



Access Matters: Comparison of OCD IOP Outcomes by Payer Type

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Outpatient and Intensive Outpatient Programs ²

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Background

- **Only** Intensive Outpatient Program (IOP) in Colorado that accepts Medicaid: CCHA and CO Access
- **Longer** than most IOPs in the state: 12 weeks vs. 6-8 weeks
- Affordability is a significant issue for non-elderly adults, especially surrounding mental healthcare⁹

Objective

Open the conversation of **increasing equity** regarding specialized OCD treatment by simply **expanding payment type** options

Methods

Participants:

- 60 patients discharged from IOP between March 2024-June 2026
- 12 weeks is recommended. Patients who completed less than 8 weeks of assessments were excluded

Measures:

- GAD-7 (Anxiety), PHQ-9 (Depression), Y-BOCS (OCD), and Q-LES-SF (Quality of Life)
- An ANCOVA test was used in R Studio to analyze these results

Demographics:

Characteristic	Overall N = 60 ¹	Medicaid N = 31 ¹	Private N = 29 ¹
Age	31 (11)	32 (12)	30 (9)
Race/Ethnicity			
Black	2 (3.3%)	2 (6.5%)	0 (0%)
Hispanic	1 (1.7%)	1 (3.2%)	0 (0%)
Other/asian	3 (5.0%)	2 (6.5%)	1 (3.4%)
White	50 (83%)	24 (77%)	26 (90%)
White/asian	1 (1.7%)	0 (0%)	1 (3.4%)
White/Hispanic	3 (5.0%)	2 (6.5%)	1 (3.4%)

¹ Mean (SD); n (%)

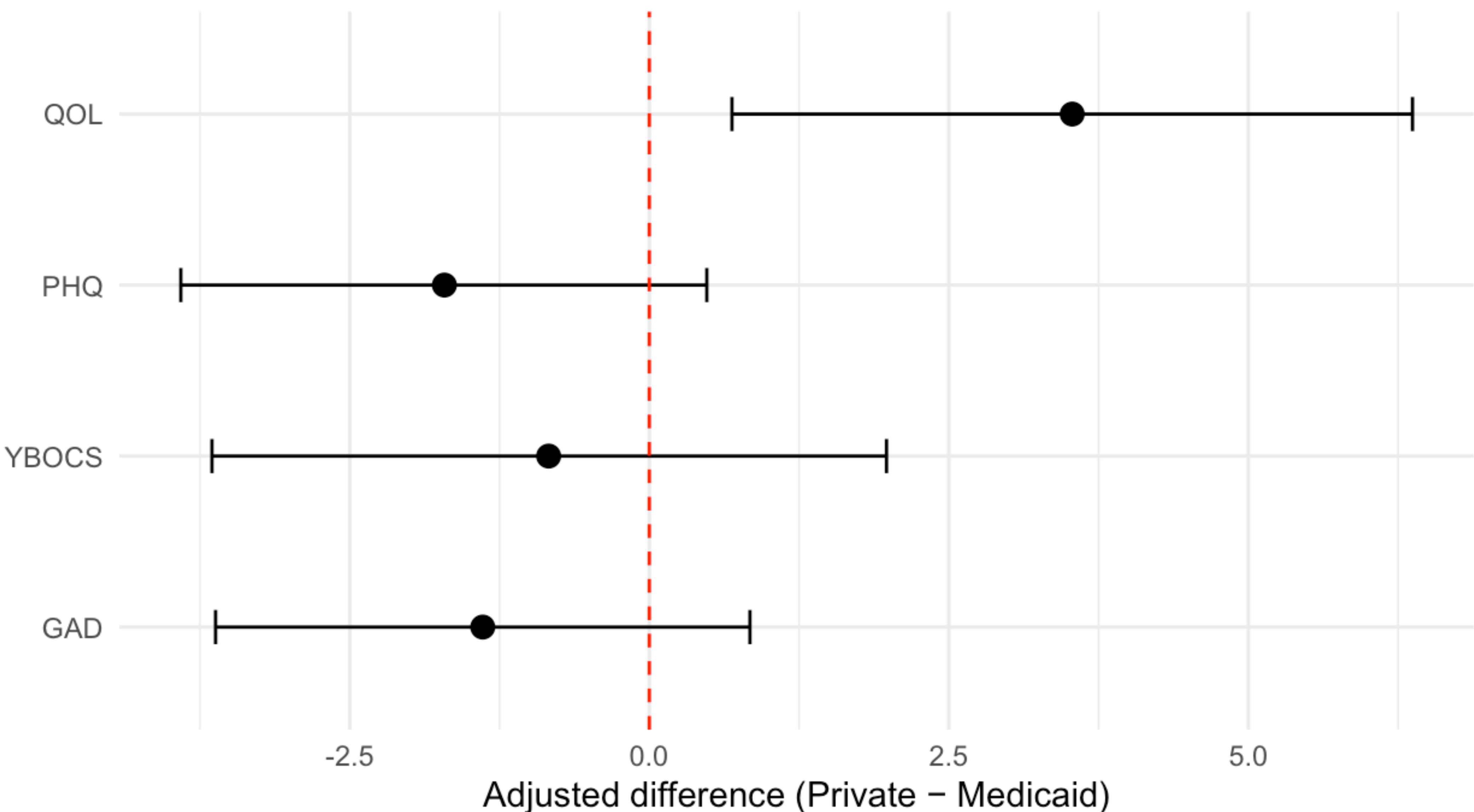
Results

- **No statistical difference** between groups
- Privately insured individuals had better end of treatment scores

Scale	Adjusted β (Private – Medicaid)	Unadjusted p	BH-adjusted p
Depression (PHQ)	-1.71	.124	.248
Anxiety (GAD)	-1.39	.216	.288
OCD (YBOCS)	-0.84	.554	.554
Quality of Life (QOL)	3.53	.016	.064

Adjusted Payment Effect by Outcome Scale (ANCOVA)

Bars = 95% CI; dashed line = no effect
QOL unadjusted $p = .016$; BH-adjusted $p = .064$ (n.s.)



Similar Outcomes Overall, with a Possible Quality-of-Life Advantage for Private Insurance: *Dashed line = no difference between groups. Bars show the raw (unadjusted) 95% confidence intervals. QOL looked significant at first ($p = .016$), but that didn't hold up once we adjusted for testing multiple scales ($p = .064$).*

Discussion

- Individuals with OCD have **multiple different facets** of quality of life to look at:
 - Comorbid disorders¹¹
 - Employment status¹¹
- Medicaid is doing a good job of minimizing health disparities
 - **Systemic issue**: existing structures of racism are limiting further advances⁵
- Ethno-racial minorities are significantly **underrepresented** in specialty treatment centers¹⁵
- The **affective fallacy**, could be at play with quantitative measures especially with patients that have OCD⁶
- IOP's main goal⁷ is met similarly between groups
 - YBOCS: **lowest beta** score and the **least significant p** score

Limitations & Future Directions

- Using **self-report measures**
- Run analysis again after we have **more patients**
- Get contracted with more Medicaid and **other insurance plans**
- Prioritize **community outreach** to organizations that serve unrepresented populations in healthcare

Acknowledgements

- Emily Hemendinger!
- Anxiety and OCD IOP Team!
- Dr. Ron-Li Liaw, Mental Health In-Chief, Dr. Neill Epperson, Chair of the Department of Psychiatry, Dr. Dominic Martinez, Director, Office of Access and Engagement, CCTSI, Shanna Trott, Director, PURPLE Program, Dr. Merlin Ariefdjohan, PURPLE Program Founder and Faculty Advisor

References

