

Impact of managed care on the practice of psychotherapy - innovation, implementation, and controversy

Brunner/Mazel - The Effect of Managed Care on Quality: A Review of Recent Evidence

Provision	Description	Impact
a. Mandatory Drug Management Programs (DMPs) (421.151)	This provision would require the SUPPORT Act requirement making it mandatory that Part D sponsors implement DMPs, starting in plan year 2012.	There are costs of about \$1.1 million a year with a 10-year total cost of \$6.6 million.
b. Beneficiaries with History of Opioid-Related Prescriptions Included in Drug Management Programs (DMPs) (421.149)	This provision would require that CMS identify beneficiaries enrolled in Medicare Part D with a history of opioid-related prescriptions (as defined by the Secretary) and include such individuals in P.D.M.P.s for prescription drug abuse under sponsors' DMPs.	Part D enrollees with a history of opioid-related prescriptions have higher than average drug costs. CMS estimates that Part D DMPs could save 1.3 percent in costs per year. After the first year, the reduction in drug utilization would result in an annual savings of \$7.7 million to the Medicare Trust Fund resulting from reduced drug spending by beneficiaries. The costs for case management and related paperwork is estimated at \$30.1 million annually after the first year.
c. Automatic Exclusion to External Review under a Medicare Part D Drug Management Program (DMP) for At-Risk Beneficiaries (421.153, 421.530, and 421.600)	CMS is proposing that if a Part D sponsor denies a DMP appeal, the case shall be automatically forwarded to the independent external review for review and resolution. We are proposing that a plan sponsor must forward the case to the independent external review by the expiration of the adjudication timeframe applicable to the plan level appeal. Finally, we are proposing conforming revisions to the notices that are sent to beneficiaries.	We estimate there will be about 20,000 appeals per year, of which 10.0 percent will be denied and automatically excluded to the independent review only (IRE). That is, there are an average of 20 cases of 10 percent * 20,000 affected by the provision. Since most IRE cases are adjudicated by a physician at a range of \$302.46, and typically an IRE will take at least 1 hour to review, the total burden is negligible (about \$4,690.36 (20 cases * \$302.46 * 1 hour)).

Description: -

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Measuring and improving the quality of mental health care: a global perspective

Due to reforms being implemented under the Affordable Care Act ACA there is an increased need for practical measures to monitor the delivery of and outcomes of care. The same meta-analysis found that feedback to providers had a larger positive effect on short-term outcomes if: 1 the feedback included information on mental health progress over time versus providing information about current status only; 2 both the consumer and provider received feedback versus only one of them; and 3 feedback was given more than once.

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It might also make sense to score some types of measures only for an organization or health plan, not for individual providers. Adhering to the treatment protocols tested in trials may be challenging for a variety of practical reasons. The Employee Retirement Income Security Act is enacted, exempting self-insured employers from state mandates.

CHALLENGES IN DELIVERY OF BEHAVIORAL HEALTH CARE

The greater the time lag between the therapy session and completion of the measure, the more difficult it may be for consumers to accurately report on the clinician's delivery of therapeutic elements. Owing to the rapid pace of change in our health care system, the relevance of findings reported in earlier review articles is disputable.

CHALLENGES IN DELIVERY OF BEHAVIORAL HEALTH CARE

Congress creates the Military Medicare Program, later called the Civilian Health and Medical Program of the Uniformed Services. Although

payers and health plans have a financial incentive to ensure that providers monitor and obtain positive outcomes in an effort to minimize the use of more costly services, in the current reimbursement environment, measuring outcomes or collecting process measures would impose burden on providers--particularly small or solo practices that are unaffiliated with larger health care delivery systems.

The impact of managed care on community mental health outpatient services in new york state

Measures developed from EHR or other health information technologies would allow information on the content of therapy to be extracted more readily. A survey was sent to directors of all the licensed mental health organizations to obtain information about staff composition, services provided, training, funding, managed care affiliations, and advertising.

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One meta-analysis of trials that examined feedback given to mental health providers during the course of treatment found a modest positive effect on short-term consumer outcomes but no effect on treatment duration, costs, or longer-term consumer outcomes although very few studies included information on treatment costs or duration Knaup et al.

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Resources dedicated to alcoholism treatment were directed elsewhere. Address Correspondence to: Erin Sarzynski, MD, MS, Department of Family Medicine and Institute for Health Policy, College of Human Medicine, Michigan State University, 788 Service Rd, East Lansing, MI 48824. The demonstrations of stable recovery from alcohol dependence among individuals involved in AA encouraged a reevaluation of the social and medical processes used to intervene with alcoholics and inebriates.

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