

# Contents

## Part I Basic Ideas of Managed Care

<b>1 Definitions and Concepts .....</b>	<b>3</b>
1.1 Supporting and Inhibiting Factors of Managed Care .....	4
1.2 Definitions of Managed Care .....	6
1.3 Which Instruments and Organisational Forms Belong to Managed Care? .....	8
1.4 What Changes for Those Involved in the Managed Care Context? .....	9
<b>2 Main Characteristics of the American Healthcare System .....</b>	<b>15</b>
<b>3 Theoretical Concepts for the Assessment of Managed Care .....</b>	<b>23</b>
3.1 Transaction Cost Theory .....	23
3.2 Reasons for Market Failure: Williamson's Organisational Failure Framework (1975) .....	29
3.3 Principal-Agent Theory .....	29
3.4 Information Asymmetries and Behavioural Uncertainties .....	29

## Part II Managed Care Organisations and Products

<b>4 Preliminary Remarks .....</b>	<b>41</b>
<b>5 Insurance-Based Managed Care Organisations and Products .....</b>	<b>45</b>
5.1 Staff, Group, IPA and Network Model HMOs .....	45
5.2 Consumer-Driven Health Plans (CDHPs) and Health Savings Accounts .....	55
<b>6 Provider-Based Managed Care Organisations and Products .....</b>	<b>63</b>
6.1 Independent Practice Associations (IPA) .....	63
6.2 Preferred Provider Organisations (PPO) .....	64

---

6.3	Networks .....	65
6.4	Integrated Delivery Systems (IDS) .....	69
6.5	Accountable Care Organisations (ACO) .....	76
6.6	Patient-Centred Medical Homes (PCMH) .....	77
<b>7</b>	<b>Institutions in the Managed Care Environment .....</b>	<b>83</b>
7.1	Management Service Organisations (MSO) .....	83
7.2	Physician Practice Management Companies (PPMC) .....	85
7.3	Pharmacy Benefit Management (PBM) .....	87
<b>8</b>	<b>Conclusion .....</b>	<b>93</b>

### **Part III Managed Care Instruments**

<b>9</b>	<b>Contract Design .....</b>	<b>99</b>
9.1	Selective Contracting .....	99
9.2	Structuring the Insurance Contracts .....	104
<b>10</b>	<b>Compensation Systems .....</b>	<b>115</b>
10.1	Foundation .....	115
10.2	Forms of Compensation .....	118
10.3	Pay-for-Performance (P4P) and Public Reporting .....	130
<b>11</b>	<b>Quality and Cost Management .....</b>	<b>149</b>
11.1	Gatekeeping .....	149
11.2	Guidelines and Clinical Pathways .....	159
11.3	Formularies .....	167
11.4	Utilisation Review and Management .....	171
11.5	Disease Management and Chronic Care .....	176
11.6	Case Management .....	186
11.7	Demand Management .....	192
11.8	Patient Coaching .....	196
11.9	Quality Management .....	200
<b>12</b>	<b>Evaluation Procedure .....</b>	<b>219</b>
12.1	Overview .....	219
12.2	Health Economic Evaluation .....	220
12.3	Preference Measurement .....	227
12.4	Evidence-Based Medicine (EBM) .....	234
12.5	Health Services Research .....	237
12.6	Health Technology Assessment (HTA) .....	239

### **Part IV Evaluation of Managed Care**

<b>13</b>	<b>Preliminary Remarks .....</b>	<b>245</b>
<b>14</b>	<b>Cost Effects of Managed Care .....</b>	<b>249</b>

<b>15 Quality Effects of Managed Care .....</b>	<b>251</b>
<b>16 Access Effects of Managed Care .....</b>	<b>255</b>
<b>17 Acceptance of Managed Care .....</b>	<b>257</b>
<b>18 Conclusion .....</b>	<b>261</b>
<b>About the Authors .....</b>	<b>263</b>
<b>Index .....</b>	<b>265</b>