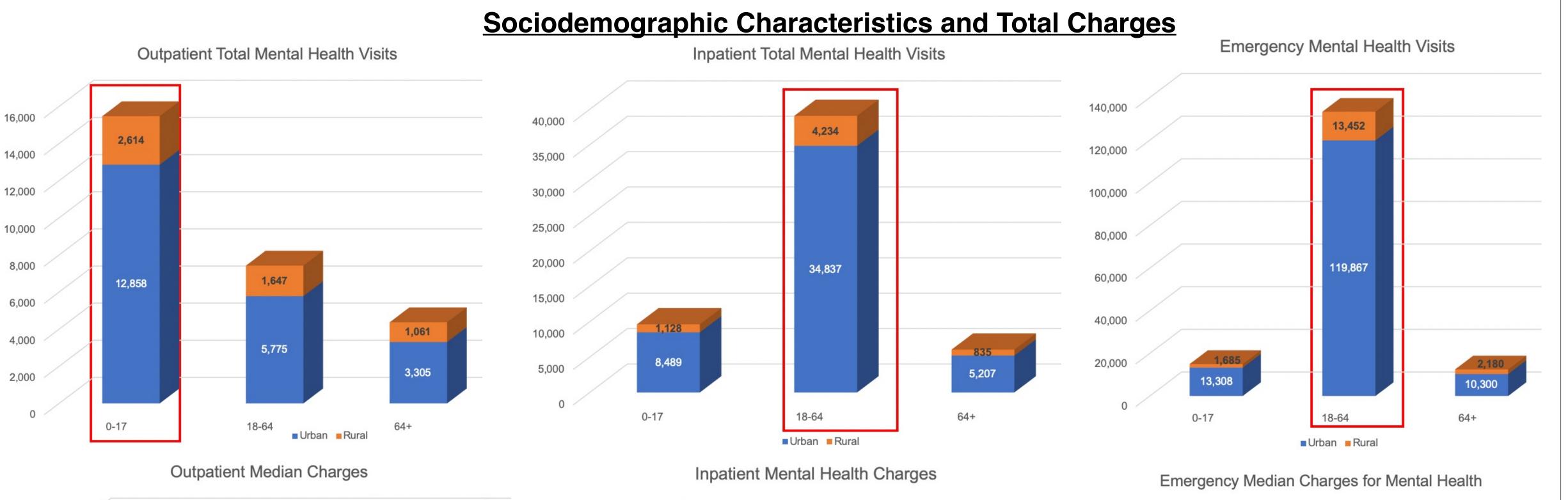
- Inclusion criteria: mental health personal and hospital-level data
- Exclusion criteria: missing data

Statistical Analysis

Descriptive statistics, logistic regressions, and Chi-Square analysis was conducted using SAS 9.4.

RESULTS

Mental Health Utilization Table 1 of Mental Health Utilization otal Patient Visits Total Mental Health Visits (% **Top 5 Mental Health Diagnosis** Unspecified Dementia, Developmental Disorder of Speech and Language, Anxiety Disorder, Nicotine Dependence, Autistic Disorder 5,401,676 8,481 (14.25%) Rural Developmental Disorder of Speech and Language, Unspecified Dementia, Mixed receptive-expressive, Language disorder, Autistic disorder, Nicotine Dependence MDD Without Psychosis, MDD - With Psychosis, MDD - Single Episode Without Psychosis, Alcohol Dependence With Withdrawal, Bipolar Disorder 2,931 (4.93%) 1,955,268 MDD without psychosis, Alcohol dependence with withdrawal, MDD with psychosis, Schizoaffective disorder, Schizophrenia Rural Urban Anxiety, MDD - Single Episode, Panic disorder, GAD, Alcohol Abuse Disorder, Intoxication 165,994 (2.67%) Anxiety, MDD - Single Episode, Alcohol Abuse Disorder, Intoxication, Panic Disorder, Other Psychoactive Substance Disorder





Sociodemographic Characteristics and Insurance

Are there differences in average costs for mental health services between urban and rural areas? Average charges are:

