

# Managed care backlash

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Managed Care Backlash Impact of Managed Care Backlash on Reimbursement The backlash of managed care was witnessed in the late 1990's, which imposed extensive impact on healthcare quality that was being delivered to patients and overall healthcare obligations. In this regard, one of such healthcare obligations is reckoned to be reimbursement of costs on behalf of patients. It is worth mentioning that the impacts of backlash relating to managed care can be better understood by acquiring the fact that firms associated with managed care restricted the choices of patients by incorporating factors of “ gatekeeping” as well as utilization review. The notion of gatekeeping generally represents laying down the requirement of visiting healthcare specialists only after getting a referral from a primary physician. On the other hand, the practice of utilization review denotes submission of the proposed processes to the respective insurers and more importantly introduction of a potential denial for covering experimental or expensive treatments (Pinkovskiy, 2013).

Though managed care enabled the insurers to reimburse the physicians as well as the hospitals in return for the functions or the procedures performed by them, the practice did not intervened treatment choices of the physicians. This eventually restricted the medical practitioners to provide effective care to the patients, as they lack in selecting best practices associated with delivering quality along with effective healthcare to the patients. Specially mentioning, there exist certain situations based on which the impacts of managed care backlash particularly on reimbursement can be witnessed. In this context, such situations were reckoned to be lowering treatment quality on behalf of medical specialists and limiting patient choices among others

(Sekhri, 2000).

#### References

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