1: Health Aff (Millwood) 2002 Jul-Aug;21(4):197-205 Related Articles, Links

Transmission of financial incentives to physicians by intermediary organizations in California.

Rosenthal MB, Frank RG, Buchanan JL, Epstein AM.

Harvard School of Public Health, USA.

Many U.S. physicians participate in provider-sponsored organizations that act as their intermediaries in contracting with managed care plans, particularly where capitation contracts are used. Examining a survey of 153 intermediary entities in California, we trace the cascade of financial incentives from health plans through physician organizations to primary care physicians. Although the physician organizations received the vast majority (84 percent) of their revenues through capitation contracts, most of the financial risk related to utilization and costs was retained at the group level. Capitation of primary care physicians was common in independent practice associations (IPAs), but payments typically were restricted to primary care services. Thirteen percent of medical groups and 19 percent of IPAs provided bonuses or withholds based on utilization or cost performance, which averaged 10 percent of base compensation.

PMID: 12117130 [PubMed - indexed for MEDLINE]

2: Med Decis Making 2002 May-Jun;22(3):245-61 Related Articles, Links

Using elicitation techniques to estimate the value of ambulatory treatments for major depression.

Normand SL, Frank RG, McGuire TG.

Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts 02115, USA. sharon@hcp.med.harvard.edu

Estimating the value of spending on medical treatments in a health care

system involves relating output, measured in terms of effectiveness, to cost, measured in terms of spending. Although information on spending at the system level often exists in administrative data, such as insurance claims, information on effectiveness is not always available. An inferential tool available to researchers in this context is elicitation. The authors develop an approach to elicit effectiveness parameters and apply it to a panel of 10 experts to estimate predictive Hamilton Depression Rating Scale scores representing postambulatory treatment outcomes. The elicited parameters are used to estimate outcomes associated with 120 acute phase treatments for major depression within a privately insured health insurance system. The outcome-adjusted price per full remission episode is estimated for each acute treatment, and corresponding 95% percentile bootstrap intervals are calculated. The average spendingfor all observed treatments was $473 (SE = 478), with a depression-free adjusted price per case of $5,995 (95% confidence interval = $5,959-$6,031).

Publication Types:
- Review
- Review Literature

PMID: 12058782 [PubMed - indexed for MEDLINE]

☐ **3:** J Health Econ 2002 May;21(3):373-96 Related Articles, Links

The medical treatment of depression, 1991-1996: productive inefficiency, expected outcome variations, and price indexes.

Berndt ER, Bir A, Busch SH, Frank RG, Normand SL.

MIT and NBER, Boston, MA 02127, USA.

We examine the price of treating episodes of acute phase major depression over the 1991-1996 time period. We combine data from a large retrospective medical claims data base (MarketScan, from the Medstat Group) with clinical literature and expert clinical opinion elicited from a two-stage Delphi procedure. This enables us to construct a variety of treatment price indexes that include variations over time in the proportion of the "off-frontier" production, as well as the corresponding variations in expected treatment outcomes. We find that in general the incremental cost of successfully treating an episode of acute phase major depression has generally fallen over the 1991-1996 time period. Based on hedonic regression equations that account for the effects of changing patient mix, we find reductions that range from about -1.66 to -2.13% per year.

PMID: 12022264 [PubMed - indexed for MEDLINE]

4: J Ment Health Policy Econ 1998 Dec 1;1(4):153-159 Related Articles, Links

Parity for mental health and substance abuse care under managed care.

Frank RG, McGuire TG.

Department of Health Care Policy, 180 Longwood Avenue, Boston MA 02115-5899 USA, frank@hcp.med.harvard.edu

BACKGROUND: Parity in insurance coverage for mental health and substance abuse has been a key goal of mental health and substance abuse care advocates in the United States during most of the past 20 years. The push for parity began during the era of indemnity insurance and fee for service payment when benefit design was the main rationing device in health care. The central economic argument for enacting legislation aimed at regulating the insurance benefit was to address market failure stemming from adverse selection. The case against parity was based on inefficiency related to moral hazard. Empirical analyses provided evidence that ambulatory mental health services were considerably more responsive to the terms of insurance than were ambulatory medical services. AIMS: Our goal in this research is to reexamine the economics of parity in the light of recent changes in the delivery of health care in the United States. Specifically managed care has fundamentally altered the way in which health services are rationed. Benefit design is now only one mechanism among many that are used to allocate health care resources and control costs. We examine the implication of these changes for policies aimed at achieving parity in insurance coverage. METHOD: We develop a theoretical approach to characterizing rationing under managed care. We then analyze the traditional efficiency concerns in insurance, adverse selection and moral hazard in the context of policy aimed at regulating health and mental health benefits under private insurance. RESULTS: We show that since managed care controls costs and utilization in new ways parity in benefit design no longer implies equal access to and quality of mental health and substance abuse care. Because costs are controlled by management under managed care and not primarily by out of pocket prices paid by consumers, demand response recedes as an efficiency argument against parity. At the same time parity in benefit design may accomplish less with respect to providing a remedy to problems related to adverse selection.

PMID: 11967393 [PubMed - as supplied by publisher]

5: Psychiatr Serv 2002 Apr;53(4):409-11 Related Articles, Links

Economic grand rounds: economics and the Surgeon General's Report on Mental Health.

Barry CL, Frank RG.

Harvard Medical School, Boston, Massachusetts 02115, USA. barry@hcp.med.harvard.edu

Publication Types:
- Review
- Review, Tutorial

PMID: 11919352 [PubMed - indexed for MEDLINE]

☐ **6:** N Engl J Med 2002 Feb 14;346(7):498-505 Related Articles, Links

Comment in:
- N Engl J Med. 2002 Feb 14;346(7):523-4.
- N Engl J Med. 2002 Feb 14;346(7):524-6.
- N Engl J Med. 2002 Feb 14;346(7):526-8.
- N Engl J Med. 2002 Jun 20;346(25):2010-2; discussion 2012-3.
- N Engl J Med. 2002 Jun 20;346(25):2011: discussion 2012-3.
- N Engl J Med. 2002 Jun 20;346(25):2011; discussion 2012-3.

Promotion of prescription drugs to consumers.

Rosenthal MB, Berndt ER, Donohue JM, Frank RG, Epstein AM.

Department of Health Policy and Management, Harvard School of Public Health, Boston, MA 02115, USA. mrosenth@hsph.harvard.edu.

BACKGROUND: Spending on prescription drugs is the fastest growing component of the health care budget. There is public concern about the possibility that direct-to-consumer advertising of prescription drugs will result in inappropriate prescribing and higher costs of care. Guidelines issued in 1997 by the Food and Drug Administration (FDA) regarding advertising to consumers through electronic media are considered by some to be responsible for unleashing a flood of direct-to-consumer advertising. METHODS: Using data on spending for promotional purposes and sales of prescription drugs, we examined industrywide trends for various types of promotion. We also tracked the relation between promotional efforts and sales over time. Finally, we documented the variation in direct-to-consumer advertising among and within five therapeutic classes of drugs and compared the variation in the intensity of such advertising with variation in the intensity of promotion to health care professionals. RESULTS: Annual spending on direct-to-consumer advertising for prescription drugs tripled between 1996 and 2000, when it reached nearly $2.5 billion. Despite this increase, such advertising accounts for only 15 percent of the money spent on drug promotion and is highly concentrated on a subgroup of products. Within a therapeutic class, there is marked variation in the intensity of

direct-to-consumer advertising, and the amount of such advertising for specific products fluctuates over time. The initial surge in direct-to-consumer advertising preceded the 1997 FDA guidelines that clarified the rules for electronic direct-to-consumer advertising, and thus the 1997 guidelines may not have been the most important reason for the overall increase. CONCLUSIONS: Although the use of direct-to-consumer advertising has grown disproportionately to other forms of promotion, it continues to account for a small proportion of total promotional efforts. Nevertheless, physicians must assist patients in evaluating health-related information obtained through direct advertising.

PMID: 11844852 [PubMed - indexed for MEDLINE]

☐ **7:** Inquiry 2001 Fall;38(3):290-8 Related Articles, Links

Local Print Collection

Health plans and selection: formal risk adjustment vs. market design and contracts.

Frank RG, Rosenthal MB.

Health economics in the Department of Health Care Policy, Harvard Medical School, Boston, MA 02115, USA.

In this paper, we explore the demand for risk adjustment by health plans that contract with private employers by considering the conditions under which plans might value risk adjustment. Three factors reduce the value of risk adjustment from the plans' point of view. First, only a relatively small segment of privately insured Americans face a choice of competing health plans. Second, health plans share much of their insurance risk with payers, providers, and reinsurers. Third, de facto experience rating that occurs during the premium negotiation process and management of coverage appear to substitute for risk adjustment. While the current environment has not generated much demand for risk adjustment, we reflect on its future potential.

PMID: 11761356 [PubMed - indexed for MEDLINE]

☐ **8:** N Engl J Med 2001 Dec 6;345(23):1701-4 Related Articles, Links

Comment in:

- N Engl J Med. 2002 Mar 28;346(13):1030; discussion 1030.
- N Engl J Med. 2002 Mar 28;346(13):1030; discussion 1030.

Full text article at content.nejm.org Online Full-text Local Print Collection

Will parity in coverage result in better mental health care?

Frank RG, Goldman HH, McGuire TG.

Harvard Medical School, Boston, MA 02115, USA.

PMID: 11759651 [PubMed - indexed for MEDLINE]

☐ **9:** J Hist Biol 1979 Spring;12(1):193-201 Related Articles, Links

The Joseph Erlanger collection at Washington University School of Medicine, St. Louis.

Frank RG.

Publication Types:
- Biography
- Historical Article

Personal Name as Subject:
- Erlanger J

PMID: 11615774 [PubMed - indexed for MEDLINE]

☐ **10:** Notes Rec R Soc Lond 1973 Feb;27(2):193-217 Related Articles, Links

John Aubrey, F.R.S., John Lydall, and science at Commonwealth Oxford.

Frank RG.

Publication Types:
- Biography
- Historical Article

Personal Name as Subject:
- Aubrey J
- Lydall J

PMID: 11615661 [PubMed - indexed for MEDLINE]

☐ **11:** Osiris 1994;9:208-35 Related Articles, Links

Instruments, nerve action, and the all-or-none principle.

Frank RG.

Medical History Division, Department of Anatomy, School of Medicine, University of California, Los Angeles, 90024, USA.

Publication Types:
- Historical Article

PMID: 11613429 [PubMed - indexed for MEDLINE]

☐ **12:** J Hist Biol 1978 Fall;11(2):387-93 Related Articles, Links

The J.H.B. archive report: the Alexander Forbes papers.

Frank RG.

Publication Types:
- Biography
- Historical Article

Personal Name as Subject:
- Forbes A

PMID: 11610438 [PubMed - indexed for MEDLINE]

☐ **13:** J Hist Biol 1972 Spring;5:189-204 Related Articles, Links

Harvey redux [Essay review].

Frank RG.

Publication Types:
- Biography
- Historical Article

Personal Name as Subject:
- Harvey W

PMID: 11609806 [PubMed - indexed for MEDLINE]

☐ **14:** Hist Sci 1973 Dec;11(4):239-69 Related Articles, Links

Science, medicine and the universities of early modern England: background and sources, part 2.

Frank RG.

Publication Types:
- Historical Article

PMID: 11609341 [PubMed - indexed for MEDLINE]

15: Health Serv Res 2001 Aug;36(4):793-811 Related Articles, Links

Risk adjustment alternatives in paying for behavioral health care under Medicaid.

Ettner SL, Frank RG, McGuire TG, Hermann RC.

UCLA Department of Medicine, Los Angeles, CA 90095-1736, USA.

