

Comments on Zhang, "[Strategies Used by Managed Behavioral Health Organizations to Reduce Hospital Care](#)" A Literature Review Submitted to the Myers-JDC-Brookdale/Brandeis Collaboration on Mental Health



**Daphna Levinson**

**Director, Research & Planning, Mental Health Services  
Ministry of Health**

*While Israel has managed care, psychiatric hospitalization does not require prior authorization by an HMO. The decision of the admitting hospital is accepted by the HMOs. Nevertheless, an HMO may still check a patient's records and dispute the length of stay and/or the payment.*

*Presumably, the HMOs will do everything they can to reduce hospitalization (and therefore costs) by developing special community services to support the administration of medication, the frequency of visits etc.*

*Psychiatric hospitalization is also reduced by the rehabilitation system, which is financed by the "Rehabilitation of the Mentally Disabled in the Community Law", i.e. by the government. The law provides for such rehabilitation services as housing, sheltered employment etc. to chronic mental patients, thereby helping them remain in the community. HMOs will do what they can to encourage the transfer of patients to these services to keep them in the community.*

*In general, I think that Israel's psychiatric-hospitalization system – mainly for schizophrenic patients – is even now quite small. I assume that it will need to be expanded to accommodate the relatively new types of problems, such as eating disorders or dual diagnoses (drug/alcohol and mental).*

The views expressed here are the personal views of the author and do not necessarily reflect the position of the organization in which the author works or of the Myers-JDC-Brookdale Institute.