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ABSTRACT

The mental health care delivery system is undergoing a metamorphosis of unprecedented proportion as a result of managed care. Few empirical assessments of practitioner response exist. Utilizing managed care provider and telephone directories, agency lists, and the Internet, 200 managed mental health care providers were anonymously surveyed. Experiences with utilization review, patient confidentiality, and short-term therapy were assessed. The differential impact of managed care on the practices of doctoral psychologists, Master's level psychologists, and social workers was examined. Of all the professional groups surveyed, those with Master's degrees in social work and psychology seem to be experiencing the easiest adjustment to managed care. This may in part be due to their having experienced only a moderate decline in hourly rate, whereas doctoral level providers are frequently encountering far more drastic reductions in fees. The different training of these professionals may also contribute to the social workers' and counselors' greater ability to tolerate the intrusion of managed care policies. Contains 18 references. (TS)

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Psychotherapy Provider Attitudes Toward Managed Care

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ABSTRACT

The mental health care delivery system is undergoing a metamorphosis of unprecedented proportion as a result of managed care. Few empirical assessments of practitioner response exist. Utilizing managed care provider and telephone directories, agency lists, and the internet, 200 managed mental health care providers were anonymously surveyed. Experiences with utilization review, patient confidentiality, and short-term therapy were assessed. The differential impact of managed care on the practices of doctoral psychologists, masters' level psychologists, and social workers was examined.

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Introduction

Several years ago, it was unclear how radically the advent of managed care would alter provision of mental health services in this country. Recently, a critical mass of disgruntled consumers and despairing clinicians seems to have developed. Their protests against some managed care practices have already resulted in legislation limiting the freedom of managed care companies in several states. The use of gag clauses and certain provider incentives has been judged inappropriate, and practices which threaten to violate client confidentiality have been challenged. Regulatory legislation constraining the utilization review process is being considered in some states.

Lawsuits have been filed against companies that have terminated providers without cause. Several organizations are beginning to collect outcome data on the differential performance of various managed care companies, to permit payors to make more informed decisions about the relative value of different plans before deciding to subscribe. The media is making consumers more aware of limitations in their healthcare coverage, which is encouraging them to become more actively involved in petitioning their employers to select companies on the basis of quality as well as cost.

Providers are viewing contracts with greater sophistication and suspicion, and are more likely to insist on the removal of questionable contract clauses. Several professionals are withdrawing from panels they feel demand unethical practices. A

variety of alternative methods for constraining mental healthcare costs while preserving service quality are being developed by dismayed providers.

Meanwhile, despite widespread criticism and these efforts at reform, managed care companies continue to grow, and their profitability has been staggering. Their apparent success in curbing behavioral healthcare spending is partly responsible for the considerable support recently given the Domenici-Wellstone Amendment, with its attempt to federally mandate parity of coverage for mental healthcare. Several clinicians view parity as a much needed reform that would widely benefit consumers. Other professionals view managed care as having served as an impetus for greater professionalism among mental healthcare workers.

The development of standard treatment protocols has enraged those who see manuals as destroying the delicate art of therapy, while it has pleased those who have been wary of the widespread deployment of treatment methods with little if any scientifically established utility. The efforts of psychologists to organize the research on treatment outcome in order to develop practitioner-friendly presentations of information on empirically validated treatments (EVTs) represents what some clinicians feel the American Psychological Association should have been doing all along.

Some of the recent rhetoric about managed care has presented complex issues in too simple a manner. The heterogeneity of managed care companies has been obscured by those who cast it in monolithic terms. In fact, there are a range of companies, with widely

divergent policies. Distinguishing between those that have managed to maintain high quality service delivery while containing costs, and others that use unethical practices, is sometimes difficult, but very important.

It is similarly important not to overgeneralize about the responses of mental health providers to the incursion of managed care. While some professional groups have experienced managed care to be a considerable threat to the autonomy and profits they had previously enjoyed, other groups have found that managed care has expanded their practices and possibly improved the quality of service they are offering their clients (Austad et al, 1993; Karg-Bray et al, 1996).