OBJECTIVE: To compare the performance of various risk adjustment models in behavioral health applications such as setting mental health and substance abuse (MH/SA) capitation payments or overall capitation payments for populations including MH/SA users. DATA SOURCES/STUDY DESIGN: The 1991-93 administrative data from the Michigan Medicaid program were used. We compared mean absolute prediction error for several risk adjustment models and simulated the profits and losses that behavioral health care carve outs and integrated health plans would experience under risk adjustment if they enrolled beneficiaries with a history of MH/SA problems. Models included basic demographic adjustment, Adjusted Diagnostic Groups, Hierarchical Condition Categories, and specifications designed for behavioral health. PRINCIPAL FINDINGS: Differences in predictive ability among risk adjustment models were small and generally insignificant. Specifications based on relatively few MH/SA diagnostic categories did as well as or better than models controlling for additional variables such as medical diagnoses at predicting MH/SA expenditures among adults. Simulation analyses revealed that among both adults and minors considerable scope remained for behavioral health care carve outs to make profits or losses after risk adjustment based on differential enrollment of severely ill patients. Similarly, integrated health plans have strong financial incentives to avoid MH/SA users even after adjustment. CONCLUSIONS: Current risk adjustment methodologies do not eliminate the financial incentives for integrated health plans and behavioral health care carve-out plans to avoid high-utilizing patients with psychiatric disorders.

PMID: 11508640 [PubMed - indexed for MEDLINE]

16: Health Aff (Millwood) 2001 Jul-Aug;20(4):109-19 Related Articles, Links

Scale and structure of capitated physician organizations in California.

Rosenthal MB, Frank RG, Buchanan JL, Epstein AM.

Department of Health Policy and Management, Harvard School of Public Health, USA.

Physician organizations in California broke new ground in the 1980s by accepting capitated contracts and taking on utilization management functions. In this paper we present new data that document the scale, structure, and vertical affiliations of physician organizations that accept capitation in California. We provide information on capitated enrollment, the share of revenue derived by physician organizations from capitation contracts, and the scope of risk sharing with health maintenance organizations (HMOs). Capitation contracts and risk sharing dominate payment arrangements with HMOs. Physician organizations appear to have responded to capitation by affiliating with hospitals and management companies, adopting hybrid organizational structures, and consolidating into larger entities.

PMID: 11463068 [PubMed - indexed for MEDLINE]

17: Am J Psychiatry 2001 May;158(5):676-85 Related Articles, Links

Partial versus full hospitalization for adults in psychiatric distress: a systematic review of the published literature (1957-1997).

Horvitz-Lennon M, Normand SL, Gaccione P, Frank RG.

Department of Psychiatry, The Cambridge Hospital and Harvard Medical School, Somerville, MA 02143, USA. horvitz@hcp.med.harvard.edu

OBJECTIVE: The authors reviewed published research that compared partial and full hospitalization as alternative programs for the care of mentally ill adults, with the goal of both systematizing the knowledge base and providing directions for future research. METHOD: Studies published since 1950 were obtained through manual and electronic searches. Results were stratified by outcome domain, type of measure used to report between-group differences (global, partial, or rate-based), and time of assessment. Effect sizes were computed and combined within a random-effects framework. RESULTS: Eighteen investigations published between 1957 and 1997 were systematically reviewed. Over half of eligible patients were excluded a priori; diagnostic severity of enrollees varied widely. On

measures of psychopathology, social functioning, family burden, and service utilization, the authors found no evidence of differential outcome in the selected patient population admitted to the studies reviewed. Rates of satisfaction with services suggested an advantage for partial hospitalization within 1 year of discharge, with the gap being largest at 7-12 months. CONCLUSIONS: Although partial hospitalization is not an option for all patients requiring intensive services, outcomes of partial hospitalization patients in these studies were no different from those of inpatients. Further, patients and families were more satisfied with partial hospitalization in the short term. Weaknesses of the studies limited the scope of our inquiry and the generalizability of findings. Positive findings require replication under the present circumstances of mental health care, and more research is needed to identify predictors of differential outcome and successful partial hospitalization. A clearer definition of partial hospitalization will help consolidate its role in the continuum of mental health services.

Publication Types:
- Meta-Analysis
- Review
- Review, Tutorial

PMID: 11329384 [PubMed - indexed for MEDLINE]

☐ **18:** Health Aff (Millwood) 2001 Mar-Apr;20(2):115-28 Related Articles, Links

Prescription drug prices: why do some pay more than others do?

Frank RG.

Harvard University, USA.

The fact that sick elderly people without prescription drug coverage pay far more for drugs than do people with private health insurance has created a call for state and federal governments to take action. Antitrust cases have been launched, state price control legislation has been enacted, and proposals for expansion of Medicare have been offered in response to price and spending levels for prescription drugs. This paper offers an analysis aimed at understanding pricing patterns of brand-name prescription drugs. I focus on the basic economic forces that enable differential pricing of products to exist and show how features of the prescription drug market promote such phenomena. The analysis directs policy attention toward how purchasing practices can be changed to better represent groups that pay the most and are most disadvantaged.

PMID: 11260933 [PubMed - indexed for MEDLINE]

19: J Occup Environ Med 2001 Jan;43(1):2-9 Related Articles, Links

Local Print Collection

Depression and work productivity: the comparative costs of treatment versus nontreatment.

Simon GE, Barber C, Birnbaum HG, Frank RG, Greenberg PE, Rose RM, Wang PS, Kessler RC.

Center for Health Studies, Group Health Cooperative of Puget Sound, USA. simon.g@ghc.org

This article discusses the impact of depression on work productivity and the potential for improved work performance associated with effective treatment. We undertook a review of the literature by means of a computer search using the following key terms: cost of illness, work loss, sickness absence, productivity, performance, and disability. Published works were considered in four categories: (1) naturalistic cross-sectional studies that found greater self-reported work impairment among depressed workers; (2) naturalistic longitudinal studies that found a synchrony of change between depression and work impairment; (3) uncontrolled treatment studies that found reduced work impairment with successful treatment; and (4) controlled trials that usually, but not always, found greater reduction in work impairment among treated patients. Observational data suggest that productivity gains following effective depression treatment could far exceed direct treatment costs. Randomized effectiveness trials are needed before we can conclude definitively that depression treatment results in productivity improvements sufficient to offset direct treatment costs.

Publication Types:
- Review
- Review, Tutorial

PMID: 11201765 [PubMed - indexed for MEDLINE]

20: J Health Econ 2000 Nov;19(6):829-54 Related Articles, Links

ELSEVIER SCIENCE FULL-TEXT ARTICLE

Measuring adverse selection in managed health care.

Frank RG, Glazer J, McGuire TG.

Harvard University, Harvard Medical School, Department of Health Care Policy, Boston, MA 02115, USA. frank@hcp.med.harvard.edu

Health plans paid by capitation have an incentive to distort the quality of services they offer to attract profitable and to deter unprofitable enrollees. We characterize plans' rationing as a "shadow price" on access to various areas of care and show how the profit maximizing shadow price depends on

the dispersion in health costs, individuals' forecasts of their health costs, the correlation between use in different illness categories, and the risk adjustment system used for payment. These factors are combined in an empirically implementable index that can be used to identify the services that will be most distorted by selection incentives.

PMID: 11186848 [PubMed - indexed for MEDLINE]

21: Harv Rev Psychiatry 2000 Nov;8(5):231-41 Related Articles, Links

Medicaid behavioral health carve-outs: a new generation of privatization decisions.

Donohue JM, Frank RG.

Department of Health Care Policy, Harvard Medical School, Boston, MA 02115, USA.

This article addresses issues related to the privatization of various functions within the mental health system. It acknowledges the contributions of Robert Dorwart, who explored trends with regard to the privatization of inpatient psychiatric services. The authors then highlight changes in the division of labor between the public and private sectors regarding the financing and delivery of mental health services and the management of the system. Responsibility for funding the mental health system has remained largely a public responsibility while responsibility for production or delivery of services in the mental health system is typically held by private, for-profit, and not-for-profit organizations. The roles of managing the mental health system and setting policy are now shared between the private and public sectors in a number of states that have implemented Medicaid behavioral health carve-out programs. This article explores the impact of such privatization on cost, access, and quality of services by examining the experiences of three states with carve-outs. The authors suggest that while organizational form is an important issue, concerns about privatization should be tempered by attention to the contracting decisions made by purchasers, the level of resources devoted to services, and the adequacy of administration of the system.

Publication Types:
- Review
- Review, Tutorial

PMID: 11118232 [PubMed - indexed for MEDLINE]

22: Baxter Health Policy Rev 1996;2:351-94 Related Articles, Links

Managed care for people with disabilities: caring for those with the greatest need.

Wallack SS, Levine HJ, McManus MA, Fox HB, Newacheck PW, Frank RG, McGuire TG.

Institute for Health Policy, Brandeis University, USA.

Disability is discussed in terms of three categories: conditions that result from biomedical conditions and chronic, lifelong illnesses; role or social functioning difficulties that result from behavioral, developmental, or brain disorders; and conditions that limit physical functioning. The range and depth of services needed by the disabled result in higher costs of health care for this population. Because their service needs vary so widely, no single program can address all of the needs equally. Currently, no integrated public policy or program is specifically designed to serve people with disabilities. Rather, they are served by a range of programs that provide specific benefits (e.g., health, social services, and income). Section 1 of this chapter provides an overview on extending the concept of managed care to disabled populations. Special attention is paid to the financing of health care, the delivery of care, reforming the health care system, the cost-containment potential of managed care, and the need to align care with the nature of the individual disability. In sections 2 and 3, the current status of managed care for two special populations--children and the mentally ill--is discussed in greater detail. Section 2 addresses the characteristics of chronically ill and disabled children, public and private health insurance coverage of children with disabilities, other public programs for chronically ill children, and current directions and strategic choices for managed pediatric care. Section 3 describes the mentally ill and the system of providers that currently supplies care to them, offers some conclusions regarding how managed care is changing the policy debate in mental health care, assesses the key factors affecting policy choices in managed care, and considers prospects for the future shape of managed behavioral health care.

PMID: 11066266 [PubMed - indexed for MEDLINE]

23: J Clin Psychiatry 2000 Apr;61(4):290-8 Related Articles, Links

Local Print Collection

One-year costs of second-line therapies for depression.

Sullivan EM, Griffiths RI, Frank RG, Strauss MJ, Herbert RJ, Clouse J, Goldman HH.

Covance Health Economics and Outcomes Services Inc., Washington, DC 20005-3934, USA. erin.sullivan@covance.com

BACKGROUND: We compared patterns of medical resource utilization and costs among patients receiving a serotonin-norepinephrine reuptake inhibitor (venlafaxine), one of the selective serotonin reuptake inhibitors (SSRIs), one of the tricyclic agents (TCAs), or 1 of 3 other second-line therapies for depression. METHOD: Using claims data from a national managed care organization, we identified patients diagnosed with depression (ICD-9-CM criteria) who received second-line antidepressant therapy between 1993 and 1997. Second-line therapy was defined as a switch from the first class of antidepressant therapy observed in the data set within 1 year of a diagnosis of depression to a different class of antidepressant therapy. Patients with psychiatric comorbidities were excluded. RESULTS: Of 981 patients included in the study, 21% (N = 208) received venlafaxine, 34% (N = 332) received an SSRI, 19% (N = 191) received a TCA, and 25% (N = 250) received other second-line antidepressant therapy. Mean age was 43 years, and 72% of patients were women. Age, prescriber of second-line therapy, and prior 6-month expenditures all differed significantly among the 4 therapy groups. Total, depression-coded, and non-depression-coded 1-year expenditures were, respectively, $6945, $2064, and $4881 for venlafaxine; $7237, $1682, and $5555 for SSRIs; $7925, $1335, and $6590 for TCAs; and $7371, $2222, and $5149 for other antidepressants. In bivariate analyses, compared with TCA-treated patients, venlafaxine- and SSRI-treated patients had significantly higher depression-coded but significantly lower non-depression-coded expenditures. Venlafaxine was associated with significantly higher depression-coded expenditures than SSRIs. However, after adjustment for potential confounding covariables in multivariate analyses, only the difference in depression-coded expenditures between SSRI and TCA therapy remained significant. CONCLUSION: After adjustment for confounding patient characteristics, 1-year medical expenditures were generally similar among patients receiving venlafaxine, SSRIs, TCAs, and other second-line therapies for depression. Observed differences in patient characteristics and unadjusted expenditures raise questions as to how different types of patients are selected to receive alternative second-line therapies for depression.

PMID: 10830151 [PubMed - indexed for MEDLINE]

☐ **24:** Health Care Manag Sci 2000 Feb;3(2):159-69 Related Articles, Links

Risk adjustment of capitation payments to behavioral health care carve-outs: how well do existing methodologies account for psychiatric disability?

Ettner SL, Frank RG, Mark T, Smith MW.

