

EXPANDED EDITION

HOW TO **PARTNER** WITH **MANAGED** **CARE**

A "Do-It-Yourself Kit" for
Building Working Relationships &
Getting Steady Referrals



Charles H. Browning, Ph.D.
Beverley J. Browning, Ph.D.

FOREWORD BY

NICHOLAS A. CUMMINGS, Ph.D.

Past-President, American Psychological Association

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To our precious son, Adam—
who was given, and was taken from us in June 1980.
He is in far better hands, in a far better place,
as he rests from all his labors.
And indeed, his works in our lives do follow him.
Revelation 14:13

Foreword

Healthcare in America has industrialized and has catapulted behavioral healthcare into a new era that has little resemblance to anything that existed before. Mental health professionals have not received the graduate education, professional training, and emotional preparation necessary to fulfill the new clinical roles demanded by society. Many, if not most, will suffer an identity crisis and will not survive. As you read, you are holding in your hands a survival manual that will prepare you step by step, not only to survive the new practice environment but also to prosper in it.

The new graduate is particularly vulnerable to disillusionment. Having received superb education and training designed to prepare you for practice in the 1980s, you will be shocked to find that in the 1990s solo practice is an endangered species. This will be followed by a series of aftershocks as you witness the stampede by your colleagues into multimodal group practices subject to such esoteric concepts as capitation, prospective reimbursement, and case rates. Skills in time-effective psychotherapy are a must, and shifts in attitude toward efficiency and effectiveness based on outcomes research will determine your success or failure. You would have found this book invaluable if it had been presented to you along with your diploma, as there are unfortunate gaps in your newly acquired training and education.

No less difficult is the plight of the dedicated and competent solo practitioner or member of a small professional group, who struggled for years to establish a successful practice and who now is confronted with a whole new ball game. Previously reliable concepts and attitudes no longer apply, and a difficult and painful transition to the new environment is required. It is easier to go into denial and accept the promises of the professional societies that in contradiction at once declare Managed Care to be a fad that will pass or a formidable threat that can be vanquished. Those who fall into this denial will be the losers. As many as 50 percent of those practicing today may not survive into the next century. Those who

are determined to avoid denial need a strong antidote. This book is among the most potent.

The unfortunate fact is that the professional societies in behavioral health are responsive to powerful constituencies of established solo practitioners. This "old guard" supports leadership and initiatives intended to impede progress and reverse the course of history and has declared a war on Managed Care that cannot be won. Most typical has been the American Psychological Association (APA), whose board of directors and council of representatives for the past decade have been dominated by this old guard. The denial is understandable: after years as the underdog, through a series of brilliant legislative initiatives and a long history of increased competence and professionalism, psychology has emerged as the pre-eminent psychotherapy profession. As pioneers, 30 and 40 years ago, fighting to establish psychology as an autonomous profession, these societies are hurt to find that the practitioner is no longer in control of the delivery of psychotherapy and that doctoral-level psychologists are competing with subdoctoral therapists. Many in the old guard find it such anathema that they would prefer to bring down the whole system rather than change. Their leadership positions threaten all those practitioners who are interested in evolving with the times and who are now forced to accommodate change without the help and guidance of their professional guilds, to which they have been paying dues.

Other established practitioners have cynically decided to "play the game," improve their manipulative skills, and fool Managed Care into thinking they have changed. A surprise is coming. Managed Care—through provider profiling, sophisticated patient surveys, and an array of other down-to-earth outcome measures—will catch them red-handed. Managed Care is organized delivery and, as such, has capacities to conduct research that were never envisioned before industrialization. The Managed Care companies already know more about what goes on in the treatment room than do the practitioners themselves.