While psychiatrists and doctoral psychologists have felt their power eroded by managed care (Scholl et al, 1996), anecdotal evidence suggests that social workers and nondoctoral level psychologists working in community agencies seem to be finding it easier to accommodate to the new demands of this system. This study will examine differences in attitudes toward managed care among providers with different professional degrees, hypothesizing greater negativity on the part of doctoral level providers than masters' level practitioners. Differences across therapeutic settings and preferred therapeutic modalities will also be considered. It is hypothesized that private practitioners will voice greater difficulty with managed care than those in group practices or agencies. Furthermore, those preferring to use psychoanalytic treatment methods are expected to respond more

negatively to managed care than other providers, especially those preferring a solution-focused approach.

Methods

Subjects

Two hundred randomly selected mental health care professionals, who primarily practice in urban and suburban communities in the MidAtlantic region, were invited to record their responses on a multiple choice style questionnaire of 29 items on the topic of managed mental health care. Names and addresses were selected from managed health care and telephone directories, agency lists of providers. Additional respondents were solicited through queries on the internet placed on professional user lists. Responses from these particular self-selected participants were analyzed separately in order to assess whether their characteristics confounded the variables being examined.

Apparatus

Subjects received a research packet which included a cover letter, a three-page questionnaire, a flavor-sealed tea bag, and a self-addressed stamped return envelope. Internet respondents were asked to download a file containing the survey if they had not yet responded to it, and then they returned the completed survey either via mail or email.

The questionnaire items were developed on the basis of consultation with current managed care providers and were selected as representative of common concerns reflected in

scientific journals. Respondents were assured that their anonymity would be maintained.

Procedure

The research team utilized a two month time period (March - June 1996). Potential subjects were identified through listings of mental health clinicians in managed care and telephone directories, and through listings of agency providers. Duplicate listings were eliminated. Data obtained through the internet query was entered along with that obtained through the mailings.

The areas of interest concerning utilization review, appeals, patient confidentiality and short-term therapy were addressed in questions one through seventeen. Questions eighteen through twenty-nine concentrated on demographic information which included sex, age, professional training, years of managed care experience, therapeutic orientation and psychological services provided to patients.

Results

One hundred thirty-nine mental health care professionals completed the 29 question query. The sample's mean age was 46 years, range 23 to 63 years. Respondents had a mean of 15 years clinical experience and a mean of six years experience in managed care. The majority of respondents (53%) had Ph.D. level professional training, 19% were MA and MS level professionals while 17% had MSW level professional training. Therapeutic orientation was identified as being primarily cognitive/behavioral (67%). When asked to identify a second

treatment emphasis, 44% chose eclectic and 25% chose solution-focused.

Directionally adjusted scores on the attitudinal items were totaled to create a summary measure of dissatisfaction with managed care.

Providers in General

Provider dissatisfaction was evident in the responses to several of the survey items. The majority of the respondents reported having had problems with the utilization review process, voiced concerns that managed care policies jeopardize client confidentiality, and had experienced negative economic ramifications.

In addressing the issue of utilization reviewer qualifications, a majority of respondents (88%) viewed utilization reviewers as insufficiently qualified; more than half (53%) had questioned the credentials of utilization reviewers with whom they had worked. Overall, 88% favored certification of the utilization reviewer by the Insurance Department. Eighty percent of the subjects perceived the utilization review process as wasteful or rarely helpful in regulating the treatment patients receive. This coincided with the reported 74% who felt utilization review had an adverse effect on patient care, and the 51% who viewed the appeal process as inefficient. The majority had not suffered adverse consequences following an appeal; 67% rarely, if ever, reported experiencing a reduction in ensuing referrals. The majority of the sample (89%) stated that

confidentiality of patients was being compromised by managed mental health care.

A majority of the sample (65%) reported exaggerating patients' symptoms in order to obtain authorization for additional sessions. On items addressing the economic impact of managed care on mental health care professionals, 43% experienced a moderate to dramatic decrease in referrals from primary care physicians, while 29% cited an increase. Following denial of additional sessions by the managed care organization, 75% of providers have seen patients for a reduced fee. The majority (90%) had patients who terminated treatment prematurely due to denial of sessions. When questioned about their knowledge of pending legislation addressing these issues, almost half (47%) were unaware of its existence.

In assessing their own effectiveness in providing short-term therapy, a significant percentage (91%) of respondents believed they were at least somewhat effective. Additionally, 30% see general provisions of short-term therapy as somewhat to extremely effective for most patients.

