

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



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It is important to reduce medical costs as a whole, including in mental health, but in the field of mental-health hospitalization cost reduction requires the utmost caution. The patient population is too weak to stand up for their rights which means that, we, as a society, must stand guard to ensure that economization does not compromise the quality of care. The potential harm to mental-health patients may not be apparent in the short-term, and demands long-term follow-up.

The method of risk-sharing with a service provider, mentioned in the review, is interesting. However, its long-term success entails fairness in the relations between the parties and, necessarily, smaller potential savings than that achievable in a more aggressive approach towards the provider. A one-sided approach to lowering service costs may lead to considerable short-term savings, but also to decreased quality of service and even increased costs in the long-term. The reduction or shortening of hospitalization make it necessary to create better, more available alternatives in the community, to strengthen relations between the hospital and ambulatory systems, and perhaps to construct a mechanism of earlier referral to hospitalization as part of the coordination between the two systems. In view of the mental-health reform, this is the time to start building such processes.

The possibility of "choosing providers" in the area of psychiatric hospitalization appears to be less relevant to Israel's mental-health system and therefore not a promising way to reduce costs. The only exception perhaps is within Clalit Health Services that owns also psychiatric hospitals and is therefore able to give preference to its own hospitals.

As noted, the most disturbing point is the harm that may ensue from shortened hospitalization. As the review states, there are sub-groups in the population of mental-health patients who are especially vulnerable: children, adolescents and patients suffering from severe mental illness. These groups need the lengthiest, most expensive care; here, the potential for "economizing" is great and more tempting, and their ability to defend themselves from potential harm is smaller. Meticulous follow-up is consequently necessary, and perhaps even a way to exclude these groups from the framework of managed care.

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.