Division of General Internal Medicine and Health Services Research, UCLA Department of Medicine 90095, USA. settner@mednet.ucla.edu

This study used 1994-1995 administrative data from a large public employer to examine the viability of commercial risk adjustment systems for setting capitation payments to competing behavioral health care "carve-outs". The ability of Hierarchical Condition Categories and Adjusted Diagnostic Groups to predict psychiatric expenditures was improved by controlling separately for psychiatric disability. However, even the best models underpredicted expenditures of patients with psychiatric disability by 15%. Relative to full capitation, "mixed" payment systems and soft capitation reduce the ability of carve-outs to earn disproportionate profits by enrolling healthy patients and avoiding sick ones, yet also diminish incentives for cost containment.

PMID: 10780284 [PubMed - indexed for MEDLINE]

☐ **25:** Psychiatr Serv 2000 Apr;51(4):465-8 Related Articles, Links

Comment in:
- Psychiatr Serv. 2000 Apr;51(4):415.

Comment on:
- Psychiatr Serv. 2000 Apr;51(4):461-4.

The creation of Medicare and Medicaid: the emergence of insurance and markets for mental health services.

Frank RG.

Harvard University, 180 Longwood Avenue, Boston, MA 02115-5899, USA. frank@hcp.med.harvard.edu

Editor's Note: As a follow-up to the preceding article first published in the October 1965 issue (see page 461), Richard G. Frank, Ph.D., offers an analysis of the evolving Medicare and Medicaid programs and their impact on public mental health care. He shows that many of the themes raised at the 1965 APA conference on Medicare legislation for psychiatric disorders continue to dominate public debate.

Publication Types:
- Comment
- Historical Article

PMID: 10737820 [PubMed - indexed for MEDLINE]

☐ **26:** Health Aff (Millwood) 2000 Mar-Apr;19(2):8-23 Related Articles, Links

Comment in:
- Health Aff (Millwood). 2000 Mar-Apr;19(2):24-5.

The Medicare prescription drug benefit: how will the game be played?

Huskamp HA, Rosenthal MB, Frank RG, Newhouse JP.

Most recent proposals to add a prescription drug benefit to the Medicare program suggest using pharmacy benefit managers (PBMs) to control costs and promote quality. However, the proposals give little detail on the institutional arrangements that would govern PBM operations and drug procurement. The recent Congressional Budget Office cost estimate of the Clinton administration's proposal reflects this lack of detail on how PBMs would function. We sketch an approach for structuring PBM operations that focuses on competition among PBMs, manufacturers, and distributors; incentive pricing; and risk sharing with PBMs.

Publication Types:
- Review
- Review, Tutorial

PMID: 10718018 [PubMed - indexed for MEDLINE]

☐ **27:** Urology 2000 Jan;55(1):141-2 Related Articles, Links

ELSEVIER SCIENCE FULL-TEXT ARTICLE Online Full-text Local Print Collection

Retroperitoneal mass and hydronephrosis.

Frank RG.

Department of Surgery, Saint Barnabas Medical Center, Livingston, New Jersey, USA.

PMID: 10654912 [PubMed - indexed for MEDLINE]

☐ **28:** Pharmacoeconomics 1999 May;15(5):495-505 Related Articles, Links

Medical resource use and cost of venlafaxine or tricyclic antidepressant therapy. Following selective serotonin reuptake inhibitor therapy for depression.

Griffiths RI, Sullivan EM, Frank RG, Strauss MJ, Herbert RJ, Clouse J, Goldman HH.

Covance Health Economics and Outcomes Services Inc., Washington,

District of Columbia, USA. robert.griffiths@covance.com

OBJECTIVE: An analysis of administrative and claims data was performed to compare the resource use and costs to a managed-care organisation of venlafaxine, a serotonin and norepinephrine reuptake inhibitor (SNRI), versus tricyclic antidepressant (TCA) therapy, after switching from a selective serotonin reuptake inhibitor (SSRI). DESIGN: One-year costs and frequencies of all medical services, and of services coded for depression, were compared between patients who received venlafaxine and TCA therapy as second-line therapy using bivariate and multivariate statistical analyses. SETTING: Data were obtained from 9 individual health plans with more than 1.1 million covered lives affiliated with a national managed-care organisation. PATIENTS AND PARTICIPANTS: Health plan members were included if they had a diagnosis of depression between July 1993 and February 1997. They also had to have at least 2 months of prescriptions for SSRI therapy followed by at least 2 months of venlafaxine or TCA therapy, and continuous enrollment in the plan from at least 6 months prior to 12 months following initiation of venlafaxine or TCA therapy. 188 patients who received venlafaxine and 172 patients who received TCAs met the inclusion criteria. MAIN OUTCOME MEASURES AND RESULTS: Patients who received TCAs were slightly but significantly older (43 vs 40 years) than venlafaxine recipients and, during 6 months prior to initiating therapy, had significantly higher mean costs coded for depression ($US451 vs $US311) and costs not coded for depression ($US4500 vs $US2090). Psychiatrists prescribed a significantly higher proportion of venlafaxine than TCA prescriptions (46.3 vs 25.0%). Prior to adjusting for confounding characteristics, during 12 months following initiation of therapy, mean depression-coded costs were significantly higher for venlafaxine than TCA recipients ($US1948 vs $US1396) and mean costs not coded for depression were significantly lower ($US4595 vs $US6677). Overall costs were not significantly different ($US6543 for venlafaxine vs $US8073 for TCA). Significant cost differences were observed with primary care physicians as initial prescribers of second-line therapy but not with psychiatrists. However, costs between the 2 groups were similar after adjusting for confounding variables, including prior 6-month costs and initial prescriber of second-line therapy. CONCLUSIONS: Payer costs are similar among patients receiving venlafaxine and TCA therapy following SSRI therapy. Higher costs of venlafaxine pharmacotherapy relative to TCA therapy may be offset by lower costs of other medical services. Differences in prescribing patterns and costs between primary care physicians and psychiatrists warrant further investigation.

Publication Types:
- Clinical Trial

PMID: 10537966 [PubMed - indexed for MEDLINE]

☐ **29:** Milbank Q 1999;77(3):341-62, 274 Related Articles, Links

Online Full-text

Methadone maintenance and state Medicaid managed care programs.

McCarty D, Frank RG, Denmead GC.

Brandeis University, USA. mccarty@brandeis.edu

Coverage for methadone services in state Medicaid plans may facilitate access to the most effective therapy for heroin dependence. State Medicaid plans were reviewed to assess coverage for methadone services, methadone benefits in managed care, and limitations on methadone treatment. Medicaid does not cover methadone maintenance medication in 25 states (59 percent). Only 12 states (24 percent) include methadone services in Medicaid managed care plans. Moreover, two of the 12 states limit coverage for counseling or medication and others permit health plans to set limits. State authorities for Medicaid and substance abuse can collaborate to ensure that appropriate medication and treatment services are available for Medicaid recipients who are dependent on opioids and to construct payment mechanisms that minimize incentives that discourage enrollment among heroin-dependent individuals.

PMID: 10526548 [PubMed - indexed for MEDLINE]

☐ **30:** Health Aff (Millwood) 1999 Sep-Oct;18(5):163-71 Related Articles, Links

Depression in the workplace: effects on short-term disability.

Kessler RC, Barber C, Birnbaum HG, Frank RG, Greenberg PE, Rose RM, Simon GE, Wang P.

Department of Health Care Policy, Harvard Medical School, Massachusetts, USA.

We analyzed data from two national surveys to estimate the short-term work disability associated with thirty-day major depression. Depressed workers were found to have between 1.5 and 3.2 more short-term work-disability days in a thirty-day period than other workers had, with a salary-equivalent productivity loss averaging between $182 and $395. These workplace costs are nearly as large as the direct costs of successful depression treatment, which suggests that encouraging depressed workers to obtain treatment might be cost-effective for some employers.

PMID: 10495604 [PubMed - indexed for MEDLINE]

☐ **31:** Health Aff (Millwood) 1999 Sep-Oct;18(5):71-88 Related Articles, Links

The value of mental health care at the system level: the case of treating depression.

Frank RG, McGuire TG, Normand SL, Goldman HH.

Harvard Medical School, USA.

The value of mental health services is regularly questioned in health policy debates. Although all health services are being asked to demonstrate their value, there are special concerns about this set of services because spending on mental health care has grown markedly over the past twenty years. We propose a method for using administrative data to develop a comprehensive assessment of value for mental health care, which we call systems cost-effectiveness (SCE). We apply the method to acute-phase treatment of depression in a large insured population. Our results show that SCE of treatment for depression has improved during the 1990s.

PMID: 10495594 [PubMed - indexed for MEDLINE]

☐ **32:** Psychiatr Serv 1999 Aug;50(8):1011-3 Related Articles, Links

Psychiatric provider practice management companies: adding value to behavioral health care?

Rosenthal MB, Geraty RD, Frank RG, Huskamp HA.

Harvard School of Public Health, Boston, Massachusetts 02115, USA. mrosenth@hsph.harvard.edu

PMID: 10445646 [PubMed - indexed for MEDLINE]

☐ **33:** J Ment Health Adm 1993 Spring;20(1):20-31 Related Articles, Links

The structure of economic incentives in the Robert Wood Johnson/HUD Program on Chronic Mental Illness 1988.

Frank RG, Jackson CA, Lynch FL.

School of Hygiene and Public Health, Johns Hopkins University, Baltimore, MD 21205.

This paper describes the financial arrangements put into place by cities participating in the Robert Wood Johnson Foundation's Program on Chronic

Mental Illness. Descriptive information is given on the level of expenditure, the mix of revenues, and the terms under which local, federal, and Medicaid dollars are allocated to local programs. Data are presented on the use of state hospitals and the number of severely mentally ill individuals in treatment. These data are used to make observations on the initial stages of the demonstration.

PMID: 10125383 [PubMed - indexed for MEDLINE]

☐ **34:** J Ment Health Adm 1991 Fall;18(3):264-71 Related Articles, Links

Benefit flexibility, cost shifting and mandated mental health coverage.

Frank RG, McGuire TG, Salkever DS.

School of Hygiene and Public Health, Johns Hopkins University, Baltimore, MD 21205.

This paper presents a policy analysis of options for making a state's mandated mental health benefit more flexible while maintaining insurance premiums at a constant level. The analysis illustrates the difficult choices facing legislatures that attempt to balance improved coverage for mental health care with concerns about rising health care costs. A sophisticated simulation model is used to assess the costs of four alternative insurance benefit design options.

PMID: 10115788 [PubMed - indexed for MEDLINE]

☐ **35:** Am J Psychiatry 1999 Jan;156(1):115-23 Related Articles, Links

Past-year use of outpatient services for psychiatric problems in the National Comorbidity Survey.

Kessler RC, Zhao S, Katz SJ, Kouzis AC, Frank RG, Edlund M, Leaf P.

Department of Health Care Policy, Harvard Medical School, Boston, MA 02115, USA.

OBJECTIVE: The authors present nationally representative descriptive data on 12-month use of outpatient services for psychiatric problems. They focused on the relationship between DSM-III-R disorders and service use in four broadly defined service sectors as well as the distribution of service use in multiple service sectors. METHOD: Data from the National Comorbidity Survey were examined. RESULTS: Summary measures of the seriousness

and complexity of illness were significantly related to probability of use, number of sectors used, mean number of visits, and specialty treatment. One-fourth of the people in outpatient treatment were seen in multiple service sectors, but no evidence was found of multisector offset in number of visits. CONCLUSIONS: Use of outpatient services for psychiatric problems appears to have increased over the decade between the early 1980s and early 1990s, especially in the self-help sector. Aggregate allocation of treatment resources was related to need, highlighting the importance of making provisions for specialty care in the triage systems currently evolving as part of managed care.

Publication Types:
- Multicenter Study

PMID: 9892306 [PubMed - indexed for MEDLINE]

☐ **36:** Womens Health Issues 1998 Sep-Oct;8(5):267-82 Related Articles, Links

ELSEVIER SCIENCE FULL-TEXT ARTICLE

Carve-outs, women, and the treatment of depression.

Huskamp HA, Azzone V, Frank RG.

Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts, USA.

PMID: 9793457 [PubMed - indexed for MEDLINE]

☐ **37:** Arthritis Care Res 1998 Jun;11(3):166-76 Related Articles, Links

Disease and family contributors to adaptation in juvenile rheumatoid arthritis and juvenile diabetes.