Negative feelings toward managed care were not associated with amount of managed care experience ($r=.04$, ns). Overall managed care dissatisfaction was significantly associated with the total number of clients seen weekly ($r=.41$, $p<.001$), but not with the number of managed care clients seen weekly ($r=.08$, ns). Amount of clinical experience was significantly ($p<.001$) associated with number of weekly clients ($r=.33$), weekly managed

care clients ($r=.34$), and managed care experience ($r=.51$).

Differences Across Professional Groups

MANOVA revealed significant differences across the three professional groups on most items. In order to clarify these differences, separate oneway ANOVA on the three main professional groups (Ph.D.in Psychology, Masters in Psychology, and Masters of Social Work) were conducted on individual items, using a conservative .01 criterion given the large number of comparisons. No significant differences in age emerged across the three groups.

Ph.D. providers viewed the utilization process as significantly more wasteful than MA and MS level professionals, and MSW professionals ($x=1.63$, $s.d.=.60$, $n=67$ vs. $x=2.46$, $s.d.=.93$, $n=24$ vs. $x= 2.20$, $s.d.=.90$, $n=20$, $p <.001$). Denial by utilization reviewers was experienced more often by Ph.D.'s than either master level professional groups ($x=2.38$, $s.d.=.60$, $n=66$ vs. $x=1.64$, $s.d.=.58$, $n=22$ vs. $x=1.82$, $s.d.=.59$, $n=22$, $p <.001$). Although all groups have experienced adverse effects on patient care due to utilization review, Ph.D. levels reported a higher significance level ($x=3.44$, $s.d.=.75$, $n=66$ vs. $x=2.55$, $s.d.=.74$, $n=22$ vs. $x=2.50$, $s.d.=.83$, $n=20$, $p <.001$). Ph.D.'s indicated greater concerns about utilization review compromising patient confidentiality than did the two master level professional groups ($x=3.77$, $s.d.=.46$, $n=65$ vs. $x=3.05$, $s.d.=1.00$, $n=20$ vs. $x=3.09$, $s.d.=1.12$, $n=22$, $p <.001$).

While similarly unsure about the effectiveness of short-term

therapy for all clients, the groups differed in their perception of their own efficacy as brief therapists. Ph.D. level respondents reported the greatest effectiveness, and MSWs reported the least effectiveness in successfully providing short-term therapy (Ph.D. $x=3.02$, $s.d.=.87$, $n=66$ vs. MS/MA $x=2.68$, $s.d.=.65$, $n=22$ vs. MSW $x=2.33$, $s.d.=.97$, $n=18$, $p < .008$).

The average number of years working as a provider in managed care varied significantly as a function of professional group; the MS/MA clinicians had the least managed care experience (Ph.D. $x=6.06$, $s.d.=2.46$, $n=66$ vs. MS/MA $x=2.96$, $s.d.=2.31$, $n=24$ vs. MSW $x=6.89$, $s.d.=4.30$, $n=18$, $p < .001$). Those with masters in psychology also averaged the least number of years of overall clinical experience (Ph.D. $x=16.44$, $s.d.=4.61$, $n=68$ vs. MS/MA $x=6.12$, $s.d.=6.71$, $n=24$ vs. MSW $x=13.9$, $s.d.=6.88$, $n=22$, $p < .001$). Ph.D. level respondents saw significantly more clients weekly than those in the other groups (Ph.D. $x=27.18$, $s.d.=11.68$, $n=68$ vs. MS/MA $x=16.04$, $s.d.=7.52$, $n=24$ vs. MSW $x=20.00$, $s.d.=10.00$, $n=22$, $p < .001$). The average length of a session was significantly shorter for Ph.D. clinicians (Ph.D. $x=51.60$, $s.d.=5.28$, $n=67$ vs. MS/MA $x=56.59$, $s.d.=4.47$, $n=22$ vs. MSW $x=54.09$, $s.d.=7.81$, $n=22$, $p < .001$).

Internet Participants

The responses of the participants obtained via the internet were analyzed separately, in order to assess whether their characteristics confounded the variables being examined. Comparisons among the three professional groups revealed that a

higher percentage of the doctoral level psychologist sample was obtained via the internet. Internet respondents also differed in that they reported working with a broader clinical spectrum than other respondents. To assess possible confounding, data from the internet participants was removed and the professional group analyses were repeated. The reanalyses revealed that the results of group comparisons were identical after elimination of internet subjects, with two exceptions. Exclusion of internet subjects eliminated significant professional group differences in symptom exaggeration and overall negativity toward managed care.

