

GETTING ON MANAGED CARE PANELS^{*}

As more and more Americans come to receive their mental health services through managed care systems, you may want to consider providing care in a way that makes your practice as appealing as possible to MCOs. The principle of parsimony, that each patient should receive the least expensive treatment at the lowest level of care that will allow a return to health and function, is operational in all managed care settings. This should not have to mean that patients will receive inadequate care.

There are six core skill sets, with individual skills within each set, that are essential for a behavioral practice that will meet the needs of your patients and be compatible with managed care.

I CLINICAL CARE SKILLS

- **Provide problem-oriented, goal-focussed treatment.** Target symptoms need to be identified and a treatment focus developed, and then the two must be melded into treatment goals. The episode of care is complete when the treatment goals have been met.
- **Develop realistic treatment plans.** These plans should aim to return the patient to adequate health and functioning rather than be concerned with underlying disorders.
- **Use group and other treatment modalities.** Groups can be valuable for patients dealing with specific issues such as bereavement, parenting, or anxiety; time-limited, educational groups can help patients build the skills they need; and open-ended groups can help patients with chronic, recurrent, and character disorders.
- **Offer couples and family systems interventions.** These interventions can maximize change. If more than one person is involved with a problem, all of them should be treated.
- **Organize patient care around practice guidelines and preferred practices.** Evidence-based practice guidelines can serve as reliable roadmaps for how patient care should proceed (see Chapter 37).

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- **Make appropriate use of inpatient services.** Hospitalization is now used only for stabilization and patient safety. Patients are discharged into lower levels of care or back into the community as soon as possible.

II CLINICAL MANAGEMENT SKILLS

- **Utilize services at the appropriate level of intensity at the appropriate level of care.** There is a continuum of care that allows patients be placed in the least intensive situation appropriate to their level of illness.
- **Coordinate care with primary and other healthcare practitioners.** Healthcare reform recognizes the importance of integrated patient care. Close coordination with a patient's other medical providers will amplify the "behavioral offset," the decrease in the cost of medical-surgical care for patients who've been treated for mental health and substance use disorder problems.
- **Facilitate the case management process.** Case managers are a vital part of integrated care and contribute to the treatment process by linking providers, integrating treatment plans, and facilitating patient access to community resources.
- **Deal realistically with personality disorders in a managed care context.** Patients with personality disorders must be identified and treatment approaches developed to meet their needs. There must be easy access for entry and re-entry to keep crises from snowballing. Treatment plans should include alternative interventions when appropriate (i.e., community-based self-help programs, groups, etc).
- **Refer to community-based service alternatives when appropriate.**
- **Organize clinical and management services with the goal of continuous quality improvement.** Institute internal quality assurance programs that monitor identifying indicators to be sure the highest quality of care is being offered.

III CLINICAL KNOWLEDGE

- **Understand the impact of time limits on care.** Mental health care is coming to resemble primary care. Treatment concludes when the presenting symptoms resolve, so although each episode of care may be short, the treatment relationship may continue over a long period of time.
- **Know and use preventive strategies.** If patients can be treated at the early stages of disorders, a less intense level of care is needed.

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- **Master the principles of psychopharmacology appropriate to your discipline.** Psychiatrists should be able to integrate their medication management into treatments provided by others.
 - **Organize treatment interventions around research into efficacy and outcomes.** Clinicians must base their treatment on scientifically valid evidence.

IV SKILLS WITH SPECIAL POPULATIONS

- **Differentiate substance use disorders from mental health problems before initiating treatment.** Diagnosis of a substance use disorder demands a referral for treatment of that disorder, alone or as part of an integrated treatment that addresses the substance abuse along with concurrent psychiatric disorders.
- **Provide care for traditionally underserved populations including children, adolescents, the elderly, and the disabled.**
- **Innovate programs for special populations and patients with special needs.** Programs should address the specific needs of the population to be served. Groups with a high incidence of AIDS or high levels of physical or substance abuse require different clinical programs.
- **Work effectively with employee assistance programs (EAPs).** A great deal of behavioral healthcare is currently being delivered through these programs.
- **Understand disability, worker's compensation, and other workplace issues.** Clinicians should anticipate an integration of employee's healthcare and disability insurance.

V ADMINISTRATIVE COMPETENCE

- **Document care effectively, being responsive to the needs of MCOs.** Every provider group and MCO should have a prototype medical record to serve as a template for its providers. This should be viewed as an essential tool for treatment, risk management, and quality assurance.
- **Conform to administrative guidelines and procedures.** Although administrative and billing procedures may seem like annoying and unnecessary burdens, failure to comply with them results in delays, denials of claims, and duplication of administrative services. Noncompliance not only puts your patients at risk, it can mean delays in payments and possibly the end to your relationship with the network.

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- **Understand the meaning and implications of the benefit plan.** Psychiatrists need to understand each patient's benefit plan and organize treatment within its offerings and limitations.
 - **Understand the meaning and implications of medical necessity.** Psychiatrists need to organize their treatment plans around the published criteria that define medical necessity.

VI ETHICAL CARE MANAGEMENT

- **Manage care, not dollars.** Care management must focus on providing interventions that offer patients the greatest return for the resources invested. Psychiatrists must become familiar with the continuum of care available to their patients.
- **In any conflict of interest, the patient comes first.**
- **Always advocate in the patient's best interest.** This is the cornerstone of ethical care management, but it must not be viewed as being synonymous with declaring war on managed care practices. Patient advocacy requires flexibility and creative treatment planning as well as the willingness to initiate formal appeals when all else fails.
- **Don't do anything you'd be embarrassed to have to explain publicly.** And conversely, don't fail to do anything if it would be embarrassing to explain why you didn't do it.