The Efficiency of Family Therapy

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Cigna

Very Simple Description of US Health Care

- Very large and highly complex system(s)
- >% Fee for Service Model vs. Pre-Paid Model
  - Procedure driven
    - Current Procedural Terminology (CPT) of the American Medical Association.
  - > # of procedures, > payment
  - No payment without procedure
- Funded by combination of multiple public & private sources
- Hundreds of plans of coverage and administrative systems

Estimated Mental Health Funding Sources: 2014*

		Total by Sector
Private Funding:		
Employer-Based Insurance	28%	43%
Out of pocket	12%	
Other private (i.e. charitable)	3%	
Public Tax-Based:		57%
Medicaid: (poor children & disabled adults)	27%	
Medicare (Seniors 65 years +)	11%	
Other Federal	3%	
Other State and Local	16%	

*Levit, K.R., Kassed, C.A., Coffey, R.M., Mark, T.L., McKusick, D.R., King, E.C., Vandivort-Warren, R., Buck, J.A., Ryan, K., Stranges, E. (2008). Projections of National Expenditures for Mental Health Services and Substance Abuse Treatment, 2004-2014. SAMHSA Publication No. SMA 08-4326. Rockville MD: Substance Abuse and Mental Health Services Administration. Available from http://www.samhsa.gov/Financing/file.axd?file=2009%2F6%2FProjections+of+National+Expenditures+for+Mental+Health+Services+and+Substance+Abuse+Treatment%2C+2004-2014.pdf

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Family therapy has an efficacy (i.e. experimental) research evidence base for the treatment of:

- Affective Disorders
- Alcohol and Substance Abuse
- Conduct Disorder and Delinquency
- Childhood Behavioral and Emotional Disorders
- Domestic Violence
- Illness and Physical Disorders
- Marital/Couple Problems
- Panic Disorder with Agoraphobia
- Relationship Enhancement
- Severe Mental Illness

(Byrne, M., Carr, A., & Clark, 2004; Carr, 2012; Stratton, 2005)

- Health Care is a universal concern

  Quality, Access and Cost

Lauren Crane 2008
Congenital central hypoventilation syndrome (CCHS)

Notes

1. Only non-identifiable health care data
2. Individual and family therapy are paid at the same rate per hour
3. Rate is based on degree earned and license type
4. If family involvement in mental illness care is helpful and cost-effective then why would it not be used?

Barriers to Including Family Therapy

- Payers may worry about increased costs if added service type is added
- People do not like to change the “status quo”
- Change is frightening to people and systems
- Family therapy is difficult work:
  - Work hours may be less convenient
  - Scheduling with family members
  - Complex and moving relationships
  - Stressful
- Always about the money

Presenting results from three real-world settings

Family Health Plan Utah-Idaho-Nevada Region, 180,000 subscribers

State of Kansas Medicaid System, 2.5 Million subscribers

Cigna, 15 + million subscribers

Mental Health Services Effectiveness Research:

Effectiveness research is concerned with “real services to real people by real practitioners”.

Evaluating mental health services conducted ‘in the field,’ under the “normal” conditions in which most care is provided and received.

Evaluating vs. testing for causality

Medical Offset Studies

Does family therapy decrease physical health services for patients?

Does family therapy decrease physical health services for “other family members”

“Medical Offset” of Physical Health Services in a Health Maintenance Organization

Decreases in physical health care use (Law & Crane, 2000)

- Regional Health Maintenance Organization (HMO), 180,000 subscribers in Idaho, Nevada & Utah, all patients received all health care from the HMO
- Retrospective study
- All persons who received psychotherapy were available for selection

Paper chart records were randomly “pulled” for review including:

Individual therapy – 30 male and 30 female

Marital/couples therapy - 30 males and 22 females (all those available)

Family therapy-identified patient - 30 males and 30 females

Family therapy-other patient - 30 males and 30 female who participated in family therapy and were not the patient

Control/comparison group. A randomly selected group of 30 males and 30 females who did not receive therapy.

Physical and mental medical records were examined for six months before, during, and after therapy 18 months.

