MANAGE OR PERISH?

**THE CHALLENGES
OF MANAGED MENTAL
HEALTH CARE IN EUROPE**

MANAGE OR PERISH? THE CHALLENGES OF MANAGED MENTAL HEALTH CARE IN EUROPE

Edited by

José Guimón, M.D.

*Professor and Chairman
Department of Psychiatry
University of Geneva
Geneva, Switzerland*

and

Norman Sartorius, M.D.

*Professor of Psychiatry
University of Geneva
Geneva, Switzerland*

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PREFACE

“Adapt or perish, now as ever, is Nature’s inexorable imperative.”

—H.G. Wells, *Mind at the End of Its Tether* (1946)

Doctors are trained to treat people suffering from various diseases. This is the main form of their activity and usually the reason for which they selected medicine as their profession. The notion that they should become managers and engage in activities such as programming, calculating cost, assessing cost-benefit ratios, and thinking about pricing in accordance with the social utility of their intervention, is both foreign and abhorrent to them. They are sometimes willing to say how much they need in order to have a well-functioning service: usually they prefer to state what specific apparatus and other things they require without specifying the price of their demand. They can be persuaded to add a price tag to what they think is necessary for their work: but that was about as far as they would go, until recently.

The growing emphasis on human rights over the past few decades, the greater emphasis on quality of life and the public’s heightened expectations about their health led, in many industrialized countries, to a greater demand for health services. This, combined with improved possibilities of diagnosis and treatment (at higher cost!), led to a significant increase in financial demands which made governments and health-care systems uneasy and ready to accept any solution that would stop the spiral of seemingly endless cost augmentation. An apparently sensible solution was to rationalize health care.

The demand for rationality in the application of medical knowledge is not new and certainly makes good sense for societies, medical systems and for patients. What was new was that the word “rational” was used to indicate that cost must be kept steady or drop, without much consideration to a possible deterioration in the service given to patients or to the dissatisfaction of health-care staff, forced to work in conditions that their professional conscience did not allow them to accept. Since it did not seem that the health-care system in place would rapidly change its ways, an intermediary system—that of managed care organizations—emerged in the USA and soon after that elsewhere. The system had a number of apparent advantages. It sailed under the banner of rationality and of reduction of *unnecessary* cost (the definition of unnecessary was not unequivocal and precise criteria for that designation vary from one company to another). It absolved health authorities of the unpleasant duty of telling those in the health system that they will not receive as much as they would need, in order to meet their commitments. It enabled health authorities, those providing the funds for care, to invite competitive bids and even make savings when an offer from a particular managed care company was especially cleverly constructed.

Notably, at its inception, managed care promised to abolish or keep in check the “cushy” incomes which were viewed by some as being characteristic of the entire medical profession.

The immediate consequence of the appearance of managed care companies has been a change for physicians in managerial positions from program budgeting to budget programming. They were no longer expected (and often not even allowed) to state their requirements: rather, they began to have to make do with a sum of money provided by the Authority, plan and work with an amount of resources that they must not surpass.

This change from the previous method of planning—in which personnel responsible for health services stated what they needed and the chief physician summarized their requests passing them on to the higher financial authorities in the system—was both painful and confusing for most heads of service.

It is thus becoming necessary to examine how best to rectify the situation: this will probably have to include an exchange of information and a series of consultations between service providers, clients, managed care companies, and those who will eventually have to foot the bill. Such consultations will have to be marked by respect (for and by all those involved) and by a spirit of compromise that will allow the provision of care, in an equitable fashion, to those who need it.

The objective of the Geneva encounters was to contribute to the process of seeking equitable solutions, bringing together outstanding scientists, managers of services, expert economists, representatives of patients and families, government officials, and service providers.

This volume assembles 73 of the papers that were presented and discussed at the meeting. They have been grouped in a somewhat artificial manner. Under “General Aspects”, two papers are given—one on the terminology of managed care and the other on the pitfalls and possible advantages that psychiatrists may find in these cost-containment procedures. The next three sections present a number of texts dealing with the experience undergone in the United States with managed care, the “European Versions” of these cost-containment strategies, and repercussions in other regions of the world. A section on “Managed Care and Specific Mental Disorders” puts together ten papers dealing with the evaluation of results and the cost of several specific psychiatric problems. Under “Methodology”, six papers describe the specific ways of evaluating needs, outcome and general mental health data. A section on “Ethical Issues in Managed Care” assembles several papers written by representatives of both the profession and outside advocates. Section Eight gives psychiatry’s users a forum for their arguments on cost-containment policies. A section on “Teaching and Research” tries to evaluate the impact of the introduction of managed care on these pursuits. A final section, on the role of “Interference of Managed Care with Social Support Networks” as a mechanism for fulfilling psychiatric needs through non-formal assistance, brings this book to a close.

The authors and editors wish to thank Mary Ritchie for her invaluable help in coordinating the organization of our meeting with MCI Travel, and most especially for her enthusiastic and skilled work in translating and copyediting the manuscripts of this book.

José Guimón
Norman Sartorius

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