The successful practitioner will make a series of strategic paradigm shifts. These include: (1) Rather than seeing a few clients for lengthy courses of treatment, many clients will be seen for brief episodes of treatment, very often in nontraditional modes. (2) The modality will be episodes of focused psychotherapy which are brief and intermittent throughout the life cycle. (3) The therapist will no longer be the vehicle for the illusive "cure" but rather the catalyst for the client to change. The emphasis will be on restoring the inev-

itable drive to growth that has gone awry. (4) Rather than being the most important event in a client's life, therapy will be an artificial situation, like an operating room, and significant changes will keep occurring outside the consulting room and long after therapy has been interrupted. (5) At no point will the client be pronounced "cured." Therapy will be yeast for growth *outside* therapy, and formal treatment will only be interrupted. The client will have recourse to treatment as needed throughout the life cycle. (6) Therapy will be far more than individual or group sessions in the therapist's office. Every healing resource in the community will be mobilized, often as a better approach than office practice. (7) The fee-for-service system will vanish in favor of capitation or other types of prospective reimbursement such as case rates. This will free the practitioner to provide whatever services are ethically effective and efficient, including house calls.

In emphasizing the need for change among professionals, the academicians who train these practitioners must not be overlooked. It is a very sad fact that many academically insulated trainers and educators seem to know the least about what is happening in healthcare and consequently are unable to prepare the student for the new era—and the real world. Two recent surveys of graduates and interns reported at the 1995 American Psychological Association (APA) convention revealed how outdated training is. Graduate students and interns receive no training in effective interaction with Managed Care, even though 85 percent stated that they expect to practice in this new organized setting. Less than one-third had had a course or read a book on brief therapy, even though 95 percent stated that they regard brief therapy as efficacious and necessary. Clearly, educators of psychotherapists need information that will help prepare graduate students to thrive and survive in the remodeled healthcare system called Managed Care. The astute instruction imparted in *How to Partner with Managed Care* will enable instructors to fulfill their responsibility to their students, interns, and future clients awaiting their care.

Managed Care executives and administrators, in their admirable drive to make Managed Care more practitioner friendly, can learn a great deal from this text. Using the invaluable information shared by the authors, they are in a position to positively convey concrete, realistic expectations and procedures to their providers. And making this book available to providers is a viable alternative to the expensive training Managed Care companies acknowledge is needed but whose tight budgets make otherwise impossible to pro-

vide. *How to Partner with Managed Care* should be required reading for every network provider.

The next generation of mental health practitioners will be very different. This has already been seen in medicine, where Managed Care had an impact several years before it addressed behavioral health. The students entering medical school today are very different from their predecessors. They value the dramatic changes in our health system, intend to increase their positive effect, and upon graduation apply first to the best of the Health Maintenance Organizations (HMOs). This harbinger describes and predicts the next generation of psychotherapist, who will eagerly read this book and demand that it enlighten their professors and supervisors.

Many people ask, how did the industrialization happen? Actually, it was inevitable; the more accurate question is, why did it take so long? Manufacturing was industrialized at the beginning of the 20th century, and the retail and service sectors followed in the succeeding decades. That healthcare, which represents one-eighth of our Gross National Product (GNP), remained a "cottage industry" for nearly 100 years, is a testimonial to the confidence society placed in the practitioners who preferred to dispense atomic-era medicine in "horse-and-buggy" fashion. Once inflation broke this nonsystem down, it was inevitable that those who pay the bills (i.e., the industrialists) would take charge. And as in all preceding industrializations, those who make or dispense the product (in our case, psychotherapists) lose control over their own product. But it is important to leave you with one final thought. While providers are reeling from the impact of the belated industrialization of healthcare, the rest of our economy is moving from the industrial age to the information age. The third wave is definitely upon us. With this indispensable book, you can prepare yourselves, because you ain't seen nothing yet!

Because of their firsthand knowledge and experience with all the foregoing, the authors have been able to prepare a volume that enables the reader to transcend these problems. First and foremost, the reader is helped to overcome denial, inertia, and outmoded attitudes. The nature of Managed Care is made easily understandable, and the book includes a step-by-step plan for partnering with Managed Care that is practical, workable, and down to earth—something that cannot be said of many books on this subject.