“Beginning” was date of first therapy service, 6 months prior were coded as months 1-6

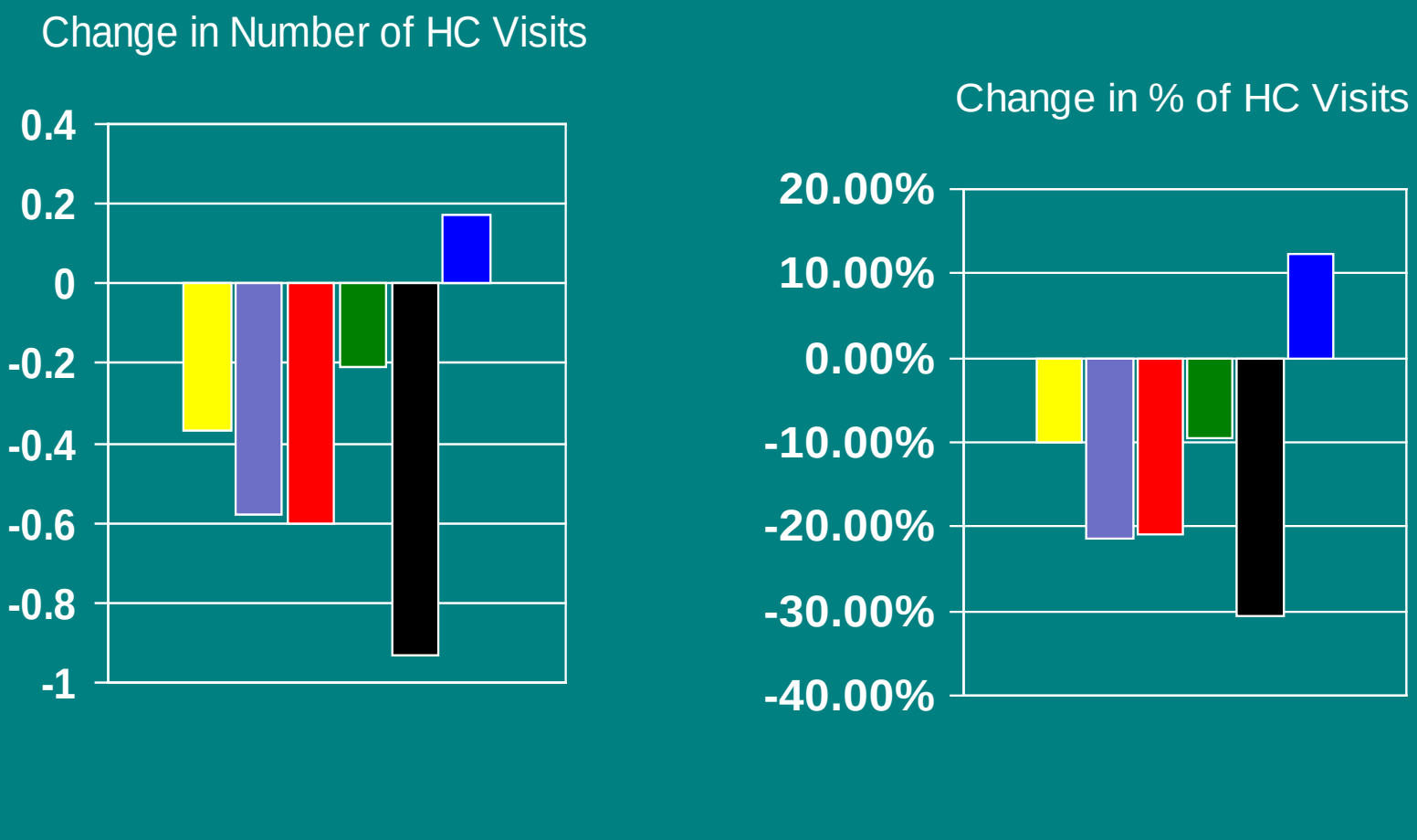
“Therapy” was six months beginning on first date of therapy months 7-12

“Follow-up” was months 12-18 after therapy began

Individual therapy reduced physical health	10%
Marital/couple therapy reduced	20%
Family therapy Identified patient	10%
Family Therapy Other Patient	30% (NS)
Control/comparison group increased	12%

- MFT treatments reduced physical health care use by **21.5 %**

Changes in Physical Health Care Use After Therapy (Law & Crane, 2000)



Family Therapy and “High Utilizers” of Health Care

(Law, Crane & Mohlman-Berge, 2003)

