What has been the impact of the National Perinatal Depression Initiative (NPDI) on Medicare and hospital service use?

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Background: In 2008 the Australian Department of Health and Aging introduced the National Perinatal Depression Initiative (NPDI). The aim of the current presentation is to describe two studies that assessed the impact of the NPDI on i) access to mental health (MH) Medicare services (GPs, psychologists and psychiatrists) and ii) inpatient hospital admissions for women giving birth in Australia.

Methods: Study 1) A retrospective cohort study using difference-in-difference analytical methods to isolate the effect of the NPDI on rates of MH Medicare services for women giving birth compared to those who did not give birth between 2006-2010. Study 2) Using hospital admission data on all births in NSW and WA during the study window a quasi-experimental design was used to assess rates of MH-related hospitalisations before and after the NPDI introduction.

Results: Study 1) The NPDI significantly increased access in subpopulations of women, particularly those aged under 25 and over 34 years living in major cities. However, an overall increase in all groups was not found. Study 2) Based on our preferred control group, we found a small negative statistically significant impact of the NPDI on MH-related hospitalisations.

Conclusion: The NPDI appears to have increased access to Medicare funded services for some subgroups of women and resulted in a small reduction in MH related hospitalizations for perinatal women. These findings suggest that women are perhaps accessing more care in the community, resulting in less severe disorders requiring hospitalisation.

References:
2. Chambers et al. (2015). The national perinatal depression initiative (NPDI): An evaluation of access to GPs, psychologists and psychiatrists through the Medicare Benefits Schedule. ANZJP, OnlineFirst, SAGE, 1-11.