

Managed care



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235124 Managed Care is Affecting the Doctor/Patient Relationship Managed care is the concept that says rather than intervention, society, most notably physicians and other health care providers, will provide patient care based on the diagnostic related group (DRG) (Birenbaum, 1997). The DRG will suggest to the healthcare provider the “ outcome” of the care. That is, whether or not the DRG when treated will result in a positive, or a negative outcome. To be more forthright and simple, if the DRG outcome is death, then intervention, those medical resources rendered in the care and treatment of the DRG, should be minimal (Birenbaum, 13). If the outcome is a positive one, then resources should be devoted to treating that diagnosis based on the outcome. Arnold Birenbaum explains this in terms the lay person can easily understand, but it can be summed up this way: the outcome dictates, justifies, the expense of the intervention (Birenbaum, 13-14). This is a process that actually allocates a financial value to the DRG, and, today, insurance companies will not exceed the value in reimbursement that is dictated by the DRG. Further, the care of each patient is assigned to a case manager to oversee the rendering of the care, and to ensure that neither the services nor the days allocated to the intervention exceed the allocated DRG.

Patient care has essentially been wrested away from the physician, and the physician is no longer alone in deciding the best course of care and treatment for his/her patient’s condition. Managed care has adversely impacted the doctor/patient relationship, because a patient’s care is no longer a response to the patient’s condition decided upon and agreed upon between the patient and the physician. Also, the definition of managed care suggests that a physician is no longer free to allocate resources and services

to a patient's care in order to maintain and improve the quality of life regardless of the projected or predicted outcome.

Rebecca M. Bolen and J. Camille Hall (2007) say that the arm of managed care which put a stronghold on physician's decision making processes on behalf of their patients has now reached other healthcare disciplines; nursing, social work, and psychiatric services and clinical providers (Bolen and Hall, 463). It is referred to as evidence based practice (EBP). If the evidence, as with the DRGs, points to a positive outcome, then the intervention shall reflect the extent of the outcome; otherwise, there is no approved intervention for negative outcomes based on the evidence (Bolen and Hall, 463).

Physicians long stood accused of playing god, and were often evaluated for their " bedside manners." Today, the physician's bedside manner is even more obscure than in years past, because a physician whose patient has been hijacked by managed care is not a patient that a physician can easily face and explain that although there are interventions that could be pursued, that have proven effective for the patient's variety of cancer; unfortunately managed care case managers do not agree, and will not authorize the patient to receive the services.

It is logically impossible to agree that managed care has impacted the doctor/patient relationship in other than a negative way. Managed care, by its very nature, puts a physician at odds with his/her Hippocratic oath, because it relieves the physician of the opportunity to make medical choices based on his/her training, expertise, and, because medicine is not an exact science, his/her intuition and discretion. If patients felt physicians were aloof and emotionally vacant before managed care, those feelings are certainly

justified post managed care.

Works Cited

Birenbaum, Arnold. *Managed Care: Made in America*. Westport, CT: Praeger Publishers, (1997.)

Bolen, Rebecca M., and J. Camille Hall. " Managed Care and Evidence-Based Practice: The Untold Story." *Journal of Social Work Education* 43. 3 (2007): 463+.