Not all members of a provider network enjoy an adequate referral base, but the authors have shared their insights as to what case

managers are looking for, resulting in an excellent referral base for the providers who apply this approach and acquire these skills. Even a closed panel becomes less intimidating when the practitioner takes advantage of the 10 simple ways to attain preferred provider status presented in Chapter 3. Since many therapists lack brief-therapy skills, the book offers a short course on the growing armamentarium of time-effective psychotherapies, as well as a system for assessing treatment-targeted impairments that will make the clinician's task far easier.

In dealing with Managed Care, most providers get off on the wrong foot in the first telephone contact, and in subsequent documentation. The Brownings give the benefit of years of successful experience in their tips on telephone communication and documentation. Invaluable are the basic ingredients of good treatment reports as well as of what constitutes good treatment plans, not only generally but also for specific conditions that range from chemical dependency to dysphoric mood and domestic violence and suicide. And since providers will have to demonstrate the efficacy of their interventions in order to remain busy team players with Managed Care, there is included an elegant and simple system for measuring brief-therapy outcomes.

The reader is treated to a cornucopia of sample treatment plans, progress reports, and outcome studies. Every detail is explained and demonstrated, concluding with an extensive review of specific responses to many of the most troubling questions. Even the appendices are compelling, as they impart necessary advice from "insiders," provide hope to managers and support staff found nowhere else, and even relieve the practitioner of deciphering the Managed Care "alphabet soup" by including extensive key definitions. Nothing is overlooked by the Brownings in *How to Partner with Managed Care* as they share their vast knowledge and experience in practical, understandable, and easily implemented style.

The single most serious problem is that this book is the kind that will be borrowed often by colleagues but seldom returned. *How to Partner with Managed Care* is that valuable a clinical resource.

—Nicholas A. Cummings, Ph.D., Sc.D.

Former President, American Psychological Association; Founding President, National Academies of Practice; Founding C.E.O. (retired), American Biodyne (MedCo, now Merit Behavioral Care System); Founding President, California School of Professional Psychology; President, Foundation for Behavioral Health

Preface

WE are permitted, thanks to Charles Schulz, to listen in on a dialogue between two familiar friends:

Lucy: Do you think anybody ever really changes?

Linus: I've changed a lot in the last year.

Lucy: I mean for the better!

Mental health practitioners have also witnessed a rising flood of changes in the last few years—but they, like Lucy, question whether these changes have been “for the better.”

Many of the clinicians we talk to informally day by day, and those we see in practice-development consultation, are in accord about their assessment of the changes brought about by Managed Care. And that assessment is hardly favorable.

An article in the *American Journal of Psychiatry* (Parloff, 1982) provides a powerful metaphor illustrating how a majority of therapists feel about their encounters with Managed Care. The article's subtitle reads

Bambi Meets Godzilla!

Does that image ring true for you? If so, that is why this book is needed.

The other day we were talking with a colleague who asked what we planned to do over the holiday weekend. We said that we planned to work on the final touches on the manuscript of this book. She asked, “What is the book about?” We responded, “How to partner with Managed Care.” Her response confirmed again the need for this text. She rolled her eyes, waved her hands in animated frustration, and groaned, “Oh God! You mean *the nightmare of Managed Care*, don't you? . . . Or is it *Managed Care Nightmare!*” She was quite serious.

One psychologist who called us for help in adapting her private practice to Managed Care in one eastern city said this: “Even

though I know I have to accept it and work with it, I absolutely despise and detest Managed Care!”

One of her colleagues from a different New England state echoes her sentiments, complaining, “I resent someone looking over my shoulder, making me justify what I do, telling me how to do it, telling me how much I can charge, and—to top it off—paying me less for the ‘privilege!’”

