

Comparing Outcome of Psychological/Psychiatric Intervention in Managed Care and Traditional Health Insurance Environments

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The Research Question

- ◆ Managed Care is Now Widely Used
- ◆ Unsubstantiated Claims on Both Sides
 - Saves money and improves services
 - Blocks access to needed treatment, destroying people's lives in the process
- ◆ Question: Does Managed Care Affect Treatment Outcome and Cost of Treatment?

Overview of the Design

- ◆ Matched Samples: (1) Traditional and (2) Managed Care Health Insurance Plans
 - Matched on Age, Gender, Severity, Dollar Amount of Coverage, Pool of Service Providers
- ◆ Prospective Samples: Selected Early in Treatment and Followed for 6 Months
- ◆ Retrospective Samples: Tested Once at 6 to 12 Months After Starting Treatment

Subject Selection

- ◆ Drawn from Traditional and Managed Care Products (both marketed by Blue Cross)
- ◆ Diagnoses:
 - schizophrenia, bipolar disorder, major depression, delusional disorder, brief reactive psychosis, panic disorder, OCD, and severe dissociative disorders
- ◆ Seeing Clinician Who is on Both Panels

Subject Selection Procedures

- ◆ Selected Subject from Managed Care Program
- ◆ Selected Suitable Control from Traditional Program (roughly same age, gender, and severity of disorder)
- ◆ Offered Monetary Incentives (approximately \$30/hour) for Participation

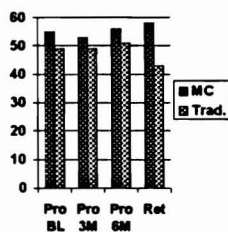
Subjects

- ◆ Traditional
 - Prospective Sample
 - N = 24
 - 8 Males; 16 Females
 - Mean Age = 41.6
 - Retrospective Sample
 - N = 32
 - 9 Males; 22 Females
 - Mean Age = 45.6
- ◆ Managed Care
 - Prospective Sample
 - N = 37
 - 9 Males; 28 Females
 - Mean Age = 37.5
 - Retrospective Sample
 - N = 52
 - 9 Males; 43 Females
 - Mean Age = 41.0

Dependent Measures

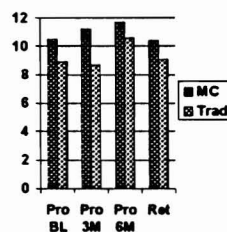
- ◆ A Subset of Items (N=63) from the Symptom Checklist {SCL-90}
- ◆ Anxiety, Depression, and Vigor Subscales of the Profile of Mood States {POMS}
- ◆ Four Single-Item Satisfaction Ratings
- ◆ SCID Interview to Verify Diagnosis
- ◆ Assessment Blind to Insurance Coverage

SCL-90 Total Score



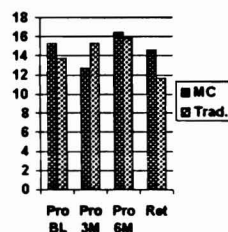
- ◆ All differences are short of significance
- ◆ No change over time in prospective samples
- ◆ Conclusion: No difference on general symptomatology level
- ◆ No substet differences between the groups

POMS (Anxiety)



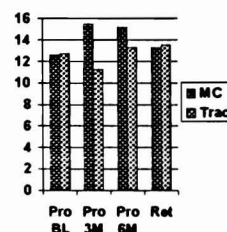
- ◆ All differences are short of significance
- ◆ No change over time in prospective samples
- ◆ Conclusion: No difference in anxiety level

POMS (Depression)



- ◆ All differences are short of significance
- ◆ No change over time in prospective samples
- ◆ Conclusion: No difference in depression level

POMS (Vigor)



- ◆ Significant difference (p=.03) at 3 months (greater vigor managed care group)
- ◆ No change over time in prospective samples
- ◆ Conclusion: Possible advantage for managed care in vigor

Satisfaction Survey

- ◆ Satisfaction with (1) Quality of Care, (2) Promptness of Service, (3) Insurance Coverage, and (4) Claims Handling
- ◆ Only Two Significant Differences
 - Out of 16 comparisons
 - And they were in opposite directions
 - Therefore, likely a chance finding

Conclusions

- ◆ No Differences Between Managed Care and Traditional Health Insurance Products
 - In clinical outcome
 - In patient satisfaction with services
- ◆ Little Evidence for Symptom Reduction in Either Group Over Time

Caveats and Disclaimers

- ◆ Study Focused On a Limited Range of Psychiatric Disorders
 - Disorders that are traditionally costly to treat with some risk for hospitalization
 - Substance abuse treatment not included
 - Mild problems such as adjustment disorders not included
- ◆ Cost Data Not Yet Available

Caveats and Disclaimers

- ◆ The Management of the Care in this Study Was Done Locally; Generalize With Caution to Large, Centrally-Managed Programs
- ◆ In Spite of Financial Incentives, Not All Subjects Invited to Participate Accepted the Invitation