A Shakespearian View of Accepting Managed Care: To Be or Not To Be, That Is the Question?

A review of

Earning a Living Outside of Managed Mental Health Care: 50 Ways to Expand Your Practice
by Steven Walfish (Ed.)

Reviewed by
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Perhaps the financial conundrum faced by many mental health practitioners is captured in the Beatles’ song “Can’t Buy Me Love”: “I’ll buy you a diamond ring, my friend, if it makes you feel all right; I’ll get you anything, my friend, if it makes you feel all right, ‘Cause I don’t care too much for money, money can’t buy me love.” In the current mental health care marketplace, some practitioners face declining incomes, and potential clients are wary of expenditures for professional services. There is a distinct need for a book that provides alternatives to managed mental health care.

As commercial operations, managed care companies are quick to seize the financial conditions to impose restrictions on the services that will be eligible for third-party payments. This control includes determining who can provide mental health services, the quality that must be maintained (that is, the fiscal objectives being used to determine clinical
standards), how many intervention sessions will be approved, the imposition of extensive requirements for documentation by both the provider and the client, the denigration of privacy rights (i.e., stripping away confidentiality for clinical communications), and establishing the fees that will be paid. Stated bluntly, the profession in general and the service provider in particular are being required to allow the third-party payment source to take considerable charge of the therapeutic alliance.

Given the historic definition of *professionalism*, it is obvious that the foregoing conditions required for eligibility are an affront to a substantial number of mental health practitioners. The privilege of being a professional does not accommodate fiscal gain dictating services provided to the public (see the Ethical Considerations section below). Rather, practitioners are expected to advance knowledge, maintain ethics, and improve the cultural substance for all people, as these will improve health-related functioning and life in general. Therefore, there seems to be a fundamental discrepancy between professionalism and the dominant motive manifested by the managed care industry. That is, professionalism does not accept relinquishing control, such as for standards, to a nonprofessional financial business.

**Professional Considerations**

From working within professional associations (particularly the American Psychological Association and the Florida Psychological Association), I am aware of two themes. First, a practitioner may feel disdain for managed care yet be forced to accept that financial “survival” depends on becoming part of its entourage. Second, less successful practitioners, especially those at an early career stage or unable to compete successfully in their local market, believe they have little choice but to be part of managed care.

However, the more successful practitioners seem most able to reject managed care in order to follow a self-determined business plan (e.g., a pay-as-you-go approach), perhaps completing reimbursement forms for clients but not accepting directives from any third-party payment source. (Regrettably, this approach sometimes leads to not providing needed services to certain folks, such as when a psychologist chooses to not accept Medicare or Medicaid.)

Conflicted practitioners who do not want to participate in managed care but do not know how to become more independent will find a wealth of authoritative guidance in *Earning a Living Outside of Managed Mental Health Care: 50 Ways to Expand Your Practice* edited by Steven Walfish. As reflected in the following, specific types of practice are pinpointed: business psychology, consultation to organizations, fee-for-service activities, forensic psychology, group psychotherapy, health psychology, psychoeducational services, services to government, teaching and supervision, and miscellaneous other options. Within
each of these categories, the services are described, each seemingly able to contribute to successful practice without a connection to managed care.

The variety of nonmanaged care opportunities makes it readily apparent that success will depend on the particular practitioner’s mind-set. According to David Verhaagen, there are seven keys that will set a practitioner apart from others: Create a special experience, think of oneself as a brand, connect emotionally and rationally, give excellent presentations, build niches, be OK with losing referrals, and think abundance, not scarcity (see pp. 8–19). Although they are not empirically based, there is logic for using these keys as a springboard into more creative and entrepreneurial mental health practice.

Although regrettable in some ways, the concept of “street cred” (gaining respect due to experience in or knowledge of the issues affecting others in a particular context) has fueled the schism between scientist and practitioner. For independent mental health practitioners, the array of chapter contributors is clearly aligned with being “in the trenches,” and emphasis is on the practical savvy of the ideas set forth. (Note: Contact information, including e-mail address, is provided to facilitate follow-up between a reader and the chapter contributor.) Knowledge is evident and offered in everyday language—indeed, some chapters tell a story, as opposed to presenting a thesis.

Compared with the typical textbook, Earning a Living Outside of Managed Mental Health Care offers relatively few references; this lack might lead some to question the evidence base for the suggestions. However, careful consideration of the materials supports that the editor, known among colleagues to be focused on details and not hesitant to ask for justifications, has astutely sculpted the practical substance to fulfill scholarly respectability. Experience can be valuable, especially for a topic like dealing with managed care.

**Ethical Considerations**

When managed care surged into mental health services about 30 years ago, there was figuratively (as is often said in historical stories about “liberators”) rejoicing in the streets by some practitioners who believed that the shackles of poverty would soon be removed. There was no awareness that the liberator might soon become the dictator by imposing restrictions on clients (only certain kinds of services, sacrificing privacy of information) and issuing mandates to practitioners (only brief therapy, limited number of sessions, no psychometric testing).

By the definition of a profession, mental health practitioners are obligated, in exchange for the privilege of practice, to ensure quality services to benefit society and to do so in accordance with ethical tenets. Relinquishing control of the services to nonprofessional sources, such as to a financial institution, could challenge maintenance of appropriate ethics.
The code of ethics of the American Psychological Association (2002) makes it clear that psychologists “strive for high standards of competence in their work” and “seek to promote integrity in the science, teaching, and practice of psychology” (p. 1062). When these obligations are in conflict with other forces, “they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm” (p. 1063). If it appears that financial limitations will be imposed, it should be “discussed with . . . the recipient of services as early as is feasible” (p. 1063).

Service must be provided with competence, which includes refraining from releasing certain information about clients to sources “who are not qualified to use such information” (p. 1066). This last point would preclude releasing sensitive mental health information to bean counters. Finally, psychologists should refrain from a financial relationship if it “appears likely that such a relationship reasonably might . . . interfere with the psychologist’s effectively performing his or her functions as a psychologist” (p. 1064).

The foregoing said, the practitioner’s awareness of potentially unreasonable, inappropriate, or harmful conditions (e.g., allowing only a few sessions) does not provide an excuse from professional determination of standards—neither does approval or consent by disempowered service users. Subverting standards for financial gain, as could occur when the services are dictated by nonprofessional sources, portends to be unethical. This shibboleth for psychologists provides strong support for the suggestions for alternatives to managed care that Walfish and his contributors offer in *Earning a Living Outside of Managed Mental Health Care.*

Early career psychologists (and graduate students) will receive guidance from the conversational approach. For more seasoned practitioners, there will probably be an unmet need for more proof of the utility of the suggestions. Regardless of career stage, there is support for using one’s entire skill set (e.g., therapy, assessment, teaching, research, consultation) to move beyond obvious and easily attainable sources of income. Even if an option has been tried, there may be an enhanced perspective gained from the authors’ personalized sharing.

Reference