A social worker in her own California practice put it like this: “I’m going to change the whole way I run my practice. . . . If I have to reduce my fees to \$25 an hour to avoid the Managed Care inquisition, I’ll do it!”

Frustration, confusion, disorientation, and outright hostility—all characterize the reactions of healthcare professionals in these days of rein-tightening, cost-controlling, gatekeeping, watchdogging, session-limiting, external constraints we call *Managed Care*.

We see the same kind of mood and climate in letters we receive from clinicians requesting consultations for building practices that can survive in the real world of Managed Care. Many therapists discover, the hard way, that Managed Care is here to stay and that it is growing ever stronger and more influential.

Here are some of the verbatim questions from therapists who have finally accepted the realities of Managed Care and are ready to learn how to *work with it*. Their concerns are typical:

“How can I work effectively with Managed Care with a minimal amount of problems?”

“What does it take to be successful working with Managed Care?”

“What are the best, and what are the worst, Managed Care companies to work with?”

“We are interested in more effectively approaching Managed Care and employee-assistance programs. How would we go about forming an association or group practice to get accepted on more panels?”

“How do you even become a provider with Managed Care firms?”

“We are on many Managed Care network panels, but we don’t get referrals from them. What are we doing wrong? What should we do differently?”

“We are referring away many Managed Care clients to other therapists. Is there any way these prospective new clients can help us get on these panels and be approved as Preferred Providers?”

Five years ago we didn't receive inquiries like this. As recently as three years ago, it was unusual for clinicians even to mention Managed Healthcare. But in almost all our consultation work, and in discussions with colleagues, the common theme is the same—what to do about managing to survive the onslaught of Managed Care controls?

Within the profession the debate continues hot, as witnessed in the professional literature—to fight managed care tooth and nail, or to shift paradigms and adjust attitudes in order to survive its inevitable impact on mental healthcare. In one issue of *Professional Psychology: Research and Practice*, for example, an angry opponent of Managed Care states, "Health professionals who care about the health and welfare of their patients are not happy about managed health care. . . . What started reasonably is becoming a national nightmare." In the very next article another psychologist expresses the belief that therapists who will not, or cannot, adapt their attitudes and master new skills in harmony with Managed Care's demands will be practicing some other profession very soon; he asserts, "The prediction that by the year 2000 more than 50% of current psychotherapists will be out of business . . . is rapidly moving to fulfillment" (February 1995, pp. 5-15).

In another publication both camps—Managed Care's adversaries and Managed Care's allies—were interviewed to illustrate the distinct tension among colleagues. One clinician, who heads a coalition of therapists aggressively opposing Managed Care, unabashedly states, "It's a war, actually—managed care is invading and overrunning therapy, destroying everything therapists believe in." Not all therapists, however, see it that way. Commenting on our perspectives in the same article, the writer notes:

"our appointment book began showing lots of ugly unfilled blank spaces . . ." The Brownings peered into the future and determined that in the field of health care, "managed care was going to be Godzilla, and we Bambi; if we wanted to survive as practitioners, it was pointless to fight and self-defeating to flee, so we would have to learn to flow with the tide."

Vividly picturing what we try to do and what we will teach you in this book, the article states

The Brownings are committed to what many consider the impossible task of making the desert bloom—doing ethical therapeutic work in a kind of managed care Death Valley. But they have discovered that seemingly barren

soil yields life to those willing to scabble doggedly in the dirt. (*Family Therapy Networker*, September/October, 1995, pp. 20–35)

Managed Care is as much about *managing change* as it is about a new form of healthcare constraint system. As Ronni Sandroff points out in her insightful article, “The Psychology of Change” (*Working Woman*, July 1993), in order to qualify, and requalify, for a place in the workplace team,

many of us require an overhaul of our psyches. We need to unlearn basic assumptions . . . The goal: To transform ourselves into quick-change artists who can turn on a dime, shrug off past successes and failures, and frequently reinvent ourselves to fulfill the new roles that suddenly replace the old.

