WORKSHOP

Practice Opportunities in a Managed Care Environment

By Donald S. Cornelius, CSW, BCD

Opportunity is hardly a word typically associated with managed care. The more common experience is the loss of autonomy in the conduct of our practices and limitations on our access to clients because of closed provider networks. Those clinicians currently working under the managed care umbrella are being challenged to treat serious problems in briefer encounters with clients and are burdened with administrative details. The threats to professional integrity and livelihood are real.

Yet to focus solely on these challenges may put clinical social work in a position of not preparing adequately for the decade ahead. Managed care as currently configured is not a permanent fixture. It is only part of the larger experiment in health care reform. This is an essential perspective in securing a place for social work in the evolving health care system.

No one knows at this juncture what reformed health care will look like. However, several common themes are now apparent. There will be universal access. Every citizen will be covered by some basic package of benefits. Mental healthcare, while likely to be restricted, will be part of the basic benefit. The disparity between private and public, Medicare and Medicaid, sponsored benefits will gradually disappear.

Reform should radically expand the potential client base for social work health care services.

Strategies to ensure cost effectiveness and efficiency will be real. The consumer will have incentives to access the level of care most appropriate to the level of the disorder. For example, problems in living and mental disorders amenable to talk therapy will not be referred to clinicians with medical credentials. Clinical social work has a firm presence in the field of mental health and the social worker will be seen as a cost effective provider of choice.

Utilization management and the triage of care will apply to all levels of health care services. Verification of need and establishment of medical necessity will be standard procedures. On the one hand this will likely limit the use of open-ended ego reconstructive psychotherapies as a covered benefit; at the same time, however, those suffering from mental disorders will be more likely to receive needed care. Social work stands to gain as more people are referred for mental health treatment.

The concept of health care is expanding beyond the narrow bounds of medical procedures and clinical interventions. There is a growing awareness of the biopsychosocial dynamic to the quality of a healthy life. Prevention, now largely neglected, will be given a greater share of resources.

For the field of social work, such an orientation is not new. The profession has a long history of practical and theoretical experience working with individuals and communities from the psychosocial perspective of care. The other health care professions are only beginning to develop this expertise. Social work has the opportunity to put its imprint on this more comprehensive notion of well-being.

Awareness of opportunity is one thing—taking advantage is another. The following comments are offered as suggestions for possible action.

- It is important to nurture your current practice. Reform is not likely to move as quickly as the rhetoric. There is time to think, plan and consider a response. Panic is not conducive to creativity.
- Develop a special expertise on the mental health continuum of care. The general practice of psychotherapy is not a specialty. Referrals will go to clinicians who have proven track records with specific problems or populations: eating disorders, behavioral medicine, reconstituted families, individuals newly discharged from the hospital, etc.
- Think programmatically. Care will need organization so that the consumer, both the client and the payer, will know what service will be offered, how long it might take to complete and how the service is to be evaluated. Providers will be asked to demonstrate through outcome their effectiveness in addressing the presenting problem.
- Network. While micro management of care is likely to decrease, paper work and administrative tasks will not. Practitioners may find it advantageous to form group practices for self-preservation, ensuring the needed support staff, computers and the electronic billing that will follow. Groups have more visibility in the marketplace and greater flexibility in establishing a niche on the continuum of care.
- Aggressively market the self-pay client. Last year consumers spent $13.6 billion on self-directed health care. The benefits of long term psychodynamically oriented therapies will have to be shown to the public. People will select this form of treatment and self-pay if they understand its value.
- Do not expect a great deal of relief from attempts to regulate managed care. The essential character of the industry will not be significantly altered. Use your energy and experience to build a practice that will validate the perspective of social work in setting the health care agenda. The field is open for imaginative ways of providing care; there are many opportunities to grasp.

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Care and Psychoanalytically Oriented Psychotherapy: Professional Culture Clash and Transference," compared the conceptual base of psychoanalytically informed psychotherapy with that of managed care, concluding that they were rooted in incompatible systems—one in psychoanalysis and the other in business. Differences were emphasized between these cultures in the meaning of time, therapeutic goal and clinical role. Dr. Schechter presented case material to illustrate these differences in addition to the impact of managed care on transference.

Patsy Turrini, in "Internal and External Voices: Overcoming Fear, Sadism, and Providing Care," concentrated on clinical theory and those variables within the managed care review process that are incompatible with the practitioner's obligation to patients. She observed that many community mental health problems (e.g., child abuse, psychosomatic illnesses) cannot be adequately resolved through short-term therapy or medication. She believes that many of our patients' primitive fears such as stranger anxiety become intensified and their resolution is seriously hampered by the utilization review process; she notes that patients tend to project these fears onto the reviewer.

The general conclusion—by all panel members as well as many members of the audience—is that very basic incompatibilities exist between the managed care process and the clinical practice of psychoanalytic psychotherapy. In order to protect our patients and our profession, therefore, we must do everything possible to educate managed care companies, legislators and the general public as to our concerns. □