Frank RG, Hagglund KJ, Schopp LH, Thayer JF, Vieth AZ, Cassidy JT, Goldstein DE, Beck NC, Clay DL, Hewett JE, Johnson JC, Chaney JM, Kashani JH.

College of Health Professions, University of Florida, Gainesville, USA.

OBJECTIVE: Research in the areas of pediatric rheumatology and pediatric chronic illness has emphasized comprehensive models of adaptation involving risk and resistance factors. This study examined adaptation, within this framework, among a large sample of children with chronic illness and children without chronic illness. METHODS: A comprehensive battery of adaptation measures was administered to a sample of 107 children with juvenile rheumatoid arthritis, 114 children with insulin-dependent diabetes mellitus, and 88 healthy controls. RESULTS: Medical diagnosis was

associated with mothers' depression and a composite measure of parental (mother and father) distress and passive coping. Children's emotional and behavioral functioning was not related to medical diagnosis, but mothers' depression and parental distress were associated with child behavior problems. CONCLUSION: Because parental distress was associated with child functioning, interventions to ameliorate parental distress may have beneficial effects on the children's behavior and on parents' reactions to their children.

PMID: 9782808 [PubMed - indexed for MEDLINE]

☐ **38:** Urology 1998 Oct;52(4):709-10 Related Articles, Links

ELSEVIER SCIENCE FULL-TEXT ARTICLE Online Full-text Local Print Collection

Images in clinical urology. Venous cavernous hemangioma of the testis.

Frank RG, Lowry P, Ongcapin EH.

Department of Surgery, The Cancer Center, Livingston, New Jersey, USA.

PMID: 9763100 [PubMed - indexed for MEDLINE]

☐ **39:** Inquiry 1998 Summer;35(2):223-39 Related Articles, Links

Local Print Collection

Risk adjustment of mental health and substance abuse payments.

Ettner SL, Frank RG, McGuire TG, Newhouse JP, Notman EH.

Department of Health Care Policy, Harvard Medical School, Boston, MA 02115, USA.

This study used 1992 and 1993 data from private employers to compare the performance of various risk adjustment methods in predicting the mental health and substance abuse expenditures of a nonelderly insured population. The methods considered included a basic demographic model, Ambulatory Care Groups, modified Ambulatory Diagnostic Groups and Hierarchical Coexisting Conditions (a modification of Diagnostic Cost Groups), as well as a model developed in this paper to tailor risk adjustment to the unique characteristics of psychiatric disorders (the "comorbidity" model). Our primary concern was the amount of unexplained systematic risk and its relationship to the likelihood of a health plan experiencing extraordinary profits or losses stemming from enrollee selection. We used a two-part model to estimate mental health and substance abuse spending. We

examined the R2 and mean absolute prediction error associated with each risk adjustment system. We also examined the profits and losses that would be incurred by the health plans serving two of the employers in our database, based on the naturally occurring selection of enrollees into these plans. The modified Ambulatory Diagnostic Groups and comorbidity model performed somewhat better than the others, but none of the models achieved R2 values above .10. Furthermore, simulations based on actual plan choices suggested that none of the risk adjustment methods reallocated payments across plans sufficiently to compensate for systematic selection.

PMID: 9719789 [PubMed - indexed for MEDLINE]

☐ **40:** Arch Gen Psychiatry 1998 Jul;55(7):645-51 Related Articles, Links

Local Print Collection

Cost-effectiveness of treatments for major depression in primary care practice.

Lave JR, Frank RG, Schulberg HC, Kamlet MS.

Department of Health Care Services Administration, Graduate School of Public Health, University of Pittsburgh, PA 15261, USA. Lave@pop.pitt.edu

BACKGROUND: This study augments a randomized controlled trial to analyze the cost-effectiveness of 2 standardized treatments for major depression relative to each other and to the "usual care" provided by primary care physicians. METHODS: A randomized controlled trial was conducted in which primary care patients meeting DSM-III-R criteria for current major depression were assigned to pharmacotherapy (where nortriptyline hydrochloride was given) or interpersonal psychotherapy provided in a standardized framework or a primary physician's usual care. Two outcome measures, depression-free days and quality-adjusted days, were developed using information on depressive symptoms over time. The costs of care were calculated. Cost-effectiveness ratios comparing the incremental outcomes with the incremental costs for the different treatments were estimated. Sensitivity analyses were performed. RESULTS: In terms of both economic costs and quality-of-life outcomes, patients assigned to the pharmacotherapy group did slightly better than those assigned to interpersonal psychotherapy. Both standardized therapies provided better outcomes than primary physician's usual care, but each consumed more resources. No meaningful cost-offsets were found. The incremental direct cost per additional depression-free day for pharmacotherapy relative to usual care ranges from $12.66 to $16.87 which translates to direct cost per quality-adjusted year gained from $11270 to $19510. CONCLUSIONS: Standardized treatments for depression lead to better outcomes than usual care but also lead to higher costs. However, the estimates of the cost per quality-of-life year gained for standardized pharmacotherapy are comparable with those found for other treatments provided in routine

practice.

Publication Types:
- Clinical Trial
- Randomized Controlled Trial

PMID: 9672056 [PubMed - indexed for MEDLINE]

☐ **41:** New Dir Ment Health Serv 1998 Summer;(78):41-7 Related Articles, Links

The economics of behavioral health carve-outs.

Frank RG, McGuire TG.

Department of Health Care Policy, Harvard Medical School, USA.

PMID: 9658854 [PubMed - indexed for MEDLINE]

☐ **42:** J Consult Clin Psychol 1998 Jun;66(3):521-32 Related Articles, Links

Local Print Collection

Trajectories of adaptation in pediatric chronic illness: the importance of the individual.

Frank RG, Thayer JF, Hagglund KJ, Vieth AZ, Schopp LH, Beck NC, Kashani JH, Goldstein DE, Cassidy JT, Clay DL, Chaney JM, Hewett JE, Johnson JC.

Department of Physical Medicine and Rehabilitation, University of Missouri-Columbia, USA.

This study used individual growth modeling to examine individual difference and group difference models of adaptation. The adaptation of 27 children with juvenile rheumatoid arthritis (JRA) and 40 children with insulin-dependent diabetes mellitus (IDDM) was tracked for 18 months from diagnosis. A control group of 62 healthy children was followed over the same time period. Clustering procedures indicated that child and family adaptation could be described by a number of distinct adaptation trajectories, independent of diagnostic group membership. In contrast, parental adaptation trajectory was associated with diagnostic group membership and control over disease activity for the JRA group and with diagnostic group membership for healthy controls. The observation of common patterns across trajectory sets, as well as the finding that trajectories were differentially related to a number of variables of interest, support the use of trajectories to represent adaptation to chronic disease.

PMID: 9642891 [PubMed - indexed for MEDLINE]

43: Am J Manag Care 1998 Jun 25;4 Suppl:SP31-9 Related Articles, Links

The economic functions of carve outs in managed care.

Frank RG, McGuire TG.

Department of Healthcare Policy, Harvard University, Boston, MA 02115, USA.

This paper considers the economic functions of contracting separately for a portion of the insurance risk, offering both the payer's (i.e., employer's) and the health plan's perspective. Four major forms of carve outs are discussed: (1) payer specialty carve outs from all health plans; (2) payer specialty carve outs from only indemnity and preferred provider organization arrangements; (3) individual health plan carve outs to specialty vendors; and (4) group practice carve outs to specialty organizations. The paper examines whether carving out care fosters the payer's goal of delivering reasonable healthcare efficiently, how adverse selection affects the provision of healthcare, and the costs of providing this specialized care.

Publication Types:
- Congresses

PMID: 10184945 [PubMed - indexed for MEDLINE]

44: Med Care 1998 Mar;36(3):281-94 Related Articles, Links

Comment in:
- Med Care. 1998 Mar;36(3):252-3.

Local Print Collection

Factors influencing waiting time and successful receipt of cadaveric liver transplant in the United States. 1990 to 1992.

Klassen AC, Klassen DK, Brookmeyer R, Frank RG, Marconi K.

Department of Health Policy and Management, Johns Hopkins University School of Hygiene & Public Health, Baltimore, MD 21205, USA.

OBJECTIVES: Despite concern about access to liver transplantation, there has been no nationally based analysis of patients waiting for cadaveric liver transplant. Using data from the United Network for Organ Sharing Organ Procurement and Transplantation Network database waiting and recipient lists, we examined the influence of medical and non-medical factors on the

length of time patients waited before transplant and whether they survived the wait. METHODS: The authors analyzed 7,422 entries to the waiting list from October 1, 1990 to December 31, 1992. Using Cox Proportional Hazard models, time to transplant was modelled by gender, nationality and ethnicity, age, blood type, medical status (critically ill versus non-critical), transplant number (first versus retransplant), United Network for Organ Sharing region of the country, and three measures of local demand and supply of organs. The risk of dying before being allocated an organ was compared with receiving an organ using multiple logistic regression models. RESULTS: In addition to differences by medical status, blood type, geographic region, and organ supply and demand, it was found that women, Hispanic-Americans, Asian-Americans, and children waited longer for transplant, whereas foreign nationals and repeat transplant patients waited fewer days. The risk of dying before transplant was greater for critically ill and repeat transplant patients, as well as for women, older patients, Asian-Americans, and African-Americans. Children were less likely to die, as were patients from certain blood groups and geographic regions. CONCLUSIONS: Results confirm known patterns of waiting list experience for liver transplant patients, but also identify factors previously unrecognized as influencing waiting time and outcome. Potential explanatory factors and areas for further inquiry are discussed.

PMID: 9520954 [PubMed - indexed for MEDLINE]

☐ **45:** Health Care Financ Rev 1997 Spring;18(3):109-22 Related Articles, Links

Solutions for adverse selection in behavioral health care.

Frank RG, McGuire TG, Bae JP, Rupp A.

Harvard University, USA.

Health plans have incentives to discourage high-cost enrollees (such as persons with mental illness) from joining. Public policy to counter incentives created by adverse selection is difficult when managed care controls cost through methods that are largely beyond the grasp of direct regulation. In this article, the authors evaluate three approaches to dealing with selection incentives: risk adjustment, the carving out of benefits, and cost- or risk-sharing between the payer and the plan. Adverse selection is a serious problem in the context of managed care. Risk adjustment is not likely to help much, but carving out the benefit and cost-sharing are promising directions for policy.

PMID: 10170344 [PubMed - indexed for MEDLINE]

Related Articles, Links

☐ **46:** Psychiatr Serv 1997 Sep;48(9):1147-52

Local Print Collection

Savings from a Medicaid carve-out for mental health and substance abuse services in Massachusetts.

Frank RG, McGuire TG.

Department of Health Care Policy, Harvard Medical School, Boston, MA, USA.

OBJECTIVE: The study examined the financial performance of a managed behavioral health care organization responsible for mental health and substance abuse services under the Massachusetts Medicaid program. Financial performance is considered in light of incentives in the contract between the managed care firm and Medicaid. METHODS: Data on the financial performance of the managed care organization were obtained from documents related to a recent rebidding of the contract and other publicly available documents. Financial incentives associated with claims costs and administrative services are also reported. RESULTS: Spending by the managed care organization was about 25 percent lower than projected expenditures adjusted for inflation. Explicit financial incentives associated with cost reduction did not give the managed care organization strong inducements to attain these savings. The profit and loss features based on cost targets were quite limited. The organization had a much greater incentive and opportunity to make profits by conserving its administrative costs rather than by controlling Medicaid claims costs. CONCLUSIONS: In light of the contract's weak cost-saving incentives, it may be surprising that so much was saved. One explanation is that it was easy to achieve such savings in a state with high expenditures. However, in examining the particular amounts saved, it is clear that the organization came close to contract targets even when incentives to achieve them were weak. The authors label this behavior "managing to the contract" and discuss some reasons why a managed care organization might behave in this way and the implications this behavior has for contract design.

PMID: 9285974 [PubMed - indexed for MEDLINE]

☐ **47:** Health Aff (Millwood) 1997 Jul-Aug;16(4):108-19 Related Articles, Links

Comment in:
- Health Aff (Millwood). 1997 Nov-Dec;16(6):256-7.
- Health Aff (Millwood). 1997 Nov-Dec;16(6):257-8.