What an accurate picture of what those of us in mental healthcare are experiencing during this time of transition into a whole new form of practice! Change isn't easy.

Over the last few years we have learned (the hard way) how to “reinvent ourselves,” how to “shrug off” the way we used to manage and market our practice, and how to fulfill the new roles, and rules, that have suddenly replaced the old. The fruits of those labors are what you are about to encounter in this text.

It is our sincere hope that what you learn, and what you thereafter implement, as a direct result of this material will help you not only cope with but cooperatively *partner with* Managed Healthcare systems. Indeed, what seems like a barren Death Valley can become a field abloom with challenges and new opportunities.

Bambi meeting Godzilla is no pleasant encounter—unless, of course, Bambi learns the tools, tactics, and strategies to tame the beast and live happily ever after in the forest together.

We trust, therefore, that this textbook will be as much a “taming manual” as a training manual. May you enjoy the excitement of the adventure as you give Managed Care case managers what they want—time-sensitive, solution-focused, cost-effective services—and Managed Care case managers give you what you want—new client referrals, and many of them.

Partnering with Managed Care means, in essence, that the most important person in the equation, *the patient*, gets what he or she wants—results. A triple-win arrangement.

While all change involves some measure of loss, it also opens up new opportunities for gain for those who know where and how to

find them. We have written this book so that all parties actively participating in the healthcare game can survive, thrive, and prosper. Patients get fewer symptoms and more peace of mind. Managed Care and insurance companies spend less on healthcare and get more early discharges. And you get more referrals and have fewer blank spaces in your appointment book!

Finally, a word to those students who find themselves about to enter the real world of practicing what they've learned all those years in graduate school. We hope that when you complete your study of this text, you will be equipped to understand and effectively present yourself to many Managed Care organizations. It is unfortunate that at this writing very few graduate programs of counseling or psychology prepare their students for the "Godzillas" they are about to encounter out there after graduation and licensure. As Dr. Nick Cummings—a true visionary in the field of psychotherapy—commented to us in recent personal communications, "Since our training programs are turning out competent psychotherapists *prepared for the 1980s*, reading this book may be the only way in which they receive the kind of knowledge that will enable them to survive and practice in today's real world."

If you are part of a graduate program enlightened enough to offer Managed Care preparatory survival training, count yourself fortunate. Most students, without this instruction, will find themselves, like little Bambi, face to face with "giants" in what was supposed to be the "promised land."

We invite the newcomer and the battle-worn, seasoned therapist alike to enter now the Land of the Managed Care Giants. With this survival manual in hand, you should be able to tame even the scariest of them, as you prosper in peaceful and cooperative coexistence, together serving the most important ones of all—our clients and patients.

CHB/BJB

Acknowledgments

THE book you hold in your hand is much, much more than the work of two individuals. Many special people influenced our lives in ways that made it possible for us to bring this text to you. We'd like to introduce you to them and thank them openly here.

First, we are thankful for our wonderful children: Jennifer, Faith, David, and Seth—during the past 10 months (which seemed like years) they probably have seen more of our backs than our faces as we consulted, wrote, edited, rewrote, and rewrote again. We thank them for their understanding, patience, and love.

Next, we are deeply grateful to a staff of people who are more to be called gifts than employees.

Marion Nixon was office manager par excellence. How many times she came into our offices with her usual joyful optimism during those early adjustment days of "Managed Care Miseries" and said, "Well, Dr. Browning, we have another challenge before us!" Note the word *challenge*—while we were thinking *catastrophe*. Without you, Marion, we might have abandoned ship in the midst of those turbulent storm-tossed days of sailing the sea of Managed Care. Marion is no longer with us, but her legacy endures in our practice, and in this book. Would that every therapist reading this text could find the spirit, the intellect, and the personality of a Marion Nixon.

