The Cost of Continuously and Prematurely Terminating Therapy

Hadly Baldwin*
Editorial Office, Health Economics and Outcome Research, Brussels, Belgium

Corresponding Author*

Hadly Baldwin
Editorial Office,
Health Economics and Outcome Research Brussels, Belgium
E-mail:economics@journalinsight.org

Received: 1 October, 2022, Manuscript No.HEOR-22- 80713; **Editor Assigned:** 3 October, 2022, PreQC No. HEOR-22- 80713 (PQ); **Reviewed:** 19 October, 2022, QC No. HEOR-22- 80713 (Q); **Revised**: 24 October, 2022, Manuscript No. HEOR-22- 80713 (R); **Published:** 27 October, 2022, doi:10.35248/2471-268X.22.8.10.2-3.

Abstract

The financial implications of psychotherapy and the expense of medical care are becoming more significant. The current study looked at the relationship between symptom and cost reduction as well as the pre-post decrease of impairment and direct health care expenses based on therapy termination (regularly ended, dropout with an unproblematic reason, and dropout with a quality-relevant reason). Using the Patient Health Questionnaire, several conditions were evaluated: depression, anxiety, stress, and somatization (PHQ). Health insurances covered the following expenses on an annual basis: inpatient costs, outpatient costs, medicine costs, hospital days, work disability days, psychotherapy use, and pharmacotherapy use 1 year before therapy and 1 year after therapy. Partially correlated data and hierarchical linear models were used to analyse the relationships between symptom and cost reduction. Each of the three groups had a decrease in medical expenses and symptoms. Not every dropout might be viewed as a therapy failure, according to the average symptom and cost decrease of patients with a quality-relevant dropout.

Introduction

The cost of providing healthcare is high and rising constantly. Numerous studies have shown that patients who see their doctors unnecessarily and frequently use the healthcare system have a higher prevalence of mental illnesses. An increasing usage of general medical services is connected, in particular, with depression and anxiety. People with mental disorders require more time to treat and recover from physical illnesses than patients without such disorders. Additionally, mental illnesses are frequently linked to long-term expenses. contrary to an overall decline in sick days. Numerous empirical studies have consistently supported the efficacy of psychotherapy in promoting psychological wellness. As a result, psychotherapy is now a standard component of medical services paid for by statutory health insurance in many nations.

The change in health care expenses and utilisation within the setting of psychotherapy has been studied as an additional facet of treatment outcome in addition to the general efficacy of outpatient psychotherapy. The majority of studies focused on psycho-educative strategies used in conjunction with medical operations. The meta-analysis of a few particular psychotherapies was also taken into consideration. The majority of them involved family interventions in psychology. Due to the necessity for cost assessments for outpatient psychotherapy, a highly diverse sample of patients who received treatment with cognitive behavioural therapy, psychodynamic therapy, or psychoanalysis in a naturalistic setting was evaluated. The findings that psychotherapy decreased symptom load and medical expenses revealed a relationship between changes in symptom load and medical expenses. However, this assumption is supported by scant actual data. showed that the number of days spent in the hospital and the amount of psychological discomfort did not significantly link with one another. However, they discovered a marginally significant link with regard to the change in hospitalisation days as well as a substantial correlation between the change in somatic discomfort and the change in medical costs. Taking into account all of this data, our study looked at correlations between changes in psychological and somatic distress on the one hand and health care expenses, such as the price of medication, the number of days missed at work due to disability, the number of days spent in the hospital, and the use of psychotherapy and pharmacotherapy, on the other. Additionally, since premature terminations are frequently regarded as important for treatment quality, we also attempted to distinguish between regularly terminated therapies and premature terminations. There are currently no studies on the impact of early terminations of outpatient psychotherapy on health care costs. Whether cost savings is affected by the kind of therapy termination can be questioned. It is stated that a premature termination takes place if the patient ends therapy unilaterally despite the therapist's advice. In addition, treatment must end before the issues for which it was initiated are resolved. Except for depression and Posttraumatic Stress Disorder (PTSD), dropout rates did not differ amongst therapy modalities, according to the meta-analysis. Integrative therapy showed the lowest dropout rates for treating PTSD and depression.One must distinguish between quality-relevant and unproblematic premature terminations since not all dropouts are quality-relevant dropouts. When a patient discontinues therapy without causing a problem, it is usually because they have moved or their symptoms have already improved.

Premature terminations may have unfavourable consequences for the patient's family, friends, and coworkers as well as the therapist, who may become frustrated if the patient's mental functioning does not improve. There have been numerous attempts to pinpoint factors that, either at the patient or therapist level, enhance the likelihood of early discontinuation of psychotherapy. Treatment-based predictors, design-based predictors, therapist characteristics, and patient factors can all be used to classify predictors for an early termination. A non-predefined duration of the intervention, a lack of manual-guided programmes, and university-based programmes were identified as predictors of a higher risk of discontinuation in the context of the treatment-based predictors. Design factors like dropout definition, search approach, and research type (efficacy vs. effectiveness) appear to have an impact on the outcomes. The current body of research, however, focused mostly on aspects at the patient level. Therefore, it does not seem that a patient's socio-demographic and clinical data at the start of therapy are very helpful in forecasting the likelihood of termination. After differentiating between unproblematic dropouts and premature terminations that are relevant to quality, it may be interesting to identify predictors.

In order to analyse changes in direct costs before and after outpatient psychotherapy depending on the kind of therapy termination, we sought to take into account both matched cost- and questionnaire-data. Patients who routinely stopped receiving treatment, dropouts for unproblematic reasons (such as moving), and early terminators for a cause related to quality (e.g., misfit of patient and therapist or when patient refused the indicated therapy). We investigated the following theories:

1. When comparing the annual sum of 1 year before therapy to the annual sum of 1 year after therapy, patients who regularly stopped their therapy exhibit the highest reduction in symptoms from pre to post, the highest reduction in work disability days and hospitalisation days, as well as the highest reduction in direct health care costs.
2. Because they visit other medical professionals to receive another therapy due to their persistent symptoms, quality-relevant dropouts exhibit a modest improvement in their symptoms, no change in the number of days off from work, and an increase in health care expenses.
3. In terms of higher symptom reduction being connected to higher cost reduction, regardless of the kind of therapy discontinuation, symptom reduction correlates with healthcare cost reduction.

Conclusion

Even in terms of health economics evaluation, the results of symptom and cost reduction for patients whose therapy was regularly discontinued and for patients who experienced a quality relevant dropout suggested that outpatient psychotherapy is effective at treating mental disorders under naturalistic conditions. Since we noticed a significant reduction in work disability days in both groups, it appears that not every dropout is a therapy failure.

Cite this article: Baldwin, H. The Cost of Continuously and Prematurely Terminating Therapy. Health Econ Outcome Res: Open Access. 2022, 08 (10), 02-03