Differences Across Therapy Preferences

Fifteen percent of the sample reported preference for psychoanalytic therapy methods. This was comparable to the 11% commonly found in other practitioner samples (Prochaska & Norcross, 1994), suggesting that this sample was representative of clinicians in general.

Psychoanalytically oriented therapists responded similarly to other therapists on most of the survey items. The overall dissatisfaction score of those practicing psychoanalytically was not significantly higher than that of those preferring other treatment modalities ($x=15.23$, $s.d.=5.69$ versus $x=14.26$, $s.d.=4.32$, ns). As expected, the psychoanalytic therapists were significantly less convinced that short term treatment works for the majority of clients ($x=2.16$, $s.d.=.86$ versus $x=2.86$, $s.d.=.85$; $F=10.35$, $df=1/126$, $p<.001$). They were also significantly less likely to conduct patient follow-up than their

counterparts ($x=1.61$, $s.d.=.61$ versus $x=2.15$, $s.d.=.80$; $F=7.60$, $df=1/130$, $p<.01$). Limited sample size precluded an assessment of the relative negativity of those with psychoanalytic and those with a solution-focused therapeutic modality preference.

Differences Across Clinical Settings

Significant differences among the private practice, group practice, and agency settings were found on several items. Doctoral psychologists were significantly more likely to be in private practices, while MS/MA and MSW providers tended to work for agencies or as a member of a group practice. Consequently, the differences across clinical settings largely paralleled those describing the different professional groups. Greater dissatisfaction was found among private practitioners on most individual items; the overall dissatisfaction score was lowest among those in larger group practices and agencies.

Discussion

These findings show that many clinicians who work for managed care companies find this work extremely frustrating. Clinicians feel that quality of care is compromised when utilization reviewers refuse to authorize sessions; many clinicians find the review process to be unwieldy and wasteful. A majority apparently respond to these problems by exaggerating patients' conditions, at least at times. Most feel patient privacy is jeopardized by managed care policies. Despite their dissatisfaction, roughly half of the respondents were unaware of pending legislation aimed at redressing some of their grievances.

Professional Group Differences

There are several possible ways of accounting for the dissimilar attitudes expressed by members of the different professional groups. While all are mental health providers, their mode of practice and level of clinical experience varied in this sample. Those working in private practice were most dissatisfied, and doctoral psychologists were most often working privately. Managed care companies' preference for the "one stop shopping" offered by interdisciplinary group practices and agencies, as well as their preference for less expensive providers, have placed the solo practitioner at a serious disadvantage.

The professionals with the most negative feelings about managed care tended to be those with greater clinical experience, and those who reported seeing a higher number of clients each week. These more experienced clinicians may be more sensitive to the losses to providers and clients associated with managed care, because their greater familiarity with the older system permits more ready comparisons. They had enjoyed more years of autonomy and limited accountability prior to managed care, and may be finding the adjustment to the new system more difficult as a result. They may also find it harder to accept the restrictions on confidentiality imposed by managed care reporting requirements. In order to maintain previous earning levels, given the reduced payment rates connected with managed care contract, many of these more experienced, doctoral level psychologists may

be working longer hours each week, and seeing a larger number of clients in their practice. If they attribute this increase to managed care, their greater resentment would be quite understandable.

The two less negative professional groups had more parttime clinicians, which other researchers have found to be more compatible with the expectations of managed care (Austad, 1992).

The failure to observe a significant relationship between amount of managed care experience and satisfaction, previously reported by others (Karg-Bray, 1996), may be due to the fact that managed care company policies have changed so dramatically during the past decade that accommodation to these companies' demands is difficult even for those with experience. Managed care organizations' increasing reliance on nondoctoral level providers in recent years may also have contributed to the negative attitude expressed by the highly experienced doctoral level psychologists. Those who have worked with managed care for some time may be dismayed that accumulated managed care experience does not necessarily offer protection against replacement by more cost efficient providers.