Peggy Oquist is the current office manager at Browning Therapy Group, Inc., and a source of sunshine in our administrative office. Peg's skilled and perceptive interactions with case managers have probably saved our clinical necks more than a few times, as we struggled to avoid many of the blunders and errors we'll warn you about in this book. And without you, Peg, our documentation and voice-mail updates would doubtless be in a chaotic shambles. Thank you for helping to preserve our reputation for excellence. That reputation is, in great part, due to your diligent work and marvelous outlook on life.

Thanks also to Stephanie Smith, now living her dream in Hawaii, whose smiles and caring attitude brought encouragement to the many patients she greeted in our waiting rooms. Steph's always-reliable attention to the "little things" in the daily operation of the therapy clinic, consulting practice, and publishing company helped ease the heavy load on us as we worked on this text month after month. Steph is another gift for whom we are so thankful.

And what would we do without Linda Wong, C.P.A.—her wise and skillful navigation across the sea of Managed Care forms, numbers, discounts, copayments, insurance-claim forms, end dates, certified sessions, *ad infinitum*, *ad nauseam*—how could any of our staff therapists have survived it all without you? Besides all her expertise with the details, she always radiates joy, gentleness, endless patience, integrity, and unswerving loyalty. What a special human being God created when He made Linda Wong.

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We have truly been blessed with a gifted clinical staff: Darlene Anthens, L.C.S.W.; Gail Carr, M.A.; Robert Dienstag, Ph.D.; Tom Hammond, M.S.; Don Ingle, B.D.; Peggy Luttrell, M.A.; Janine Lee, M.A.; Rafik Sidrak, M.D.; Jesse Trice, M.A.; and Kreg Zimmerman, M.A. Their creativity, compassion for people, and friendship are incomparable gifts for which we are thankful. We thank them, each one, for bearing with us and making their own "sail adjustments" to the changing winds of Managed Care. What an incredible group of people—how truly blessed our patients are to have them as therapists, and we to have them as our friends and colleagues.

Special gratitude to Mary DeGiacomo—the resident and gifted "psychologist of Huntley Avenue" and a beloved mother. Our thanks for her varied contributions to self-esteem, stubbornness, and persevering independence, without which a book of this type would not exist (and for putting up with C. B. through half a century).

To Dorothy Pilone, our other beloved mother, whose eagle eye kept you from reading countless glitches, errors, and just-plain-dumb mistakes made in the manuscript. She is an editor most New

York publishers would kill for. Thanks too to Fred Pilone for putting up with our borrowing her for hour upon hour, preventing him from “keeping company” with her, and for his wisdom and savvy about life, which has guided us in many of our business decisions. He is a man of deep insights and great kindness, for whom we are thankful.

Thanks to all those case managers who had patience and mercy upon us as we struggled, often seeming to founder in the waves as we made our way over the sea of Managed Care. Although they are all too often seen as adversaries, in reality they have done much to help teach us and train us. We thank them all for their tutorial talents and valuable contribution to this work.

We want also to thank the many patients who tolerated our absence during all those Mondays we were away from the office working on the manuscript. They graciously adjusted their schedules to accommodate ours. One of the happy, good things about Managed Care is that it allows the opportunity to be a part of seeing those many lives changed, healed, and restored. The patients truly are the reason we all must work diligently together to make Managed Care work in this country. What wonderful people they are!

Finally, we offer our deepest thanks to the One who should have been thanked first. Although words are the tools of our trade, none are adequate to express our gratitude to God—for granting us the special privilege of serving those we have seen in therapy all these years and for sharing with you the reader, and thousands of other colleagues, the material in this book. Most of all, we are thankful for the honor of knowing Him, serving Him, and enjoying the adventure of life with Him day by day.

Finally, may He see fit to help you “adjust your sails” as you traverse pleasant seas. “May the wind be always at your back, may the sun shine warm on your face, may the rain fall soft upon you, and may God hold you softly in the palm of His hand” (adapted from an Irish blessing).

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