Local Print Collection

The politics and economics of mental health 'parity' laws.

Frank RG, Koyanagi C, McGuire TG.

Department of Health Care Policy, Harvard University, USA.

The enactment of the Domenici-Wellstone amendment in September 1996, which calls for the elimination of certain limits on coverage for mental health care under private insurance, is being hailed as a major step forward in the quest for "parity" in mental health coverage. Parity legislation is being introduced in a number of state legislatures and is finding new enthusiasm in Congress. In this paper we consider the efficiency rationale for these laws and examine their likely impact in the era of managed care. We conclude that although such successes represent important political events, they may offer only small gains in the efficiency and fairness of insurance markets.

PMID: 9248154 [PubMed - indexed for MEDLINE]

☐ **48:** Am J Public Health 1997 Jul;87(7):1136-43 Related Articles, Links

Online Full-text Local Print Collection

The use of outpatient mental health services in the United States and Ontario: the impact of mental morbidity and perceived need for care.

Katz SJ, Kessler RC, Frank RG, Leaf P, Lin E, Edlund M.

Department of Internal Medicine, University of Michigan, Ann Arbor, USA.

OBJECTIVES: This study compared the associations of individual mental health disorders, self-rated mental health, disability, and perceived need for care with the use of outpatient mental health services in the United States and the Canadian province of Ontario. METHODS: A cross-sectional study design was employed. Data came from the 1990 US National Comorbidity Survey and the 1990 Mental Health Supplement to the Ontario Health Survey. RESULTS: The odds of receiving any medical or psychiatric specialty services were as follows: for persons with any affective disorder, 3.1 in the United States vs 11.0 in Ontario; for persons with fair or poor self-rated mental health, 2.7 in the United States vs 5.0 in Ontario; for persons with mental health-related disability. 3.0 in the United States vs 1.5 in Ontario. When perceived need was controlled for, most of the between country differences in use disappeared. CONCLUSIONS: The higher use of mental health services in the United States than in Ontario is mostly explained by the combination of a higher prevalence of mental morbidity and a higher prevalence of perceived need for care among persons with low mental morbidity in the United States.

PMID: 9240103 [PubMed - indexed for MEDLINE]

49: Psychol Med 1997 Jul;27(4):861-73 Related Articles, Links

The impact of psychiatric disorders on work loss days.

Kessler RC, Frank RG.

Department of Health Care Policy, Harvard Medical School, Boston, MA 02115, USA.

BACKGROUND: To examine relationships between recent DSM-III-R psychiatric disorders and work impairment in major occupational groups in the US labour force. METHOD: Data are from the US National Comorbidity Survey (NCS), a survey of respondents ages 15-54 in the US. Employed people are the focus of the report. RESULTS: There is substantial variation across occupations in the 30-day prevalences of NCS/ DSM-III-R psychiatric disorders, with an average prevalence of 18.2% (range: 11.0-29.6%) for any disorder. The average prevalences of psychiatric work loss days (6 days per month per 100 workers) and work cutback days (31 days per month per 100 workers), in comparison, do not differ significantly across occupations. Work impairment is more strongly concentrated among the 3.7% of the workforce with co-morbid psychiatric disorders (49 work loss days and 346 work cutback days per month per 100 workers) than the 14.5% with pure disorders (11 work loss days and 66 work cutback days per month per 100 workers) or the 81.8% with no disorder (2 work loss days and 11 work cutback days per month per 100 workers). The effects of psychiatric disorders on work loss are similar across all occupations, while effects on work cutback are greater among professional workers than those in other occupations. CONCLUSION: The results reported here suggest that work impairment is one of the adverse consequences of psychiatric disorders. The current policy debate concerning insurance coverage for mental disorders needs to take these consequences into consideration.

PMID: 9234464 [PubMed - indexed for MEDLINE]

50: Inquiry 1997 Spring;34(1):38-49 Related Articles, Links

Local Print Collection

Mental health care use, morbidity, and socioeconomic status in the United States and Ontario.

Katz SJ, Kessler RC, Frank RG, Leaf P, Lin E.

Department of Internal Medicine, University of Michigan, Ann Arbor 48109-0376, USA.

This study focuses on mental health problems and compares the association of demographic and socioeconomic factors to the use of mental health specialty care and general medical care in the United States and the

Canadian province, Ontario. It also examines how lack of insurance coverage in the United States and perceived need for care affects differences between the two countries. We employ a cross-sectional study design using the 1990 U.S. National Comorbidity Survey and the 1990 Mental Health Supplement to the Ontario Health Survey. Overall, 8.8% of Americans report one or more visits to the health sector for a mental health problem, compared to 6.9% of Canadians in Ontario. Americans with the highest incomes and no mental morbidity are much more likely to receive services than their Canadian counterparts. By contrast, Americans with the lowest incomes and high morbidity are much less likely to receive services for mental health problems than a similar group of Canadians. These results suggest that universal and comprehensive coverage, as exists in Ontario, does not necessarily lead to increased use of services with low value. However, the greater prevalence of perceived need for care among Americans with higher socioeconomic status and low mental morbidity suggests that the United States should be cautious in drawing lessons from other countries.

PMID: 9146506 [PubMed - indexed for MEDLINE]

☐ **51:** J Pediatr Psychol 1997 Apr;22(2):229-44 Related Articles, Books, LinkOut

Transactional patterns of child, mother, and father adjustment in insulin-dependent diabetes mellitus: a prospective study.

Chaney JM, Mullins LL, Frank RG, Peterson L, Mace LD, Kashani JH, Goldstein DL.

Department of Psychology, Oklahoma State University, Stillwater 74078, USA.

Utilized both interview and self-report methods to examine transactional patterns of child, mother, and father adjustment in a sample of children and adolescents with insulin-dependent diabetes mellitus (IDDM). Overall, levels of child and parental adjustment were relatively stable over the 1-year study period. Regression analyses revealed that increases in fathers', but not mothers', distress over time contributed significant incremental variance to poorer subsequent children's adjustment, after controlling for demographic (age, gender, and SES) and disease parameters (illness duration and metabolic control). Decline in fathers' adjustment was a significant predictor of better mothers' adjustment at follow-up; child adjustment was not significantly associated with mothers' adjustment. Variations in both children's and mothers' adjustment made significant, independent contributions to predicting subsequent fathers' adjustment. Findings illustrate the transactional nature of relationships that exist in families of children with IDDM and underscore the importance of family systems or biobehavioral family treatment approaches in the clinical management of children with chronic illnesses.

PMID: 9114645 [PubMed - indexed for MEDLINE]

☐ **52:** N Engl J Med 1997 Feb 20;336(8):551-7 Related Articles, Books, LinkOut

Comment in:
- N Engl J Med. 1997 Feb 20;336(8):578-9.
- N Engl J Med. 1997 Jul 17;337(3):204-5.
- N Engl J Med. 1997 Jul 17;337(3):204; discussion 205
- N Engl J Med. 1997 Jul 17;337(3):205.

Differences in the use of psychiatric outpatient services between the United States and Ontario.

Kessler RC, Frank RG, Edlund M, Katz SJ, Lin E, Leaf P.

Department of Health Care Policy, Harvard Medical School, Boston, MA 02115, USA.

BACKGROUND: The relation between health insurance and the use of mental health services is unclear. We compared the use of outpatient services for psychiatric problems in the United States and Ontario, Canada, among young and middle-aged adults according to self-reports of disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (third edition, revised) and to other indicators of need. METHODS: We analyzed two general-population surveys carried out separately in the United States and Ontario in 1990 that used identical assessments of need for services and questions about their use by persons 15 to 54 years of age. RESULTS: Respondents in the United States were significantly more likely than those in Ontario to report having had psychiatric disorders, poor mental health, or workdays lost or cut short because of psychiatric problems in the previous year. A significantly higher proportion of respondents in the United States (13.3 percent) than in Ontario (8.0 percent) had obtained outpatient treatment in the previous 12 months for psychiatric problems. However, an analysis of subgroups found that the higher probability of the use of services in the United States was confined to people with less severe mental illness. The average number of visits did not differ significantly between the two countries among patients who had similar numbers of psychiatric disorders over the same time periods. There was a stronger match in Ontario than in the United States between the use of services and the measures of perceived need we considered. CONCLUSIONS: Although the mental health care system in the United States provides treatment to a larger proportion of the population than that in Ontario, the match between some measures of need and treatment is not as strong in the United States. Any plans to expand coverage for psychiatric disorders in the United States must address this problem.

PMID: 9023093 [PubMed - indexed for MEDLINE]

☐ **53:** Arch Phys Med Rehabil 1997 Feb;78(2):120-4 Related Articles, Books, LinkOut

Local Print Collection

The 46th annual John Stanley Coulter Lecture. Lessons from the great battle: health care reform, 1992-1994.

Frank RG.

College of Health Professions, University of Florida, Gainesville, USA.

PMID: 9041890 [PubMed - indexed for MEDLINE]

☐ **54:** Urology 1997 Feb;49(2):265-6 Related Articles, Books, LinkOut

ELSEVIER SCIENCE FULL-TEXT ARTICLE Local Print Collection

Rupture of a large calyceal diverticulum.

Frank RG.

Department of Surgery, Saint Barnabas Medical Center, Livingston, New Jersey, USA.

PMID: 9037293 [PubMed - indexed for MEDLINE]

☐ **55:** Am J Manag Care 1997 Feb;3(2):243-50 Related Articles, Books, LinkOut

Alternative insurance arrangements and the treatment of depression: what are the facts?

Berndt ER, Frank RG, McGuire TG.

Harvard Medical School, Boston, MA 02115, USA.

Using insurance claims data from nine large self-insured employers offering 26 alternative health benefit plans, we examine empirically how the composition and utilization for the treatment of depression vary under alternative organizational forms of insurance (indemnity, preferred provider organization networks, and mental health carve-outs), and variations in patient cost-sharing (copayments for psychotherapy and for prescription drugs). Although total outpatient mental health and substance abuse expenditures per treated individual do not vary significantly across insurance forms, the depressed outpatient is more likely to receive anti-depressant drug medications is preferred provider organizations and carve-outs than when covered by indemnity insurance. Those individuals facing

higher copayments for psychotherapy are more likely to receive anti-depressant drug medications. For those receiving treatment, increases in prescription drug copayments tend to increase the share of anti-depressant drug medication costs accounted for by the newest (and more costly) generation of drugs, the selective serotonin reuptake inhibitors.

PMID: 10169258 [PubMed - indexed for MEDLINE]

☐ **56:** J Ment Health Adm 1997 Winter;24(1):72-81 Related Articles, Books, LinkOut

The market for residential and day schools for children with severe emotional disturbance.

Spencer CS, Shelton D, Frank RG.

Department of Mental Hygiene, Johns Hopkins University, Baltimore, MD 21205, USA.

This article describes the market for residential and day programs that provide education and treatment services on site for children with severe emotional disturbance (SED) in terms of the market's size, cost, and ownership mix. As policymakers encourage integration of services across sectors, this research fills a gap in the mental health services literature by providing a baseline of information on facilities from the education sector. Data are used from a national, stratified sample survey of separate day and residential schools for children with handicaps conducted by the Department of Education. There are 1,523 facilities providing educational and treatment services to 117,720 children with SED. Over half of the facilities are nonprofit, one-third are public, and less than one-tenth are for-profit. These programs represent a significant market of services for children with SED. Substantial differences in cost exist across ownership form that cannot be attributed to differences in size of facility or case mix of children enrolled.

PMID: 9033158 [PubMed - indexed for MEDLINE]

☐ **57:** Urology 1996 Dec;48(6):930-1 Related Articles, Books, LinkOut

Global renal infarction secondary to a dissecting thoracic aneurysm.

Frank RG, Peyser D, Herasme V.

Department of Surgery, Saint Barnabas Medical Center, Livingston, New Jersey, USA.

PMID: 8973681 [PubMed - indexed for MEDLINE]

☐ **58:** Arch Gen Psychiatry 1996 Oct;53(10):933-7 Related Articles, Books, LinkOut

Local Print Collection

Some economics of mental health 'carve-outs'.

Frank RG, Huskamp HA, McGuire TG, Newhouse JP.

Department of Health Care Policy, Harvard School of Public Health, Boston, Mass, USA.

