

Has managed care improved healthcare?

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Managed care plans have not fulfilled their mission of improving healthcare quality in 2002, according to an exclusive survey of health and managed care executives by the Managed Care Information Center (MCIC).

Fifty-nine percent of the survey respondents do not believe managed care plans are improving healthcare quality.

The respondents included executives from health and managed care, consultants, HMOs, PPOs, other health insurance companies, hospitals and health system providers, medical supply, technology, and pharmaceutical companies.

The leadership survey also sought the opinions of executives on issues surrounding progress in quality improvement and ease of access to care.

Quality Improvement

Respondents were almost evenly split when it came to the question of quality improvement.

Fifty percent believed health plans are working to improve the quality of healthcare. Forty-eight percent do not believe quality has improved.

On the questions of improvements in the ease of access to care, the majority of survey participants – 57 percent – do not believe it is becoming any easier to access care through a managed care plan. Forty-three percent believe that managed care has improved access to healthcare.

Not surprisingly, the vast majority of respondents from hospital and healthcare systems said managed care has not improved healthcare quality, while the bulk of those in the managed care organization said it had.

“Many managed care companies are giving primary care physicians the ability to make referrals for preventive and minor care without going through the HMO to obtain a referral number,” said an HMO product manager.

“Simply look at the HEDIS (Health Plan Employer Data Information Set) measurements for the majority of the health plans reporting,” said the president of a health plan. “This clearly indicates that managed care is improving quality. Can non-managed care organizations document the same?”

But many in the hospital and healthcare systems field said that most managed care plans placed profits ahead of quality care.

“Quality is the secondary consideration in most cases and it only moves to the front when it impacts either profits or public relations,” said a contract manager in the hospital/health system/provider category.

“If quality were a significant consideration, most managed care plans would invest as much in their quality improvement systems and personnel as they do in their payment and review systems and personnel,” the contract manager added.

Most patients don’t understand what their plans allow, especially with the increasing number of plan types and their systems. They often stay away from the healthcare system until they are forced to use it in emergencies, said a regulatory affairs director in the hospital/health systems/provider category.

Unfamiliar with Details

Doctors and healthcare workers also are often not familiar with the details of health plans, the directory said.

“Another major issue is that the hospitals take the hit for length of stay, inappropriate admissions, inappropriate utilization and poor physician documentation,” the director said.

“But the physicians actually control the patient’s care, so the hospital is penalized for something they cannot control,” the directory added. “Managed care needs to work both sides of the wallet, or hold the physician more accountable.”