

General Medical Costs of Recipients of Behavioral Health Care

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Individuals who use services for behavioral health conditions frequently have higher general medical costs than individuals without such disorders. Chronic medical conditions are often associated with comorbid behavioral conditions. Effective treatment for behavioral health conditions may decrease general medical costs (1).

To estimate the general medical costs of individuals who received behavioral health care, we analyzed a large commercial New England insurer's 2002 claims for approximately 450,000 individuals. CPT and ICD-9

codes, place of service, provider specialty, and psychotropic medication claims were used to differentiate individuals who received specialty and nonspecialty behavioral health care.

Twenty-seven percent of adults and 16 percent of five- to 17-year-olds received some behavioral health care, with 12 percent of adults and 10 percent of youths receiving behavioral health specialty care (data not shown). Behavioral health care users accounted for 47 percent of all adult general medical costs and 29 percent of all youth general medical costs, with individuals who received specialty behavioral health care accounting for a disproportionate amount of the cost of general medical care (Figure 1). For example, among users of behavioral health care in the total population, the 12 percent of individuals who received specialty care accounted for 24 percent of all general medical costs, and the 13 percent who received care in the primary care sector

accounted for another 21 percent of general medical costs.

Our findings provide further empirical support for the substantial general medical costs of individuals who receive behavioral health care. In older age cohorts, general medical costs for individuals who received nonspecialty behavioral health care exceeded the general medical costs of those who received specialty behavioral health care; among adolescents and young adults, the converse is true. Future research should examine costs associated with comorbid behavioral health disorders and specific general medical conditions and whether realizing cost offsets for general medical services through effective behavioral health care requires different strategies for different age cohorts.

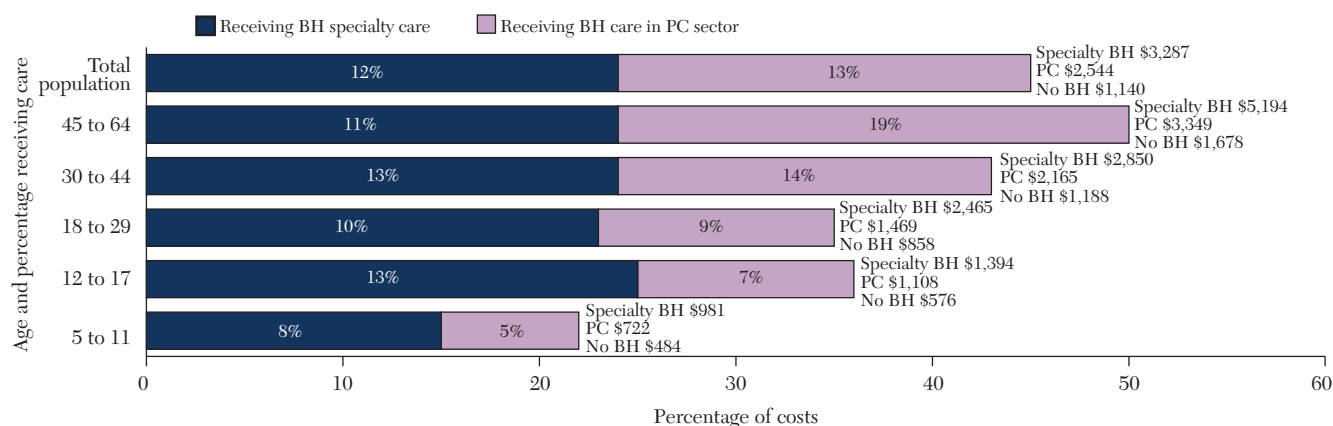
Reference

1. Olfson M, Sing M, Schlesinger HJ: Mental health/medical care cost offsets: opportunities for managed care. *Health Affairs* 18(2): 79-90, 1999

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Figure 1

Mean general medical costs among individuals receiving care for behavioral health disorders^a



^a General medical costs include specialty care and nonpharmacy expenditures. BH, behavioral health; PC, primary care