We discuss the rationale for benefit carve-out contracts in general and for mental health and substance abuse in particular. We focus on the control of adverse selection as a principal explanation and find that this is consistent with the wide-spread use of sole-source contracting with periodic rebidding. We also find that some degree of risk sharing is common; we interpret this as a method of balancing cost-containment incentives with incentives to maintain access and quality on unmeasured dimensions.

PMID: 8857870 [PubMed - indexed for MEDLINE]

☐ **59:** Arch Phys Med Rehabil 1996 Aug;77(8):816-23 Related Articles, Books, LinkOut

Local Print Collection

Depression following spinal cord injury.

Elliott TR, Frank RG.

Department of Rehabilitation Medicine, University of Alabama at Birmingham, USA.

Although depression has been widely studied among persons with spinal cord injury, the ubiquitous and unsophisticated use of the term and presumptions about its manifestations in the rehabilitation setting have needlessly encumbered the understanding and treatment of depression. Major themes and issues in the study, measurement, and treatment of depression among persons with spinal cord injury are reviewed. Greater precision is recommended in distinguishing diagnosable depression from displays of negative affect, anxiety, distress, and dysphoria. Correlates of depressive behavior among persons with SCI are surveyed, and guidelines for research and practice in the SCI setting are explicated.

Publication Types:
- Review
- Review, Tutorial

PMID: 8702378 [PubMed - indexed for MEDLINE]

☐ **60:** Arthritis Care Res 1996 Feb;9(1):35-41 Related Articles, Books, LinkOut

A family retreat as a comprehensive intervention for children with arthritis and their families.

Hagglund KJ, Doyle NM, Clay DL, Frank RG, Johnson JC, Pressly TA.

OBJECTIVE: Family resources and coping skills are important to adaptation to pediatric chronic illness. Psychological and educational interventions have been found to enhance the coping skills of children with juvenile rheumatic disease (JRD) and their families. We examined the efficacy of a 3-day family retreat as a multidisciplinary, comprehensive treatment. METHODS: Children with JRD and their caregivers completed questionnaires assessing the children's behavioral and emotional functioning, pain, strain on caregivers' work and leisure activities, and caregivers' psychological distress before and 6 months after the family retreat. Principal caregivers were both parents for 16 children, mothers only for 10 children, and an aunt for 1 child. RESULTS: Improvements were found in children's emotional functioning, strain on caregivers' work, and strain on caregivers' leisure activities. Reductions in reported pain were not consistently revealed. CONCLUSIONS: Family retreats are an efficacious, multidisciplinary approach to helping families of children with JRD cope with the disease and its manifestations. Importantly, retreats offer a comprehensive intervention package that might not be available to families on an individual basis.

PMID: 8945111 [PubMed - indexed for MEDLINE]

☐ **61:** Genitourin Med 1996 Feb;72(1):70-1 Related Articles, Books, LinkOut

Photodynamic therapy for condylomata acuminata with local application of 5-aminolevulinic acid.

Frank RG, Bos JD.

PMID: 8655176 [PubMed - indexed for MEDLINE]

☐ **62:** J Health Polit Policy Law 1996 Fall;21(3):617-24 Related Articles, Books, LinkOut

Measuring the economics of health.

Frank RG.

Harvard University, USA.

PMID: 8784690 [PubMed - indexed for MEDLINE]

☐ **63:** Am J Orthopsychiatry 1996 Jan;66(1):17-31 Related Articles, Books, LinkOut

Local Print Collection

The epidemiology of co-occurring addictive and mental disorders: implications for prevention and service utilization.

Kessler RC, Nelson CB, McGonagle KA, Edlund MJ, Frank RG, Leaf PJ.

Institute for Social Research, University of Michigan, Ann Arbor, USA.

General population data from the National Comorbidity Survey are presented on co-occurring DSM-III-R addictive and mental disorders. Co-occurrence is highly prevalent in the general population and usually due to the association of a primary mental disorder with a secondary addictive disorder. It is associated with a significantly increased probability of treatment, although the finding that fewer than half of cases with 12-month co-occurrence received any treatment in the year prior to interview suggests the need for greater outreach efforts.

PMID: 8720638 [PubMed - indexed for MEDLINE]

☐ **64:** Health Psychol 1995 Nov;14(6):519-25 Related Articles, Books, LinkOut

The changing workforce: the role of health psychology.

Frank RG, Ross MJ.

College of Health Related Professions, University of Florida Health Science Center, Gainesville 32610-0185, USA.

Because the federal government is the largest payer of all health costs, unbridled increases in the health workforce have profound fiscal implications. Recent efforts to control health spending through modifications of health delivery systems are related to the consequences of the unlimited production of health professionals. However, the federal government has established processes to review physician workforce changes, and these mechanisms have become important in accessing federal training monies. Psychologists have no concerted workforce policy and

receive little federal training money. Moreover, other health professionals have attained statutory authority to perform and provide the same services as psychologists. This diffusion of professional functions impedes the ability to assess the status of the workforce and the development of psychology as a health profession.

Publication Types:
- Review
- Review Literature

PMID: 8565926 [PubMed - indexed for MEDLINE]

65: Health Psychol 1995 Nov;14(6):493-9 Related Articles, Books, LinkOut

Health psychology and public policy: the political process.

DeLeon PH, Frank RG, Wedding D.

Division of Clinical Health Psychology and Neuropsychology, School of Medicine, University of Missouri, Columbia, USA.

During the past 20 years, psychologists have successfully modified federal statutes, resulting in recognition of the profession's clinical and research expertise. Despite these successes, professional psychology's training institutions have largely failed to address basic issues in health policy and the implications of national health policy for psychology. The importance of public health programs under Title VII of the Public Health Act and the significance of full inclusion of psychology in all federal health programs, including Titles XVIII (Medicare) and XIX (Medicaid), are poorly understood by most health psychologists. Federal health policy decisions, including management of excessive federal health spending, will dictate the growth and opportunities for health psychologists. Understanding federal health spending and recent federal initiatives such as Resource Based Relative Value Scale, Diagnostic Related Groups, and practice guidelines will be of benefit to health psychologists.

PMID: 8565923 [PubMed - indexed for MEDLINE]

66: Soc Psychiatry Psychiatr Epidemiol 1995 Aug;30 (5):220-3 Related Articles, Books, LinkOut

Managed mental health care and patterns of inpatient utilization for treatment of affective disorders.

Frank RG, Brookmeyer R.

Johns Hopkins University, School of Hygiene and Public Health, Baltimore, MD, USA.

In this analysis we made use of a large data base of individuals insured by large American corporations to estimate the impact of managed care provision on hospital care for depression. Data on 6,348 individuals hospitalized for depression were examined to assess the effect of managed care techniques on the cost per episode and the likelihood of rehospitalization. Preadmission certification programs were found to lead to significant long- and short-run savings for payers.

PMID: 7482007 [PubMed - indexed for MEDLINE]

☐ **67:** J Econ Perspect 1994 Fall;8(4):129-44 Related Articles, Books, LinkOut

Nonprofit organizations in the health sector.

Frank RG, Salkever DS.

Harvard University, Boston, MA.

Publication Types:
- Review
- Review, Tutorial

PMID: 10138774 [PubMed - indexed for MEDLINE]

☐ **68:** Arthritis Care Res 1995 Mar;8(1):36-42 Related Articles, Books, LinkOut

Predicting pain among children with juvenile rheumatoid arthritis.

Hagglund KJ, Schopp LM, Alberts KR, Cassidy JT, Frank RG.

OBJECTIVE. Children and adolescents with juvenile rheumatoid arthritis (JRA) often report pain as a major symptom that affects their daily activities. Little is known about the factors that contribute to pain, however. Demographic, disease status, and social-psychologic variables were used to predict pain of JRA. METHODS. Participants were 37 girls and 23 boys who were 7 to 17 years old. Measures included the Hopelessness Scale for Children, the Sadness Scale from the Differential Emotions Scale--IV, and the Social Support Questionnaire--Revised. A pain visual analogue scale served as the criterion measure. RESULTS. Reported pain was modestly correlated with disease duration and age. A hierarchical regression indicated that the predictor variables accounted for a modest amount of variance in pain scores. CONCLUSIONS. The results suggest that the factors

contributing to pain in children with JRA are different from those in adults with rheumatoid arthritis (RA). Research is needed to identify the psychologic and socioenvironmental variables that influence pain among children with JRA.

PMID: 7794979 [PubMed - indexed for MEDLINE]

☐ **69:** Inquiry 1995 Summer;32(2):164-73 Related Articles, Books, LinkOut

Local Print Collection

The demand for childhood immunizations: results from the Baltimore Immunization Study.

Frank RG, Dewa CS, Holt E, Hughart N, Strobino D, Guyer B.

Department of Health Care Policy, Harvard University, Boston, MA 02115, USA.

In spite of the net social benefits of childhood vaccines, a substantial proportion of American children do not receive their full complement of immunizations by their second birthday. Designing policies and programs that increase the rate of completed immunizations in preschool children requires an understanding of the factors which contribute to the timely receipt of immunizations. In this paper, we estimate a model of demand for immunizations for preschool children. Our results suggest that household resources, the child's usual source of care, and other "convenience factors" significantly influence the successful completion of the immunization schedule.

PMID: 7601514 [PubMed - indexed for MEDLINE]

☐ **70:** Health Aff (Millwood) 1995 Fall;14(3):50-64 Related Articles, Books, LinkOut

Local Print Collection

Risk contracts in managed mental health care.

Frank RG, McGuire TG, Newhouse JP.

Department of Health Care Policy, Harvard University, USA.

Private employers and state Medicaid programs are increasingly writing risk contracts with managed behavioral health care companies to manage mental health and substance abuse benefits. This paper analyzes the case for a carve-out program and makes recommendations about the form of the payer-managed behavioral health care contract. Payers should consider using a "soft" capitation contract in which only some of the claims' risk is

transferred to the managed behavioral health care company. To avoid incentives to underserve seriously ill persons, we recommend that payers not allow choice by enrollees among risk contractors.

PMID: 7498903 [PubMed - indexed for MEDLINE]

☐ **71:** Health Aff (Millwood) 1995 Fall;14(3):102-15 Related Articles, Books, LinkOut

Local Print Collection

Estimating costs of mental health and substance abuse coverage.

Frank RG, McGuire TG.

Department of Health Care Policy, Harvard Medical School, USA.

The cost of expanding mental health and substance abuse treatment coverage is a major impediment to reforming insurance coverage for these types of conditions. The recent experience with national health care reform offers a case study in cost estimation for mental health and substance abuse coverage. The impact of managed care and the cost of expanding coverage to currently uninsured persons introduced uncertainty into predictions. This paper critically reviews that experience and draws lessons for estimating future costs of policy initiatives.

Publication Types:
- Review
- Review, Tutorial

PMID: 7498883 [PubMed - indexed for MEDLINE]

☐ **72:** Am Psychol 1994 Oct;49(10):855-67 Related Articles, Books, LinkOut

Health care reform in the states.

Frank RG, Sullivan MJ, DeLeon PH.

Department of Physical Medicine and Rehabilitation, University of Missouri, Columbia School of Medicine 65212.

Challenged by relentless increases in health care spending, state governments have been forced to experiment with health care system reform. Medicaid has been expanded by Congress, forcing states to provide a broader array of health benefits to more recipients. As states consider reform, federal limitations mandated by Medicaid and by the Employee Retirement Income Security Act (ERISA) of 1974 on state activity pose

significant obstacles. ERISA sharply limits a state's ability to raise revenue to fund these health programs. Several states have responded to these limitations by seeking waivers. Despite these obstacles, 8 states already have enacted comprehensive health reform measures, and virtually every state is considering legislative reform.

PMID: 7978662 [PubMed - indexed for MEDLINE]

73: Am Psychol 1994 Oct;49(10):851-4 Related Articles, Books, LinkOut

Health care reform. The 1993-1994 evolution.

Frank RG, VandenBos GR.

Department of Physical Medicine and Rehabilitation, University of Missouri, Columbia School of Medicine 65212.