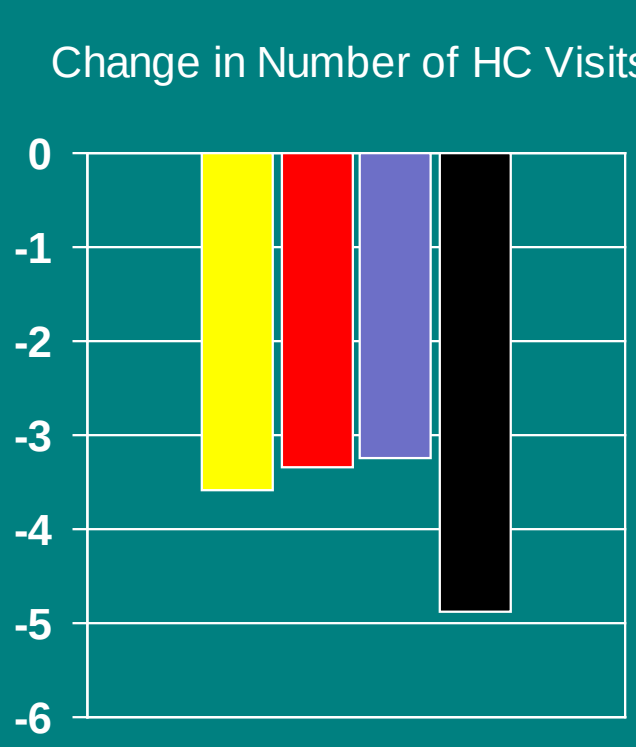
Chronic illness versus somatic problems

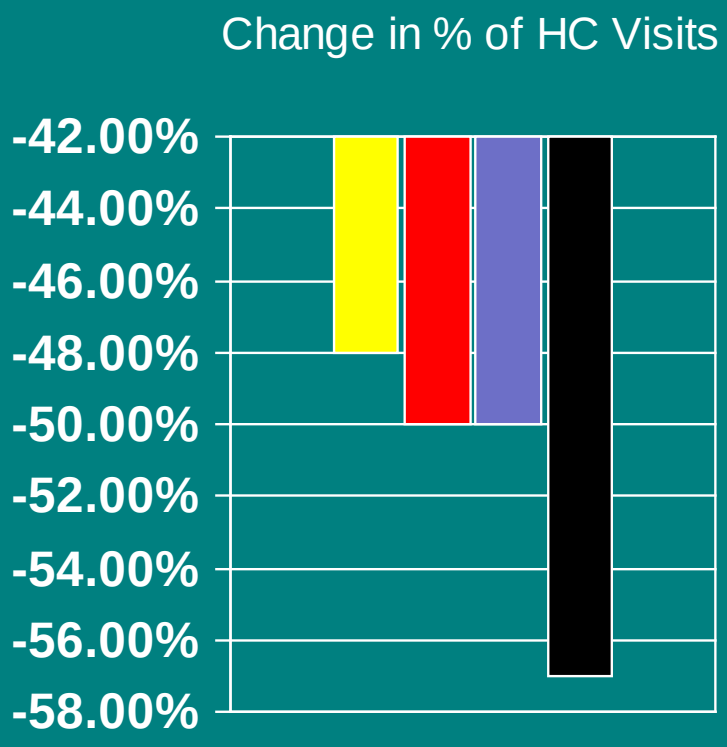
“High Utilizers” were identified (n=65)

Medical use reductions were:

- Individual therapy 48%
- Marital/couple 50%
- Family therapy **identified patient** 50%
- Family therapy **other person** 57%

Changes in Health Care Use for High Utilizers





Individual Therapy

Marital Therapy

Family Therapy Identified Patient

Family Therapy Other Patient

What Type of Health Care Changes Most for High Utilizers?

(Crane & Christenson, 2008)

Types of medical care reduced	Illness	Health Screenings	Lab/ X-ray	Urgent Care
Individual Therapies	-	-	-	-
MFT Total:	-38%*	-64%*	-56%*	-78%*
Marital/ Couple	-	-	-56%*	-
Family therapy identified patient	-	-	-52%*	-88%*
Family Therapy other person	-	-	-59%*	-85%*

*p<.05 or less

We Now Move from

HMO Medical Use Offset other Larger Systems

Medicaid

- Nation-wide "government insurance program for persons of all ages whose income and resources are insufficient to pay for health care."
- The largest source of funding for medical and health-related services for people with low income in the United States.
- Does including family therapy in Medicaid increase costs?

Crane, D. R., Hillin, H. H., & Jakubowski, S. (2005) .Costs of Treating Conduct Disordered Medicaid Youth with and without Family Therapy. *The American Journal of Family Therapy. 33* (5), 403-413.

