An In-Depth Look at Georgia County-Level Data on Mental Disorder Prevalence, Treatment, and Other Health-Related Factors

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Diving a Little Deeper into Georgia-Specific Data

- County-level prevalence of mental disorders among children with Medicaid
  - Types of treatment received
- Distribution of health care providers across the state
- Resources on county-level data for other indicators
Mental Disorder Prevalence and Treatment
Administrative Data

- Supplement information gained from national surveys
  - Characterize health care utilization among children with diagnosed mental disorders
  - Provide greater breadth of information
  - Provide opportunity for longitudinal examination

- Methodological differences
  - Differences in case ascertainment
  - Reliance on insurance status and health care utilization
Objective

- To provide estimates on the prevalence of mental disorders among children aged 2-8 years enrolled in Georgia Medicaid in 2012
  - Estimate the percentage of children with mental disorders receiving medication and psychological treatment services
  - State-wide and by county
Methods: Identifying Mental Disorders in Medicaid Claims

- Case definition: Child had 2+ outpatient claims at least 7 days apart or 1+ inpatient claims with an ICD-9 diagnosis code for these disorders:

<table>
<thead>
<tr>
<th>Disorder</th>
<th>ICD-9 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder (ADHD)</td>
<td>314.XX</td>
</tr>
<tr>
<td>Oppositional Defiant Disorder or Conduct Disorder</td>
<td>312.8X, 312.9, 313.81</td>
</tr>
<tr>
<td>Depression</td>
<td>300.4, 311</td>
</tr>
<tr>
<td>Anxiety, Obsessive Compulsive Disorder (OCD), or Post-Traumatic Stress Disorder (PTSD)</td>
<td>300.0X, 300.3, 301.4, 309.21, 309.81</td>
</tr>
<tr>
<td>Tic Disorder</td>
<td>307.2X</td>
</tr>
</tbody>
</table>

- Different set of conditions than included in previous presentation MMWRs
Methods: Identifying Treatment Received

- Among children identified as receiving clinical care for at least one of the included disorders
  - Medication: 1+ claims for a psychotropic prescription medication
  - Psychological treatment services: 1+ outpatient claims with a procedure code for a psychological treatment service
    - Included procedure codes
Results

- 500,668 children aged 2-8 years enrolled in Medicaid in 2012
- 5.2% met case definition for a mental disorder
Percentage of children aged 2-8 years enrolled in Georgia Medicaid who met case definition for at least one mental disorder, 2012

Georgia: 5.2%

Unpublished analyses
Data source: Medicaid Analytic eXtract (MAX) 2012
Percentage of children aged 2-8 years enrolled in Georgia Medicaid who met case definition for at least one mental disorder, 2012

Unpublished analyses

Data source: Medicaid Analytic eXtract (MAX) 2012
Percentage of children aged 2-8 years with a mental disorder and enrolled in Medicaid who received psychotropic medication, 2012

Georgia: 77.9%

Data source: Medicaid Analytic eXtract (MAX) 2012
Percentage of children aged 2-8 years with a mental disorder and enrolled in Medicaid who received psychotropic medication, 2012

Metropolitan counties

Non-metropolitan counties

<75%

75-85%

86-95%

>95%
Percentage of children aged 2-8 years with a mental disorder and enrolled in Medicaid who received psychological treatment services, 2012

Georgia: 60.0%
Percentage of children aged 2-8 years with a mental disorder and enrolled in Medicaid who received psychological treatment services, 2012

Metropolitan counties

Non-metropolitan counties

<40%
40-60%
61-80%
>80%

Data source: Medicaid Analytic eXtract (MAX) 2012
Discussion

- 1 in 20 children aged 2-8 years enrolled in Medicaid in Georgia received clinical care for a mental disorder in 2012
  - Most of these children received psychotropic medication and more than half received psychological treatment services
  - There is substantial variation in both prevalence and treatment rates across counties in Georgia

- These rates focus on children receiving clinical care for a mental disorder
  - Unable to identify children who have not yet received a diagnosis or obtained enough clinical care to meet case definition
Health Care Provider Densities
Health Care Providers

- Understanding the distribution of health care providers throughout the state can be used
  - To identify infrastructure deficits
  - To target interventions to areas with service deficits
  - As a proxy for health care access in analyses that evaluate the impact of Medicaid policies on health care utilization and outcomes
Georgia Health Care Provider Density Maps

- Number of providers per 10,000 children aged 0-17 years by county
  - Pediatricians
  - Psychiatrists
  - Psychologists
  - Licensed social workers

- Available on CDC website:
  http://www.cdc.gov/ncbddd/adhd/stateprofiles-providers/index.html
Georgia Provider Densities - Physicians

Pediatricians, 2015
Number per 10,000 children aged 0-17 years

Psychiatrists, 2015
Number per 10,000 children aged 0-17 years

Data source: American Medical Association Masterfile
http://www.cdc.gov/ncbddd/adhd/stateprofiles-providers/index.html
Georgia Provider Densities – Other Providers

Psychologists, 2015
Number per 10,000 children aged 0-17 years

Licensed Social Workers, 2015
Number per 10,000 children aged 0-17 years

Data source: Hugo Dunhill

http://www.cdc.gov/ncbddd/adhd/stateprofiles-providers/index.html
Georgia Provider Densities

- Rough index of overall provider density
  - 32 counties that had none of any of the four types of providers (white)
  - Remaining counties color-coded by average provider density rank
    - Purple counties have greater provider density than blue counties
Other Data Sources
County Health Rankings & Roadmaps

- http://www.countyhealthrankings.org
- Sponsored by the Robert Wood Johnson Foundation
- Aggregated county data on health outcomes and related factors
  - Education and employment
  - Children in poverty or eligible for free/reduced price lunch, income inequality
  - Severe housing problems
  - Access to exercise opportunities
  - Frequent physical or mental distress
  - Food insecurity
- Data Sources: BRFSS, ACS, CMS, FBI, HRSA, NVSS, U.S. Census, etc.
http://www.countyhealthrankings.org
Conclusion

- There are several sources of data that can be used to characterize mental health and other health-related factors in Georgia.
- High level of variability in these indicators across counties.
- Other sources of data are important to identifying specific barriers to related to mental health care access and utilization.
  - Can be used to target community-specific interventions or develop policies to address these barriers at the state level.
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.