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A STUDY OF THE RELATIONSHIP BETWEEN HEALTH CARE ACCESS AND
ACCESS BARRIERS TO BEHAVIORAL HEALTH CARE FOR AFRICAN
AMERICANS UTILIZING THE MANAGED CARE MODEL

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

BY
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ABSTRACT

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A STUDY OF THE RELATIONSHIP BETWEEN HEALTH CARE ACCESS AND
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Advisor: Dr. Amos A. Ajo

Dissertation dated May, 2001

Managed care has revolutionized the healthcare industry. Prior to managed care, traditional insurance companies managed the healthcare industry. These insurance firms would monitor and authorize treatment to persons enrolled with the insurance company. Health Maintenance Organizations (HMOs) began to develop methods to provide similar service as the large insurance companies at a fraction of the cost. HMOs accomplished this by selling their products directly to employer groups. This significantly reduced administrative costs that had been traditionally passed on to the consumer. Unable to financially keep pace with the HMOs, the insurance companies abandoned the health insurance arena.

As managed care has grown so have the problems associated with his system. Issues involving antitrust, confidentiality, privacy, and best practices are but a few of the
critical issues facing managed care. All three branches of the United States government have been involved in resolving issues pertaining to managed care. Reforms have been demanded from the system and the current political climate may force the system to reconsider the manner in which it is conducting business.

Minority consumers and specifically African Americans traditionally have been discriminated against from engaging in such life activities as housing, voting, commerce, and banking, without judicial intervention. The healthcare industry is no exception. The United States Surgeon General, in his seminal report on mental health, identifies that African Americans and other minorities have been excluded from obtaining appropriate and timely healthcare. The Surgeon General’s report coupled with the President’s report on Healthy People 2000, identify that initiatives are needed to rectify the inequities in healthcare in healthcare service delivery.

A total of fifty-two African American consumers of mental health service with a primary diagnosis of adjustment disorder were surveyed to assess their perceptions as to whether or not they have access to their behavioral health services. The Consumer Access Questionnaire was designed to gather both demographic and consumer perceptions on the accessibility and feasibility of managed care for this selected population of African Americans.

In all categories surveyed on the questionnaire, the results revealed that the respondents were able to access their outpatient behavioral health provider when utilizing the managed care system. The respondents provided an overall satisfaction rate with their respective managed care plans.
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CHAPTER I

INTRODUCTION

The advent of managed care has dramatically changed the health care landscape. Prior to the inception of managed care, individuals were obtaining health care services without receiving prior authorization from an organization to utilize services. The issue of cost containment, advanced by the managed care firms, has restricted the ability of consumers to have unlimited access to health care services. The managed care firms have developed a system that requires consumers who are enrolled in managed care to obtain authorization for services before these services are rendered. Affected consumers have argued that they are being denied access to health care services that they have paid for in the form of premium payments. The issue of access to health care services to minority populations is of concern to this targeted population. Specifically, African American consumers have been identified as having difficulty to access health, education, and employment. African Americans have been excluded from accessing services due to segregation, mistrust of service providers, lack of service providers in the community, and other related factors. This study was designed to observe the responses of selected African American consumers of behavioral health services and their responses as to whether or not these consumers can access their outpatient behavioral health services utilizing the managed care system.
Statement of the Problem

More than 50 million Americans suffer from some type of mental illness each year, and may fail to get treatment even though effective therapies are widely available according to the first Surgeon General's Report on Mental Health (Department of Health and Human Services, 1999). The ability to access healthcare is one of the major reasons advanced as to why consumers do not utilize medical and/or mental health services. Access is defined as a consumer's ability to obtain medical and behavioral care. The ease of access is determined by the components such as the availability of medical services and their acceptability to the patient, the location of the health care facility, transportation, hours of operation, and cost of care (United Health Care, 1994).

For minority populations, specifically African Americans, the lack of access to quality services has been a contentious issue. Historically, racial and economic discrimination have prevented African Americans from obtaining access to adequate housing, education, and medical services dating back to the formation of the original 13 colonies (Jansson, 1993). During the last 30 years, the concept of institutional racism has been advanced as the reason for the continued inequities in treatment between African Americans and their white counterparts (Carmichael, 1969). The disparity denies African Americans the ability to access services to improve and enhance their quality of life. This would include the ability to receive appropriate health related services (Lado, 1994).