- **State of Kansas Medicaid system**
- Retrospective, longitudinal study
- Comprehensive range of services

- Total medical costs for 3,753 youth over 30 months:

  - 3,086 youth received no family therapy
  - 503 received in-home family therapy
  - 164 others received in-office family therapy
  - Only 18% received **any** form of family therapy

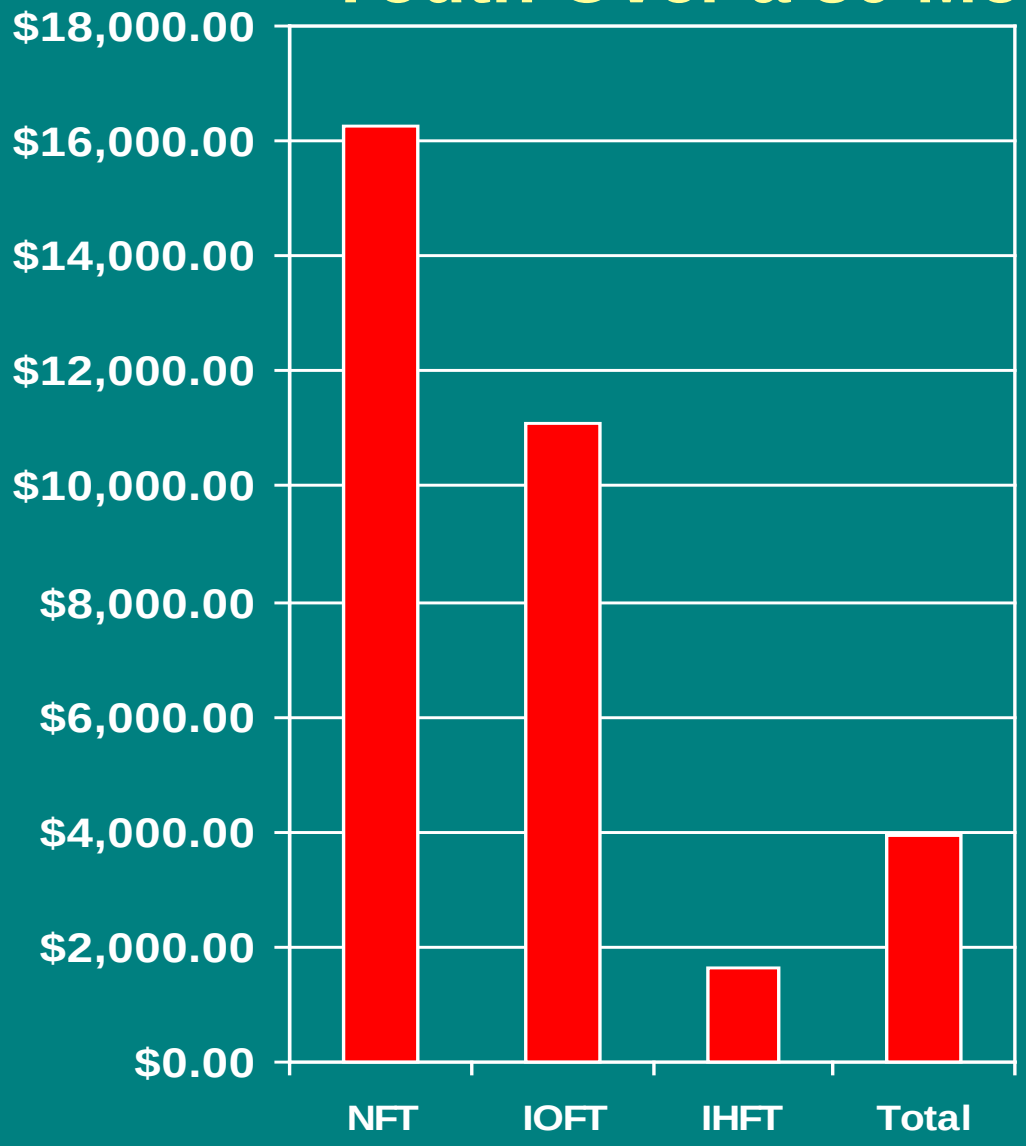
Cost of Health Care to Conduct Disordered Youth Over a 30 Month Period

- Average cost of health care per youth:

–No family therapy	$16,260
–In-office family therapy	$11,116
–In-home family therapy	$ 1,622

There does not appear to be an increase in the health care costs when family therapy is included in treatment

Cost of Health Care to Conduct Disordered Youth Over a 30 Month Period



NFT= no family therapy

IOFT= in office family therapy

IHFT= in home family therapy

Total= total for family therapy

Family Intervention and Health Care Costs for Kansas Medicaid Patients with Schizophrenia

- Christenson, J. D., Crane, D. R., Beer, A. R., Bell, K. M., & Hillin, H. H. (in press). Family Intervention and Health Care Costs for Kansas Medicaid Patients with Schizophrenia. *Journal of Marital and Family Therapy.* doi: 10.1111/jmft.12021

State of Kansas Medicaid System
Retrospective, longitudinal study, costs over 2 years
All persons treated for schizophrenia were considered
164 persons had at least one family intervention
at least 1 family intervention (*M* = 3.66, *SD* = 4.86)
90 men 74 women
30 years (*SD*=14.26)
90% Caucasian
Expenses per patient ranged from about $75,000 to $170,000 over 2 years

Expenses available for analysis included:

- Case management
- Pharmacotherapy
- “Other treatment”
- Hospitalization costs
- General medical costs

Very simply put- the SEM model acts a bit like a correlational coefficient or a regression to describe the relationships between variables.

