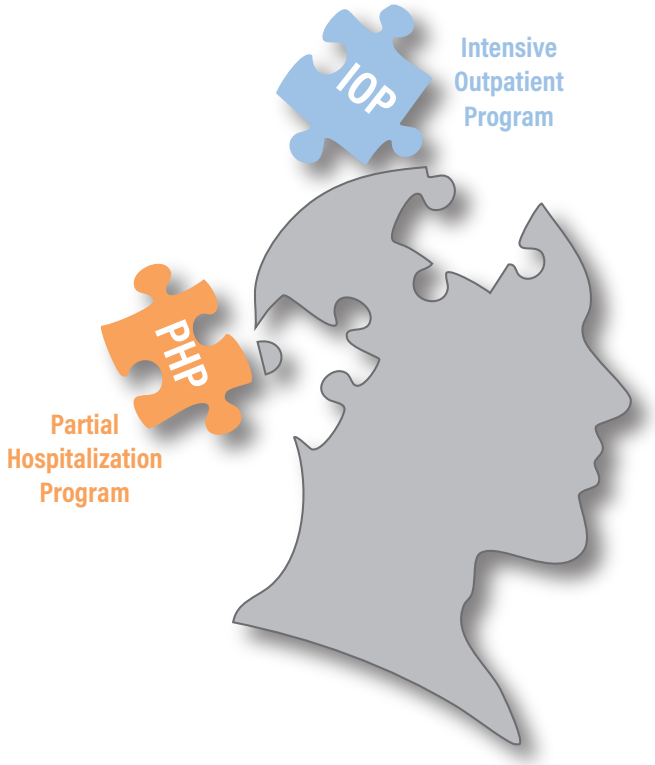
PHP & IOP:

Critical Tools to Help Solve the State's Behavioral Health Crisis

Texas Association of Behavioral Health Systems



Partial hospitalization programs (PHPs) and intensive outpatient programs (IOPs) are valuable pieces of the behavioral health treatment continuum that allow many patients to avoid hospitalization.

They are widely used to treat conditions like depression, anxiety, bipolar disorder, PTSD and substance use disorders

PHP

PHP is a highly structured, intensive program that offers therapeutic services during the day (but overnight stays are not required).

PHP can be used to treat severe depression, anxiety, bipolar disorder, recovery from substance abuse, and other conditions. It consists of approximately five hours of treatment per day and includes individual and group therapy, psychiatric evaluation and medication management and skills treatment.

IOP

IOP consists of two to four hours of treatment per day, three to five days each week.

IOP focuses on therapy, individual counseling, relapse prevention and education on mental health or substance abuse disorders.

The Problem

Texas has not classified PHP and IOP as stand-alone Medicaid benefits. In addition, most Texas Medicaid recipients are enrolled in managed care organizations (MCOs), and the MCOs have the flexibility – but are not required – to offer PHP and IOP services. If a Medicaid MCO chooses to cover PHP or IOP services, it must prove that it is authorizing the service "in lieu of" inpatient hospital care for each individual patient.

The Solution

Numerous stakeholders, including health plans, hospital, physician groups, and advocacy organizations agree that the 89th Texas Legislature should require full Medicaid coverage of PHP and IOP for Texans.

Many Texans who are covered by commercial insurance already receive PHP and IOP benefits and it is critical to extend that benefit to Medicaid beneficiaries.

PHP & IOP:

The Cost Savings and Clinical Benefits of IOP/PHP

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Outstanding Clinical Outcomes

Improvement of Symptoms

- A study in Psychiatric Services (2017) found that 70 percent of participants in PHPs for mood disorders showed significant symptom improvement within 6 weeks of starting treatment.
- Patients in IOPs for depression reported a 60 to 80 percent reduction in depressive symptoms after completing their programs (Journal of Affective Disorders, 2020).
- Partial hospitalization for youth with psychiatric disorders demonstrated clinically and statistically significant improvements in both systems and psychosocial functioning from admission thru discharge and were maintained at three month follow up (Journal of Nervous and Mental Disease 2013).

Hospitalization Reduction

- PHP participation decreased the likelihood of rehospitalization by up to 60 percent within the first year of post-discharge (National Institute of Mental Health, 2018).
- Individuals with serious mental illness who engaged in IOP programs had 20 percent fewer psychiatric hospitalizations over a 12-month period when compared to those who received traditional outpatient care.
- Another study found that over 80 percent of patients in PHPs avoided inpatient hospitalization within the first 90 days (American Psychological Association, 2020).

Health Care Savings

Cost Reductions

- PHP and IOP both cost less than inpatient hospitalization.
- Patients who completed IOPs were less likely to require costly inpatient admissions, which saved payers an average of $7,000 per patient annually (National Council for Behavioral Health, 2022).
- According to a systematic review of intensive outpatient care programs for high-need, high-cost patients, two of the three studies that evaluated costs found significant reductions associated with IOPs, and the third was cost-neutral. (Translational Behavioral Medicine 2020).