Health care costs in the United States continue to increase, as does the number of individuals who lack health care coverage. The magnitude of these critical problems assures that health reform of the health care system will continue to be debated over the next decade. Increasing health care costs are associated with increased complexity of services and a greater number of health care providers. As health costs increase and the number of individuals covered by private insurance decreases, states will face increasing pressure to develop effective methods of providing coverage for those without health insurance. Employer mandates will be viewed as one method of extending health coverage. Psychologists must be involved in policy issues so as to ensure the utilization of psychological knowledge and attention to psychological and behavioral health needs.

Publication Types:
- Editorial

PMID: 7978661 [PubMed - indexed for MEDLINE]

74: Brain Inj 1994 Oct;8(7):599-606 Related Articles, Books, LinkOut

Family functioning, social support and depression after traumatic brain injury.

Leach LR, Frank RG, Bouman DE, Farmer J.

Department of Psychology, University of Missouri-Columbia 65212.

Functional outcome after traumatic brain injury (TBI) is thought to be dependent upon effective social support and avoidance of depressive

episodes. Research indicates that post-injury changes often occur in the family's functioning, hence impacting the family's ability to provide the needed social support. Social support, in turn, has been hypothesized to work as a buffer between significant life event and levels of depressive symptoms. Thus poor social support after a TBI, due to changes in family functioning, could result in depressive episodes for the person with a TBI. This paper empirically examines this question by investigating whether social support is predictive of depression in persons who have sustained a TBI. Thirty-nine persons who had sustained TBI were interviewed to assess their family functioning, perceived social support, and current depressive symptomatology. The results showed that the effective use of problem-solving and behavioural coping strategies by the family in response to TBI was significantly related to lower levels of depression in the person who sustained the TBI. However, perceived social support was not predictive of depression.

PMID: 7804296 [PubMed - indexed for MEDLINE]

☐ **75:** Hosp Community Psychiatry 1994 Sep;45 (9):906-10

Related Articles, Books, LinkOut

Who will pay for health reform? Consequences of redistribution of funding for mental health care.

Frank RG, Goldman HH, McGuire TG.

Harvard Medical School, Boston, Massachusetts 02115.

Current health care reform proposals will expand coverage and alter the delivery of mental health services. Much of the debate has focused on the cost of coverage rather than on the question "Who will pay?" This paper analyzes the consequences of redistribution of the financial burden of care. The analysis reveals two concerns. First, current employer-based proposals are somewhat regressive because premium costs fall disproportionately on lower-income workers. Second, the increase in federal government subsidies may lead to a significant decline in state and local government financing for mental health services. Both of these concerns have been partly addressed in reform proposals, but there are political barriers to more progressive, non-employer-based approaches and to strategies to retain state and local dollars for mental health services. These distributional issues are critical for a mental health system serving the poor and depending so heavily on state and local resources.

PMID: 7989022 [PubMed - indexed for MEDLINE]

76: Behav Healthc Tomorrow 1994 Jul-Aug;3(4):36-9 Related Articles, Books

Establishing a capitation policy for mental health and substance abuse services in healthcare reform.

Frank RG, McGuire TG.

Department of Health Care Policy, Harvard Medical School, USA.

In healthcare reform the evolution toward capitated payment systems raises many questions that are unique to behavioral healthcare providers. These issues include how to structure risk contracts, how to set appropriate prices and how to price and cover the severely mentally ill and uninsured. Two possible solutions to the pricing dilemma are described in this article: using prior-use experience for setting prices, with a DRG-type classification formula, and using a combination of past-use formulas and current utilization data.

PMID: 10172332 [PubMed - indexed for MEDLINE]

77: J Pediatr Psychol 1994 Jun;19(3):291-304 Related Articles, Books, LinkOut

Assessing anger expression in children and adolescents.

Hagglund KJ, Clay DL, Frank RG, Beck NC, Kashani JH, Hewett J, Johnson J, Goldstein DE, Cassidy JT.

University of Missouri at Columbia.

Anger expression styles are associated with psychological and physical well-being among adults. Little is known about the role of anger expression in children's functioning. This lack of knowledge has resulted, in part, from a lack of validated tools for anger expression measurement. The Pediatric Anger Expression Scale-3rd edition (PAES-III; Jacobs, Phelps, & Rohrs, 1989; Jacobs & Kronaizl, 1991) has been proposed as a reliable and valid assessment instrument of anger expression styles. The PAES-III includes three scales that measure anger turned inward, anger expressed outwardly, and anger controlled cognitively or behaviorally. We evaluated the psychometric properties of this instrument when it is administered verbally to children with juvenile rheumatoid arthritis, children with juvenile diabetes mellitus, and healthy children. Internal consistency was adequate for anger-in and anger-out, but marginal for anger-control. Concurrent validity was supported for the total sample. A principal components analysis suggested a four-factor model of anger expression. Overall, the PAES-III was found to have psychometric limitations. Use of a modified PAES-III may facilitate pediatric behavioral medicine research addressing risk factors for maladjustment among children with chronic illnesses.

PMID: 8071796 [PubMed - indexed for MEDLINE]

☐ **78:** Brain Inj 1994 Apr;8(3):193-5 Related Articles, Books, LinkOut

Comment on:
- Brain Inj. 1994 Apr;8(3):197-210.
- Brain Inj. 1994 Apr;8(3):211-30.

Families and rehabilitation.

Frank RG.

Publication Types:
- Comment
- Editorial

PMID: 8004078 [PubMed - indexed for MEDLINE]

☐ **79:** Brain Inj 1994 Feb-Mar;8(2):149-58 Related Articles, Books, LinkOut

The public perception of head injury in Missouri.

Vaughn SL, Frank RG, Leach LR, O'Neal G, Sylvester J.

Department of Physical Medicine and Rehabilitation, University of Missouri-Columbia 65212.

Head injury constitutes a significant public health concern. Despite increasing recognition of the morbidity and mortality associated with head injury, there exist few statewide estimations of the prevalence and public perception of head injury. Knowledge of the public's perception can facilitate the funding and planning for the treatment and rehabilitation of persons with head injury. This study was undertaken for this purpose by the Missouri Head Injury Advisory Council and consisted of a stratified sampling of 1123 Missourians in a statewide telephone poll. The results revealed that the general public has an accurate perception of head injury and that knowledge improved as a function of direct experience with head injury.

PMID: 8193634 [PubMed - indexed for MEDLINE]

☐ **80:** Health Aff (Millwood) 1994 Spring;13(1):337-42 Related Articles, Books, LinkOut

Local Print Collection

Paying for mental health and substance abuse care.

Frank RG, McGuire TG, Regier DA, Manderscheid R, Woodward A.

School of Public Health, Johns Hopkins University.

Fifty-four billion dollars was spent on alcohol/drug abuse and mental health treatment in 1990. These expenditures were concentrated in the area of inpatient psychiatric care and on persons with severe mental health and substance abuse problems. The data on expenditure patterns for mental health and substance abuse care suggest that successful health care reform in this area must implement mechanisms for controlling inpatient utilization and managing the care of persons with the most severe disorders.

PMID: 8188153 [PubMed - indexed for MEDLINE]

☐ **81:** Health Aff (Millwood) 1994 Spring;13(1):192-205 Related Articles, Books, LinkOut

Local Print Collection

Mental health and substance abuse coverage under health reform.

Arons BS, Frank RG, Goldman HH, McGuire TG, Stephens S.

President Clinton's health care reform proposal articulates a complete vision for the mental health and substance abuse care system that includes a place for those traditionally served by both the public and the private sectors. Mental health and substance abuse services are to be fully integrated into health alliances under the president's proposal. If this is to occur, we must come to grips with both the history and the insurance-related problems of financing mental health/substance abuse care: (1) the ability of health plans to manage the benefit so as to alter patterns of use; (2) a payment system for health plans that addresses biased selection; and (3) preservation of the existing public investment while accommodating in a fair manner differences in funding across the fifty states.

PMID: 8188135 [PubMed - indexed for MEDLINE]

☐ **82:** Milbank Q 1994;72(1):81-104 Related Articles, Books, LinkOut

Local Print Collection

Fiscal decentralization of public mental health care and the Robert Wood Johnson Foundation program on chronic mental

illness.

Frank RG, Gaynor M.

Johns Hopkins University.

Organizational change for local mental health systems has been advanced as an important aspect of improving the performance of public mental health systems. Fiscal decentralization is a central element of many proposals for organizational change. We employ data from the states of Ohio and Texas to examine some of the consequences of fiscal decentralization of public mental health care. The data analysis shows that local mental health systems respond to financial incentives, even when they are modest; that fiscal decentralization leads to increased fiscal effort by localities; and that decentralization also results in greater inequality in service between poorer and wealthier localities.

Publication Types:
- Historical Article

PMID: 8164613 [PubMed - indexed for MEDLINE]

☐ **83:** Urology 1993 Mar;41(3):266-7 Related Articles, Books, LinkOut

Local Print Collection

Thirty-nine-year-old woman with abdominal pain on right side.

Frank RG, Lefkon BW, Sanders L, Gerard PS.

Division of Urology, St. Barnabas Medical Center, Livingston, New Jersey.

Publication Types:
- Clinical Conference

PMID: 8442312 [PubMed - indexed for MEDLINE]

☐ **84:** Am Psychol 1993 Mar;48(3):270-6 Related Articles, Books, LinkOut

Combining a global health budget with a market-driven delivery system. Can it be done?

Bingaman J, Frank RG, Billy CL.

United States Senate, Washington, DC 20510.

Two correlated problems, rampant escalation of health-care costs and the

lack of access to health care for many Americans, challenge long-term solutions to our health-care crisis. Historically, free markets have provided the most effective method of controlling costs. Although the current health-care system is highly competitive, it falls far short of being a truly competitive marketplace emphasizing competition around cost and quality. A health-care system based on managed competition in which the marketplace is structured to create competition on cost and quality provides great promise for regulating health costs. Erosion of health-care benefits under our current system of employer-based health insurance threatens the effectiveness of any market-based solution. The 21st Century Health Care Act combines the cost-effectiveness and universal access derived through a single revenue spigot with the power of a market approach created by managed competition.

PMID: 8317781 [PubMed - indexed for MEDLINE]

☐ **85:** Am Psychol 1993 Mar;48(3):258-60 Related Articles, Books, LinkOut

Health-care reform. An introduction.

Frank RG.

Department of PM&R, School of Medicine, University of Missouri-Columbia 65212.

PMID: 8317778 [PubMed - indexed for MEDLINE]

☐ **86:** N Y State J Med 1993 Jan;93(1):59-61 Related Articles, Books, LinkOut

Transitional cell carcinoma of the renal pelvis in an incompletely duplicated collecting system.

Asase D, Frank RG, Gerard PS, Lindsay K, Wise GJ.

Department of Urology, Coney Island Hospital, Brooklyn, NY.

PMID: 8429960 [PubMed - indexed for MEDLINE]

☐ **87:** Urology 1993 Jan;41(1):85-7 Related Articles, Books, LinkOut

Local Print Collection

Twenty-one-year-old woman with flank pain.

Frank RG, Lefkon BW, Sanders L, Rubin C, Gerard PS.

Division of Urology, St. Barnabas Medical Center, Livingston, New Jersey.

Publication Types:
- Clinical Conference

PMID: 8420088 [PubMed - indexed for MEDLINE]

☐ **88:** Adv Health Econ Health Serv Res 1993;14:181-96 Related Articles, Books, LinkOut

State government choice of organizational structure for local mental health systems: an exploratory analysis.

Frank RG, Gaynor M.

Johns Hopkins University, Baltimore, MD, USA.

PMID: 10164713 [PubMed - indexed for MEDLINE]

☐ **89:** Adv Health Econ Health Serv Res 1993;14:1-16 Related Articles, Books, LinkOut

Cost-benefit evaluations in mental health: implications for financing policy.

Frank RG.

Johns Hopkins University, Baltimore, MD, USA.

Publication Types:
- Review
- Review, Tutorial

PMID: 10164707 [PubMed - indexed for MEDLINE]

☐ **90:** N Y State J Med 1992 Nov;92(11):500-1 Related Articles, Books, LinkOut

Erratum in:
- N Y State J Med 1992 Dec;92(12):560

Local Print Collection

Transitional cell carcinoma of the renal pelvis in an incompletely duplicated collecting system.

Asase D, Frank RG, Gerard PS, Lindsay K, Wise GJ.

Department of Urology, Coney Island Hospital, Brooklyn, NY.

