

about them. During her tenure, Renee has obtained new computers for the library, laboratory and the college office; improved the functioning of the program office for the teachers and students; expanded the technology initiative for all the content areas; opened a Saturday community school for students and parents to have an opportunity to learn; and opened the pool and gym on Saturdays so students and their parents can go swimming.

It is clear that Ms. Pollack has a vision for Bushwick High School and its surrounding community. I have no doubt that she will leave an indelible mark on all the teachers, students and parents that she will come in contact with.

Mr. Speaker, please join me in congratulating Renee Pollack for all of her achievements, for being a woman who dares to be different, and for showing young women everywhere that they can do and accomplish anything.

MANAGED CARE AND MENTAL HEALTH/SUBSTANCE ABUSE: A NATIONAL DISGRACE

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. STARK. Mr. Speaker, managed care does many things well and some things poorly. It has been my impression that its major failing lies in the area of mental health and substance abuse services—and the following report submitted to the Congressional Budget Office in October 1997 by J. Wrich & Associates, Inc. (JWA) confirms that impression.

The report, which describes a pattern of lying about services, malpractice, and profiteering at the expense of some of the sickest in our society, is a call to action. As we consider managed care consumer protection and quality legislation, we need to provide special protections in the mental health and substance abuse sectors.

In the coming weeks, I will be proposing legislation to address some of the issues so well-raised by the Wrich report. Portions of this report follow:

A. OVERSTATED PROGRAM UTILIZATION

There was a tendency with providers audited to overstate utilization. In some instances multiple patient numbers were assigned to the same patients. One provider issued a new case number each time it authorized additional care. In other instances, case numbers were assigned on an annual basis, thereby enrollees were counted more than once if they received services in two or more calendar years.

In one audit the utilization reported by the contractor to the customer was: 5085 patients.

The audit found utilization to be: 3495 patients.

Variation—overstated utilization reported vs. actual: 45%.

B. TIMELINESS OF SERVICE

J. Wrich & Associates has consistently found timeliness of service to fall far outside the contractor's written standards.

Typically the contractor's written standards fall within the following parameters:

Routine cases shall receive service within 5 days;

Urgent cases shall receive service within 24 hours;

Emergency cases shall receive service within 2 hours.

This computes to a blended average standard for elapsed time of 4.32 days.

Actual performance in audits JWA has conducted ranged from 8.5 to 19.3 days.

Variation—Contractor's written standards computed to a blended average vs. the blended average of actual waiting time for care: 97% to 347%.

C. NETWORK DEVELOPMENT

Coverage

Coverage is frequently spotty. Where managed behavioral health care serve employee groups in multiple locations, JWA finds considerable unevenness in provider network development and accessibility. In the case of one managed behavioral health care company serving a statewide enrollee group, the contractor's proposal and initial agreement called for a minimum of one chemical dependency and one mental health provider in each county. Two years into the contract, gaps in the provider coverage were found to be as follows:

Findings	Counties not covered (%)	Enrollees not covered (%)
No providers at all	15	6
No mental health providers	16	7
No substance abuse providers	32	19
No adolescent/child providers	25	12

In this case, the customer paid the full premium for 100% of the plan's enrollees during that time frame even though the managed behavioral health care network was never completely in place to serve all of them.

Matching Service to Enrollees' Problems

JWA found that provider networks are rarely developed with adequate consideration of expected high incidence of certain disorders. Two landmark studies of incidence and prevalence—the Epidemiologic Catchment Area Study and the National Comorbidity Study—indicate that as many as 80% of the adult population with a behavioral health disorder have one of four major diagnosis or some combination thereof—substance abuse disorders, major depression, anxiety, and phobia. None of the managed care companies JWA audited have built their networks on a research-based rationale of expected patient needs.

Contractor reports on employing minority providers are often overstated. One ploy involved hiring high percentages of Asian and Indian providers who were anxious to build their practices and willing to work for lower fees, as opposed to employing established African Americans providers who would have more closely profiled the culture and ethnicity of the target population.

D. CLINICAL ISSUES

JWA found the charts they have audited to reveal a surprisingly high percentage of problems across the full spectrum of service.

Findings	Problem charts (%)
Failure to properly evaluate/diagnose/treat substance abuse cases where a diagnosis of a substance abuse disorder was documented in the chart, or where there were strong indications of the presence of a substance abuse disorder	54.8–78.3
Failure to properly evaluate/diagnose/treat psychiatric disorders cases where a psychiatric disorder was documented in the chart or where there were strong indications of the presence of a psychiatric disorder	4.3–8.6
Failure to follow up	6.3–78.8
Instances in which a patient had not received care within three months of initial contact due to delays in authorization or due to other administrative/clinical problems	4.1–26.0

E. ADMINISTRATIVE ISSUES

The frequency of administrative problems which had an impact on the delivery of care varied widely among providers. Problems included delays in answering telephone inquiries, failure to authorize care in a timely manner, problems with payment of claims.

Total Problems of Cases: 37% to 86%.

F. PATIENT PLACEMENT CRITERIA

JWA audits have shown that the criteria for inpatient, residential, or intensive outpatient treatment is often extremely restrictive. In one audit the provider required an attempt to harm self within the previous 24 hours, or significant action or harm to another person within the previous 24 hours, or significant threatening action to damage property with high lethality in order to receive intensive outpatient care or inpatient care.

Another audit revealed that the criteria for admission to detoxification services put the patient at risk because it included a confirmed diagnosis of addiction plus the presence of delirium tremens. Most experts would agree that a major purpose of detoxification is to prevent DT's, which are life-threatening medical conditions.

Mr. Speaker, the J. Wrich & Associates report causes great concern. While the audit findings cannot be generalized to the entire managed care industry, several audits performed by this company since 1992 have found significant problematic similarities in placement criteria, practice guidelines, network development procedures, and pricing among many of the firms. Currently patients have little protections against the bad mental health care that they often receive.

In the near future, a large number of us will be introducing a Patient Bill of Rights to provide new protections in managed care. Some of the provisions of that bill will help stop the type of abuses and abysmal care documented by the JWA audits. I suspect, Mr. Speaker, that the problems in the mental health and substance abuse sector are so severe, that we will need separate, special legislation to address this sector's unique problems. I am working on such legislation and welcome ideas and suggestions from the provider and patient communities.

A TRIBUTE TO DR. WALTER F. LAMACKI, DDS, ON THE OCCASION OF HIS RETIREMENT

HON. WILLIAM O. LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 10, 1998

Mr. LIPINSKI. Mr. Speaker, I rise today to pay tribute to an outstanding gentleman who for many years has served the people of my district in the field of dentistry, Dr. Walter F. Lamacki, DDS.

Dr. Lamacki has been practicing dentistry for 35 years, and 24 years have been spent in the town of Burbank, Illinois. However, on March 1, 1998, Dr. Lamacki retired, and his practice will undoubtedly be missed by many people.

Before entering general practice, Dr. Lamacki attended the University of Illinois and Loyola University and served in the United States Army Dental Corp. Over the years, Dr. Lamacki has held numerous positions in the Chicago Dental Society, including the position of President. He has served on several committees of the Illinois State Dental Society and the American Dental Association. Dr. Lamacki also has served on the Board of Governors of Loyola Alumni Dental School and as President of the Loyola Alumni Association.

Dr. Lamacki is a respected member of the Chicago dental community. More importantly, he is a respected member of his community,