Consideration of Internet Participants

When the internet respondents were excluded from analysis, the significant difference across groups in reported symptom exaggeration disappeared; the higher rate of exaggeration reported among psychologists seems to have been an artifact of that group's internet participant composition. It appears that

subjects responding on the internet were either exceptional in this regard (actually much more willing to exaggerate), or more likely to report such behavior, perhaps because of the disinhibiting influence of the internet. When the internet respondents were eliminated from consideration, the strength of the professional group difference in overall negativity toward managed care was also considerably reduced. The internet respondents voiced significantly more extreme negative views of managed care than their professional counterparts. They may have been particularly disadvantaged by managed care; the fact that they have time to devote to the internet could be a sign that their practices have been more adversely affected by managed care policies. Alternatively, they may be more devoted maintaining the traditional autonomy of their profession, and consequently more concerned about the threats posed by managed care. Last, the disinhibition associated with the internet may have permitted these respondents greater freedom in voicing their heartfelt objections to managed care.

Although this did not contaminate the reported analyses, it is interesting to note that the internet respondents also differed from the others in terms of the scope of clinical problems they reported handling professionally; internet users reported working with many more types of disorders than the other respondents. This may reflect the general professional sophistication of this group. Their active involvement on the internet may suggest they are more "avant garde" and

experimental, which might be consistent with their ability and willingness to work with a more heterogeneous client population. Alternatively, the disinhibiting influence of internet responding may have contributed to greater exaggeration of work scope among these respondents. The finding of several differences between the mail and internet participants suggests the need for care in combining these recruitment methods in future studies. It appears important to conduct separate analyses of both sample types, in order to disentangle data collection method effects. If internet participants are nonrandomly distributed across the groups being compared, method and sampling effects may be misattributed to other variables. Internet users may represent an atypical subgroup, limiting generalizability of findings. The current findings also suggest that data obtained via the internet may be affected by its tendency to disinhibit. The sense of greater permission to be open and unguarded may facilitate some types of research.

Therapy Modality Findings

While most therapists label themselves as primarily "eclectic", eleven percent of current therapists continue to identify themselves principally as Freudian psychodynamic therapists and 22% as contemporary psychodynamic therapists (Prochaska & Norcross, 1994). The fact that the majority of respondents in the present study (77%) described themselves as preferring eclectic methods, and that 15% of the sample reported preference for psychoanalytic therapy methods, similar to figures

obtained in other practitioner surveys, suggests that the current sample was generally representative of psychotherapists.

The finding of few differences between psychoanalytically oriented therapists and others failed to support the expectation that analytic therapists, traditionally more wedded to long term therapy, would have encountered significantly greater problems in meeting the demands of managed care companies. It is interesting to note that although the analytic therapists were more skeptical about the universal use of short term therapy with all clients, they were no less likely to describe themselves as clinically effective when making use of it. Sample size limitations precluded a more thorough assessment of the relationship between therapists' theoretical orientations and their experiences with managed care.

Therapy Setting Findings

The significant differences observed across therapeutic settings were largely consistent with the expectation that interdisciplinary, group practices and mental health agencies would report more positive experiences in dealing with managed care. Larger practices and organizations probably find the oft criticized paperwork burdens of managed care easier to absorb. Clinicians working part-time also tended to respond more favorably to managed care.

Summary

Overall, the impression gleaned from these findings is that many clinicians who work for managed care companies find this work

to be quite frustrating. Clients are perceived as compromised when utilization reviewers refuse to authorize additional sessions, and many clinicians find the review process to be unwieldy and wasteful at times. The questionnaire used in this study was developed to be sensitive to the problem areas commonly mentioned by mental health care providers. Although several items gave participants the chance to voice satisfaction, nonetheless the instrument may have naturally inclined some providers to highlight the negative.

Of all the professional groups surveyed, those with masters degrees in social work and psychology seem to be experiencing the easiest adjustment to managed care. This may in part be due to their having experienced only a moderate decline in hourly rate, whereas doctoral level providers are frequently encountering far more drastic reductions in fees (e.g., 60% in some cases). The different training of these professionals may also contribute to the social workers' and counselors' greater ability to tolerate the intrusion of managed care policies. Surprisingly, these professionals were somewhat more likely to use a psychoanalytic perspective, yet managed care's insistence on brief treatment did not seem to create more of a problem for the social workers.

Doctoral level private practice providers were formerly the most advantaged by benefit systems; perhaps their sense of loss is understandably greater.

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