

## POSTER ABSTRACTS

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### Mental Health 49

#### **Co-occurring Substance Use and Psychiatric Disorders in a Private Managed Care Health Plan**

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**Background:** Individuals with co-occurring substance use disorders (SUD) and psychiatric disorders pose a tremendous challenge to the healthcare system. As part of a large study to better understand how healthcare systems can develop treatment policy that integrate care for this population, we examined the prevalence, individual characteristics, and treatment course of patients with co-occurring SUD and psychiatric disorders in a managed care health plan.

**Methods:** The study site is Northern California Kaiser Permanente (KP), a private nonprofit, group-model managed care health plan serving about 30% of the commercially insured population in the region. By using KP's automated databases, we identify adolescent and adult members who were diagnosed with SUD and at least one psychiatric disorders targeted by California parity legislation in a concurrent year between 1999 and 2002.

**Results:** From 1999 to 2002, the prevalence rates of co-occurring SUD and parity psychiatric disorders increased 50% (2.7 per 1000 enrollees in 1999 to 4.1 per 1000 in 2002). In 2002, 25% of patients with SUD and 13% of patients with parity psychiatric disorders had co-occurring disorders. Adults aged 30-44 years old, particularly women, had the highest rates of co-occurring disorders. More than 60% of patients with co-occurring disorders were diagnosed with major depression. Although about three fifths of dual diagnosis patients were first identified in the psychiatry department, a large proportion had their problems first identified in chemical dependency or primary care. We analyzed effects of patient characteristics and point of identification on type of treatment (dual vs. single department) received by these patients, and how that affects continuity of care.

**Conclusions:** Comorbidity of SUD and parity psychiatric disorders is sufficiently prevalent to require coordinated action among primary care, chemical dependency, and psychiatry departments. Course of treatment was associated with where patients with co-occurring disorders had their problems first identified and their age, gender and diagnosis. It is important to understand how patient characteristics, point of identification, and treatment course affect utilization and cost of dual diagnosis patients.