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Managed Care and Mental Health: Clinical Perspectives and Legal Realities

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Abstract

Managed care is beginning to dominate the delivery of mental health services. The Article reviews limitations on managed care's ability to deal adequately with mental illness. It discusses empirical and other research examining the use of primary care providers as gatekeepers and it explores utilization review mechanisms, focusing particularly on providers' responses to UR. The impact on quality, access and continuity of care on discrete populations is analyzed. The article then surveys a variety of legal issues in the regulation of managed care, particularly as they apply to the provision of mental health services. These include ERISA, parity and liability questions. The emerging role of accreditation is also reviewed. The essential thesis is that the presence of obvious irrationalities in the delivery of quality mental health services suggests that we are in a transitional era. Legislative, judicial and private initiatives are likely to place significantly greater emphasis in the future on issues of quality control.

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