Selected research has presented findings that African Americans have less access to medical care than the dominant culture (Department of Health and Human Services, 2000).
This imbalance has prompted some attorneys to question if civil rights violations have occurred due to the lack of access African Americans receive when attempting to access their behavioral health services through managed care (Lado, 1994).

This study will present the findings obtained by African American consumers regarding their perceptions on their ability to access outpatient behavioral health services utilizing the managed care system.

Purpose of the Study

The purpose of this study was to examine the perception of selected African American consumers as they assess their access to utilize their behavioral health insurance for the treatment of an adjustment disorder. In this study, selected African American consumers were those participants who had a diagnosis of adjustment disorder, participated in a therapeutic relationship with a managed care provider for a minimum of one month, and utilized their behavioral health insurance to receive treatment for their disorder. For the purpose of this study, access is defined as the ability of a consumer of services to obtain behavioral health services from the managed care firm in which they are enrolled.

In conducting this study, the diagnosis of Adjustment Disorder was utilized to assess whether consumers were able to access the recommended treatment frequencies to treat this disorder. This disorder was selected due to the number of Americans who are faced with the symptoms of this diagnosis. Adjustment Disorders occur within 3 months
of the onset of a stressor. A stressor can include marital problems, retirement, business difficulties, becoming a parent, or failing to attain occupational goals. Stressors may affect a single individual or an entire family, or a larger group or community. In treating adjustment disorders, managed care firms have identified that 6 to 8 therapy sessions with a trained mental health professional, constitute an appropriate time frame to treat this disorder. It is estimated that the percentage of individuals in outpatient mental health treatment with a principal diagnosis of Adjustment Disorder ranges approximately 5 to 20 percent (DSM IV, 1994).

Research Questions

The research questions of this study are as follows:

1. Is there a relationship between transportation and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?

2. Is there a relationship between the length of time to obtain an appointment and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?

3. Is there a relationship between receiving approval to obtain an appointment and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?
4. Is there a relationship between budgeting co-pay amounts for monthly expenses and the access African American consumers have in obtaining outpatient behavioral services when utilizing the managed care system?

5. Is there a relationship between convenient office hours of behavioral health care providers and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?

6. Is there a relationship between the race of behavioral health care providers and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?

Hypotheses

The null hypotheses for this study are as follows:

1. Is there no statistical significant relationship between transportation and the access African American consumers have in obtaining outpatient behavioral health services utilizing the managed care system?

2. Is there no statistical significant relationship between the length of time to obtain an appointment and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?

3. Is there no statistical significant relationship between receiving approval to obtain an appointment and the access African American consumers
have in obtaining outpatient behavioral health services when utilizing the managed care system?

4. Is there no statistical significant relationship between budgeting co-pay amounts for monthly expenses and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?

5. Is there no statistical significant relationship between convenient office hours of behavioral health care providers and the access African American consumers have in obtaining behavioral health services when utilizing the managed care system?

6. Is there no statistical significant relationship between the race of behavioral health care providers and the access African American consumers have in obtaining outpatient behavioral health services when utilizing the managed care system?

The following independent and dependent variables will facilitate the measurement for the preceding hypotheses. The dependent variable is level of access. The independent variables are transportation, length of time to obtain an appointment, receiving approval to obtain an appointment, budgeting co-pay amounts into a monthly budget, convenient office hours of a provider, and the race of the provider.
Significance of the Study

The managed care revolution has produced research that has primarily focused on medical managed care, and the issues of privacy, the right to choose specific providers of services, and cost issues. In addition, the impact managed care has on segmented populations such as children, the aged, and Medicaid patients has been conducted as part of academic research. Clinical trade publications, weekly periodicals, and the major daily newspapers have also studied these consumer groups. The research that has been conducted on how managed care has impacted access issues related to behavioral health has been sparse (MacLeod, 1994). The printed research on how managed care has impacted African Americans attempting to access their outpatient behavioral health is equally sparse. This study examined the responses of selected African Americans adults as they identified their ability or inability to access outpatient behavioral health services utilizing the managed care system.