In this case, the expected cost to hospitalize a person with schizophrenia is decreased by $796 with the provision of a single family therapy session.

In other words, the provision of each family therapy session was associated with a decrease of $796 in the total cost of **schizophrenia hospitalizations**. Two session would be -$1592, three would be -$2388, and so forth. Similarly, each family therapy session was associated with a $580 decrease in **general medical costs** during the study period, for those with schizophrenia.

Family therapy reduced pharmacotherapy and therapy with other modalities, both of which were actually associated with increased costs. So, by reducing the need for these other services family therapy was actually MFT wouldn’t increase overall costs and actually may decrease them.

We Now Move from

Medicaid (very poor) to a more Comprehensive Health Services System:

Cigna

Cigna

2013 revenue of $32.4 Billion

Cigna has a subscriber base of 15,000,000 +

Individual and Family Therapy in Cigna (Crane, D. R., & Payne, S. H., 2011)

- Administrative, longitudinal and retrospective
- All outpatient psychotherapy costs mental health services 2001-2006
- 9 million claims
- 66,000 providers from six mental health disciplines
- 600,000 unique patients
- All DSM diagnoses
- Age range 0 to 103 (M=32.1, SD=15.45)
- 60% women and 40% men
- All US States Represented
- Note: Intentional misrepresentation of medical record , claims, etc. is a federal offense punishable by up to $20,000 per instance, Johnson & Johnson paid 81 million in fines, estimated 10% of HC costs

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- Industry audits are common and rewards are paid to people who report fraud

- Show example claim form here

Available Data from Cigna

- 1. A client identification number unique to each person and not identifiable.
- 2. The age and sex of the client.
- 3. The treatment date.
- 4. The state where the visit took place.
- 5. The American Medical Association Current Procedural Terminology (CPT) code.
- 6. The primary DSM-IV diagnosis for each claim
- 7. The therapist's license type.
- 8. The highest degree earned by the therapist.
- 9. The dollar amount of the claim.
- 10. The number of sessions or visits per claim.

Cigna Definitions

Individual Therapy = CPT 90806 (American Medical Association)

Family Therapy = CPT 90847 “Family psychotherapy (conjoint psychotherapy) (with patient present)”

Episodes of Care (EoC)

- Defined by Cigna
- Series of services for the same patient
- Began on date of the first psychotherapy service and ends after the patient had no psychotherapy claims for 90 days

Success= did not return to care within time frame with same provider type

Recidivism/Return to care = returning to treatment with same provider type after a 90 day lapse

- Family Therapy is defined as “in the room” we have no ability to identify any specific model within family therapy

- Is family therapy cost effective?
- (Crane & Payne, 2011)

Comparing Individual vs. Family vs. Mixed Therapy

Therapy Modality	Number of Clients (by 1K's)	Average sessions in First EoC	Cost of First EoC	% Success	% Recidivism or Return to Care	Estimated Cost Effectiveness
Individual Only	366	7	$334	85	15	$385
Family Only	68	4	216	85	15	249
Mixed	55	11	535	82	18	617
Average		7	340	85	15	392

Published cost effectiveness of treating specific disorder studies

- Sexual dysfunctions
- Somatoform disorders
- Substance Abuse
- Depression
- Partner(ship) Relational Disorders

Cigna Ongoing Projects

Under Review:
The Cost Effectiveness of Outpatient Individual and Family Therapy for Schizophrenia

Treating Pervasive Developmental Disorders

Eating Disorder Across the Life Cycle

In Process:
Posttraumatic Stress Disorder in Children

Mental Health Treatment for Children and Adolescents

Generalized Anxiety Disorder in Youth

Posttraumatic Stress Disorder in Adults

Anxiety in Children.

Oppositional and Defiant Children with Comorbid ADHD

Mood Disorders with Comorbid with Couple Relational disorders

Summary

Family therapy appears to be a cost effective form of psychotherapy

Ranked across the studies:

- Family Therapy
- Individual Therapy
- Mixed Therapy

Thank you