

## The Impact of Managed Care on Treatment Outcome: Initial Findings

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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
  - (1) Treatment Outcome and
  - (2) Cost of Treatment?

## Overview of the Design

- Matched Samples:
  - (1) Traditional and (2) Managed Care Health Insurance Plans
  - Matched on age, gender, severity, limits 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 from 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

- Essentially a Stratified Random Sample
  - Selected Managed Care Patients
  - Selected Traditional Insurance Controls (roughly same age, gender, and severity)
  - No match attempted on specific providers
- Offered Monetary Incentives (\$30/hour) for Participation

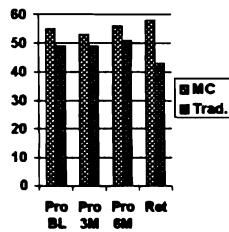
## Subjects

- **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

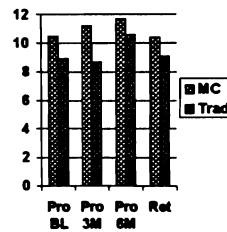
- A Subset of Items (N=63) from the Symptom Checklist {SCL-90}
- Anxiety, Depression, and Vigor Scales of the Profile of Mood States {POMS}
- Four Single-Item Satisfaction Ratings
- SCID Interview to Verify Diagnosis
- Assessment Blind to Insurance Coverage

### SCL-90 Total Score



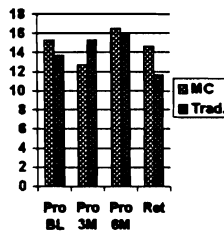
- All differences are short of significance
- No change over time in prospective samples
- Conclusion: No difference on general symptomatology level
- Also, no SCL-90 subtest differences between the groups

### POMS (Anxiety)



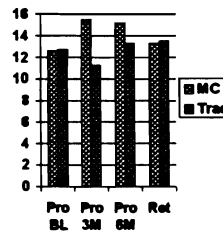
- All differences are short of significance
- No change over time in prospective samples
- Conclusion: No difference in anxiety level

### 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 in managed care group)
- No change over time in prospective samples
- Conclusion: Possible advantage for managed care in vigor

### **Satisfaction Survey**

- Satisfaction with
  - Quality of Care,
  - Promptness of Service,
  - Insurance Coverage, and
  - Claims Handling
- Only Two (12%) Significant Differences
  - In opposite directions (likely due to chance)

### **Conclusions**

- No Differences Found 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