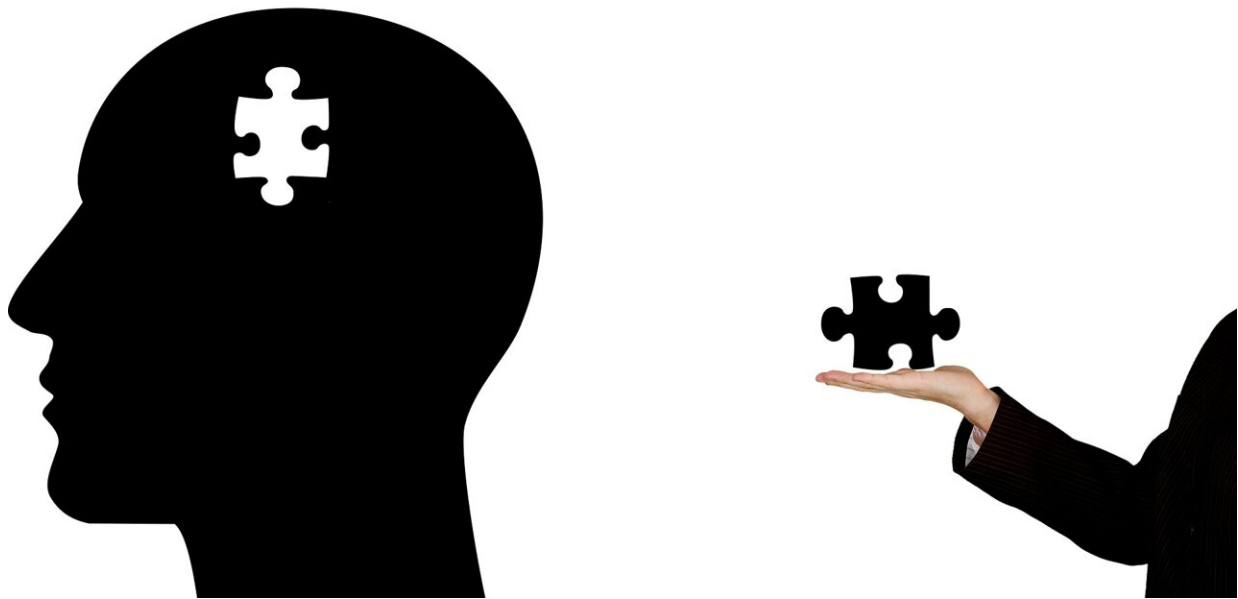# Mental health patient directories rife with 'phantom' providers, researchers find

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Credit: Pixabay/CC0 Public Domain

Amid a surge in demand for mental health care, a new report from researchers at Oregon Health & Science University finds almost six out of 10 in-network providers listed under Oregon Medicaid provider directories are not actually available to see patients.

These "phantom" networks undermine access to care for patients most in

need, according to the study published today in the July issue of the journal *Health Affairs.*

"If this represents the state of provider directories more broadly, that's a huge concern for patients," said lead author Jane M. Zhu, M.D., assistant professor of medicine (general internal medicine and geriatrics) in the OHSU School of Medicine. "If the majority of providers are not actually accessible, it leads to delays and interruptions in care and treatment that people need."

Zhu said the first-of-its-kind finding underscores an overburdened system that too often fails to provide treatment for people with mental health conditions.

"Medicaid is a major payer for mental health care in the U.S., with enrollees disproportionately likely to have severe and persistent mental disorders, as well as complex social and medical needs that exacerbate barriers to care," the authors write.

The findings in Oregon may be relevant throughout the country.

The study cited previous research noting that about half of Medicaid beneficiaries with serious mental illness report unmet medical needs. The phantom directories described in today's study compound this problem.

"At least on paper, an insurance plan can point to provider directories and say, 'See, we have all these providers who are part of our contracted network,'" Zhu said. "But if these directories don't reflect the providers who are truly seeing patients, then what good are they?"

The failure to keep updated and accurate provider directories may be a result of administrative burden on medical clinics and insurers alike, Zhu

said. Providers often change locations, retire or stop taking patients covered by Medicaid. All of this can be challenging to track.

In addition, inaccurate provider networks have regulatory implications.

"Many states rely on provider directories to monitor how well a [health plan](link)'s provider network facilitates access to care," Zhu said.

[In a related study](link) published last month in the *American Journal of Managed Care*, Zhu and co-authors found a range of network adequacy standards among state Medicaid programs and little enforcement of these standards across states. While 28 states had distinct time and distance standards defined for mental and behavioral [health](link) care, only a third of Medicaid programs—14 states—published separate access standards for treatment of substance use disorder.

Aside from the administrative shortcomings in accurately monitoring access to providers, Zhu said the fact is the nation's [mental health care](link) delivery system is severely constrained.

"We simply need more [mental health professionals](link) to meet the demand," she said.

President Joe Biden highlighted what he defines as a [national mental health crisis](link) during his state of the union address in March.

In addition to Zhu, co-authors of the study published today in *Health Affairs* include Christina J. Charlesworth and K. John McConnell of OHSU and Daniel Polsky of Johns Hopkins University in Baltimore.

More information: Avital B. Ludomirsky et al, In Medicaid Managed Care Networks, Care Is Highly Concentrated Among A Small Percentage Of Physicians, *Health Affairs* (2022). [DOI:](link)

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