Managed care has dramatically changed the manner in which medical and behavioral health care services are delivered. The number of managed care enrolled has increased dramatically over the past twenty years, in sharp contrast to a much slower evolution during the preceding forty years (MacLeod, 1994).

This growth of behavioral health has dictated that managed care firms monitor service delivery to consumers as it pertains to determining if rendered services are medically/clinically necessary for the consumer. Quality of care is the cornerstone of managed care. The need to ensure that services are appropriate, and that the delivery of
services is optimal for the consumer continues to be a constant challenge to managed care organizations (MCO's) (Kessler, 1998).

African Americans traditionally (allegedly) resisted utilizing mental health services. Mistrust of clinicians and clinical interventions, cultural issues, lack of access due to financial concerns, the stigma of being labeled mentally ill, and, segregation are but a few of the reasons advanced for the lack of utilization of mental health services (English, 1984).

It is argued that with the decrease in the stigma of mental health, and the ability of employers to offer behavioral health services as an employment benefit, more consumers are enrolling in behavioral health care plans. Due to the improved economy, more African Americans are entering the workforce and being offered the opportunity to enroll in medical and mental health plans. An issue arises as to whether or not African Americans have the ability to access to their mental health services? (Lado, 1994).

The answer to the aforementioned question will be useful in assisting MCO's as they strive to be culturally and clinically competent to the African American community of mental health consumers. Additionally, the social work profession will need to monitor the manner in which HMO's approve health related services to African Americans as the profession advocates for quality health care and the need for inclusion rather than exclusion to receive services.

In summary this dissertation is divided into five chapters. Chapter I consists of the introduction of the research. Chapter II consists of the review of the literature related to the evolution of behavioral managed care and potential barriers to accessing outpatient
behavioral health services. Also in Chapter II, there is a discussion of applicable theoretical frameworks, which highlights theories used in the study. Chapter III presents the methodology of the study. Chapter IV is the presentation of the findings. Chapter V presents the conclusion and implications of the study.

Definition of Terms

The following definitions of relevant terms are provided:

1. Access - A consumer's ability to obtain medical and behavioral care. There ease of access is determined by the components such as the availability of medical services and their accessibility to the patient, the location of the health care facility, transportation, hours of operation, and cost of care.

2. Adjustment Disorder - The development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors. Stressors can include but are not limited to termination of a romantic relationship, business difficulties, getting married, becoming a parent, and retirement.

3. Appointment - An arrangement for a meeting at a specified time between a consumer and provider for the purpose of the consumer receiving mental health therapy from the provider.

4. Authorization - The sanctioning by a managed care insurance firm to a specified provider to provide specific therapy to a consumer enrolled in the managed care insurance firm.
5. Behavioral Healthcare - This umbrella covers all mental health and substance abuse problems.

6. Consolidated Omnibus Budget Reconciliation Act (COBRA) - A federal law that among other things requires employers to offer continued health insurance coverage to certain employees and their beneficiaries whose group health insurance coverage has been terminated.

7. Consumers - Individuals who are the purchasers and recipients of service(s).

8. Co-payment - A cost-sharing arrangement in which a covered person pays for specified services, such as $10.00 for an office visit. The covered person is usually responsible for payment at the time the health care is rendered. Typical co-payments are fixed or variable, flat amounts for physician's office visits, prescriptions, or hospital services. Some co-payments are referred to as coinsurance, with the distinguishing characteristics that co-payments are flat or variable dollar amounts and coinsurance is a defined percentage of the charges of services rendered.

9. Diagnostic and Statistical Manual of Mental Disorders (DSM IV) - The manual that defines specific mental disorders utilized by mental health professionals in identifying specific psychiatric symptoms that form a diagnosis.

10. Employee Assistance Program (EAP) - The EAP provides free outpatient psychotherapy and counseling sessions to all employees and their eligible dependents whose companies or Taft-Hartley labor unions have entered into a contract with a Health Maintenance Organization (HMO).