- 25%* less in rural than urban areas for outpatient
- 9%* more in rural than urban areas for inpatient
- 21%* less in rural than urban areas for emergency room

Table 1 of insurance by Race in Outpatient Controlling for type=Rural Controlling for type=Urban 0.30 8.13 0.00 51.01 0.06 Other 0.11 3.70 0.37 0.02 0.00 0.00 5.54 2.45 37.58 4.16 4.97 43.50 0.52 0.20 0.00 Total 0.82 6.12 80.25 0.00 100.00 13.29

RESULTS

Sociodemographic Characteristics and Insurance Cont.

Table 2 of insurance by Race in Inpatient													
	C	ontrolling f	or type=U	Controlling for type=Rural									
insurance			Race			Race							
Frequency Percent	American Indian/ Eskimo/ Aleut	Asian or Pacific Islander	Black	White	Other	Total	American/ Indian/ Eskimo/ Aleut	Asian or Pacific Islander	Black	White	Other	Total	
Gov	50 0.08	143 0.24	3559 5.98	19781 33.25	3475 5.84	27008 45.40	7 0.09	8 0.10	270 3.53	3131 40.97	371 4.85	371 4.85	
Other	34 0.06	92 0.15	1499 2.52	8590 14.44	1954 3.28	12169 20.46	2 0.03	3 0.04	94 1.23	856 11.20	133 1.74	133 1.74	
Private	91 0.15	145 0.24	1868 3.14	15726 26.43	2484 4.18	20314 34.15	10 0.13	2 0.03	179 2.34	2237 29.27	340 4.45	340 4.45	
Total	175 0.29	380 0.64	6926 11.64	44097 74.12	7913 13.30	59491 100.00	19 0.25	13 0.17	543 7.10	6224 81.43	844 11.04	844 11.04	
		Frequency	Missing =										

Table 3 of insurance by Race in ED																	
Controlling for type=Urban									Controlling for type=Rural								
insurance	Race								Race								
Frequency Percent	American Indian/ Eskimo/ Aleut	Asian or Pacific Islander	Black	White	Other	Invalid	Missing	Total	American/ Indian/ Eskimo/ Aleut	Asian or Pacific Islander	Black	White	Other	Invalid	Missing	Total	
Gov	153 0.09	407 0.24	11823 6.91	37268 21.78	7238 4.23	0.00	4 0.00	56894 33.26	13 0.06	13 0.06	13 0.06	13 0.06	13 0.06	13 0.06	13 0.06	13 0.06	
Other	207 0.12	603 0.35	13372 7.82	46844 27.38	16015 9.36	0 0.00	24 0.01	77065 45.05	28 0.14	28 0.14	28 0.14	28 0.14	28 0.14	28 0.14	28 0.14	28 0.14	
Private	174 0.10	583 0.34	4669 2.73	27062 15.82	4624 2.70	2 0.00	10 0.01	37124 21.70	900 4.49	900 4.49	900 4.49	900 4.49	900 4.49	900 4.49	900 4.49	900 4.49	
Total	534 0.31	1593 0.93	29864 17.46	111174 64.98	27877 16.29	3 0.00	38 0.02	171083 100.00	5869 29.31	5869 29.31	5869 29.31	5869 29.31	5869 29.31	5869 29.31	5869 29.31	5869 29.31	
Frequency Missing = 47								Frequency Missing = 24									

CONCLUSIONS

- Depression, anxiety, dementia, and speech and language disorders are the shared mental health diagnoses in rural and urban hospitals of Texas.
- Highest urban charges in outpatient services are related to therapy, whereas rural areas have a focus in radiotherapy.
- ED and inpatient: laboratory charges average the highest
- Asians: highest costs in both urban and rural areas despite having few visits
- More likely to have private insurance
- Majority of hospital-incurred charges occur at the emergency room level in both urban and rural areas.
- Urban areas: higher percentage of charity cases compared to other types of payment
- Urban areas: more total costs than rural areas in terms of mental health
- Inpatient: higher total costs for rural areas

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