PMID: 1488209 [PubMed - indexed for MEDLINE]

☐ **91:** Psychiatry Res 1992 Sep;43(3):231-41 Related Articles, Books, LinkOut

Dysphoria: a major symptom factor in persons with disability or chronic illness.

Frank RG, Chaney JM, Clay DL, Shutty MS, Beck NC, Kay DR, Elliott TR, Grambling S.

Department of Physical Medicine and Rehabilitation, University of Missouri-Columbia School of Medicine.

Depression frequently is diagnosed in persons with chronic illness or following the onset of disability. The overlap of symptoms of many chronic illnesses and disabling conditions with depression may lead to an overestimation of depression in such populations. Some investigators have proposed revised criteria for diagnosing depression in these conditions without an understanding of the contribution of diagnostic criteria in disabling conditions. This study investigated the nature of depressive symptom criteria constellations by individually factor analyzing the Inventory to Diagnose Depression (based on DSM-III diagnostic criteria) in spinal cord injury (n = 134), rheumatoid arthritis (n = 78), student (n = 140), and community (n = 150) groups. A four-factor solution emerged, with the first factor labeled "dysphoria" being represented by symptoms of negative self-evaluations, depressed affect, and suicidal ideation. The results indicate that a core element of the syndrome of depression is dysphoria, which suggests that the contribution of somatic items may be less important to the identification of the depressive syndrome in chronic illness.

PMID: 1438622 [PubMed - indexed for MEDLINE]

☐ **92:** Am Psychol 1992 Aug;47(8):1045-9 Related Articles, Books, LinkOut

Primary prevention of catastrophic injury.

Frank RG, Bouman DE, Cain K, Watts C.

Division of Clinical Health Psychology and Neuropsychology, School of Medicine, University of Missouri, Columbia.

Motor vehicle crashes are a leading cause of injury and death until age 45.

Efforts to prevent these injuries have largely followed the dictates of the public health movement focusing on interventions for entire communities or regulatory statutes. Individual interventions, more congruent with traditional psychological approaches, have been rare. This article argues that a blending of these two approaches is warranted. Evaluation of prevention programs should focus on multiple levels including the individual, the community, and regulatory processes. Identification of subgroups of adolescents and young adults with unique psychological and behavioral dispositions regarding injury must be paired with realistic interventions of adequate duration.

PMID: 1510334 [PubMed - indexed for MEDLINE]

☐ **93:** Am Psychol 1992 Aug;47(8):1029-30 Related Articles, Books, LinkOut

Injury control. A promising field for psychologists.

Spielberger CD, Frank RG.

Center for Research in Behavioral Medicine and Health Psychology, University of South Forida.

Injury is the fourth leading cause of death for all Americans and the most frequent cause of death for those from age 1 to 45. Moreover, injury is associated with higher treatment costs and with greater lost life-years than the other three leading causes of death. Traffic accidents are the leading cause of severe brain injury, including most paraplegic and quadriplegic cases. Because injury control is essentially psychological, there are many opportunities for psychologists to contribute, both to scientific research on the causes of injury and to clinical interventions for injury control.

PMID: 1510330 [PubMed - indexed for MEDLINE]

☐ **94:** Rand J Econ 1991 Autumn;22(3):430-45 Related Articles, Books, LinkOut

The supply of charity services by nonprofit hospitals: motives and market structure.

Frank RG, Salkever DS.

Johns Hopkins University.

This article studies provision of charity care by private, nonprofit hospitals. We demonstrate that in the absence of large positive income effects on charity care supply, convex preferences for the nonprofit hospital imply crowding out by other private or government hospitals. Extending our model

to include impure altruism (rivalry) provides a possible explanation for the previously reported empirical result that both crowding out and income effects on indigent care supply are often weak or insignificant. Empirical analysis of data for hospitals in Maryland provides evidence of rivalry on the supply of charity care.

PMID: 10117044 [PubMed - indexed for MEDLINE]

☐ **95:** J Public Health Policy 1992 Autumn;13(3):277-90 Related Articles, Books, LinkOut

Trends in publicly financed prenatal and related services, 1975-1984.

Strobino DM, Kane LP, Frank RG, Decoster E.

We studied trends in Title V and health department financed prenatal and related services in U.S. countries from 1975-1984, years during which Medicaid and health insurance coverage for poor women were eroding. Information on prenatal services was obtained from background reports and telephone interviews with staff of State Maternal and Child Health programs. The number of counties providing prenatal care, particularly comprehensive care, rose considerably from 1975 to 1984; the largest rise occurred between 1982 and 1984. Federal initiatives accounted for about 25 percent of the increase in comprehensive care, while state-funded initiatives were responsible for the modest rise in counties offering routine care. The number of counties providing related components of care such as risk assessment and referral, obstetric or pediatric linkage with prenatal care, and outreach also rose markedly during the study years. Despite these secular trends, forty percent of U.S. counties did not offer prenatal care in health department operated or funded sites in 1984.

PMID: 1401047 [PubMed - indexed for MEDLINE]

☐ **96:** Health Aff (Millwood) 1992 Fall;11(3):98-117 Related Articles, Books, LinkOut

Local Print Collection

A model mental health benefit in private health insurance.

Frank RG, Goldman HH, McGuire TG.

PMID: 1398457 [PubMed - indexed for MEDLINE]

97: Health Aff (Millwood) 1992 Fall;11(3):51-68 Related Articles, Books, LinkOut

Local Print Collection

Lessons from the program on chronic mental illness.

Goldman HH, Morrissey JP, Ridgely MS, Frank RG, Newman SJ, Kennedy C.

PMID: 1398453 [PubMed - indexed for MEDLINE]

98: Urol Radiol 1992;14(3):172-6 Related Articles, Books, LinkOut

Serial sonographic evaluation of "buckshot colic" following a penetrating gunshot wound.

Frank RG, Gerard PS, Feldhamer L.

Department of Surgery, St. Barnabas Medical Center, Livingston, New Jersey.

This paper demonstrates the findings of various radiologic imaging modalities in a case of shotgun injury to the kidney. This case is unusual because buckshot entered the renal collecting system, and subsequently passed through the urinary tract in the urine, causing "bullet colic." References to such injury in the literature are discussed, along with role of each imaging modality in the initial and subsequent radiologic workup, with particular emphasis on the usefulness of ultrasonography in evaluation of this patient.

PMID: 1290206 [PubMed - indexed for MEDLINE]

99: N Y State J Med 1991 Oct;91(10):462-3 Related Articles, Books, LinkOut

Local Print Collection

Scrotal wall edema presenting as the initial manifestation of nephrotic syndrome.

Frank RG, Friedman SC, Wise GJ, Gerard PS.

Publication Types:
- Letter

PMID: 1745457 [PubMed - indexed for MEDLINE]

☐ **100:** Clin Imaging 1991 Oct-Dec;15(4):293-5 Related Articles, Books, LinkOut

Metastatic hypernephroma masquerading as acute cholecystitis.

Golbey S, Gerard PS, Frank RG.

Department of Radiology, Maimonides Medical Center, Brooklyn, New York 11219.

Renal cell carcinoma can metastasize to multiple anatomic sites. The metastasis may simulate certain disease entities depending on the location and particular organ involved. It is important to recognize that these metastases can present many years after the primary tumor has been treated. We present a case in which a primary hypernephroma was surgically removed and subsequently 13 years later presented with metastatic disease to the gallbladder clinically simulating acute cholecystitis.

PMID: 1742682 [PubMed - indexed for MEDLINE]

☐ **101:** Brain Cogn 1991 Sep;17(1):31-41 Related Articles, Books, LinkOut

Speed of processing within semantic memory following severe closed head injury.

Haut MW, Petros TV, Frank RG, Haut JS.

Department of Behavioral Medicine and Psychiatry, West Virginia University School of Medicine, Morgantown 26506.

This study investigated the effects of severe closed head injury (CHI) on the speed of information processing within semantic categories. The question of whether subjects were able to benefit from priming was also investigated. Survivors of severe CHI who were less than 1 year postinjury and survivors who were greater than 1 year postinjury were compared with neurologically normal matched controls utilizing a category judgement task. The results demonstrated slower processing within semantic memory for both groups of CHI patients compared to normal controls. Furthermore, individuals with CHI were able to benefit from priming to the same relative degree as control subjects. Overall, the results suggested semantic organization remains intact after severe CHI, but accessing semantic information is slowed.

PMID: 1781979 [PubMed - indexed for MEDLINE]

☐ **102:** AJR Am J Roentgenol 1991 Jun;156(6):1325-6 Related Articles, Books, LinkOut

Local Print Collection

Stage D2 transitional cell carcinoma of the bladder in a 36-year-old woman.

Frank RG, Gerard PS, Wise GJ.

Publication Types:
- Letter

PMID: 2028903 [PubMed - indexed for MEDLINE]

103: Circ Res 1991 May;68(5):1204-15 Related Articles, Books, LinkOut

Dispersion of refractoriness in canine ventricular myocardium. Effects of sympathetic stimulation.

Opthof T, Misier AR, Coronel R, Vermeulen JT, Verberne HJ, Frank RG, Moulijn AC, van Capelle FJ, Janse MJ.

Department of Clinical and Experimental Cardiology, University of Amsterdam, The Netherlands.

In 18 dogs on total cardiopulmonary bypass, the average interval between local activations during artificially induced ventricular fibrillation (VF interval) was measured from extracellular electrograms, simultaneously recorded from up to 32 ventricular sites. VF intervals were used as an index of local refractoriness, based on the assumption that during ventricular fibrillation, cells are reexcited as soon as they have recovered their excitability. In support of this, microelectrode recordings in two hearts during ventricular fibrillation did not show a diastolic interval between successive action potentials. Refractory periods determined at a basic cycle length of 300 msec with the extrastimulus method correlated well with VF intervals measured at the same sites. Thus, this technique allows assessment of spatial dispersion of refractoriness during brief interventions such as sympathetic stimulation. The responses to left, right, and combined stellate ganglion stimulation varied substantially among individual hearts. This was observed both in dogs with an intact (n = 12) and decentralized (n = 6) autonomic nervous system. Individual ventricular sites could show effects of both left and right stellate ganglion stimulation (42% of tested sites) or show effects of left-sided stimulation only (31%) or right-sided stimulation only (14%). In 13% of sites, no effects of stellate stimulation were observed. Apart from these regional effects, the responses could be qualitatively different; that is, within the same heart, the VF interval prolonged at one site but shortened at another in response to the same intervention, although shortening was the general effect and prolongation the exception. Whenever sites responded to stellate ganglion stimulation with a shortening of VF interval, this shortening was approximately 10% for left, right, or combined

stimulation, whether the autonomic nervous system was intact or decentralized. In six of 12 hearts in the intact group, there was a distinct regional effect of left stellate ganglion stimulation; in the other six hearts, the effects were distributed homogeneously over the ventricles. In three hearts, the effect of left stellate ganglion stimulation was strongest in the posterior wall, and in the other three hearts, in the anterior wall. The effects of right stellate ganglion stimulation were restricted to the anterior or lateral part of the left ventricle. Dispersion of VF intervals increased after left and combined stellate ganglion stimulation in the intact group and after right stellate ganglion stimulation in the decentralized group, but not significantly in every heart. This points to a marked individual variation with regard to the effects of sympathetic stimulation on electrophysiological properties of the heart.

PMID: 2018987 [PubMed - indexed for MEDLINE]

☐ **104:** Paraplegia 1991 Feb;29(2):125-30 Related Articles, Books, LinkOut

Adjustment to spinal cord injury: stage theory revisited.

Buckelew SP, Frank RG, Elliott TR, Chaney J, Hewett J.

Department of Physical Medicine & Rehabilitation, University of Missouri, Columbia 65212.

To better understand adjustment following spinal cord injury (SCI), 106 subjects from two samples (N = 53 each) were administered the SCL-90-R, a symptom checklist, and the Multidimensional Health Locus of Control scales. Sample 1 subjects were admitted for rehabilitation during 1981 to 1982 and sample 2 subjects were admitted during 1984 to 1986. Sample 2 subjects entered rehabilitation programs more quickly after injury and reported more anxiety, phobic anxiety, and hostility than sample 1 subjects. Within each sample, there was no evidence for a relationship between age or time since injury and health beliefs or psychological distress. This study does not support stage theory for adjustment after catastrophic injury, but does suggest the importance of understanding the impact of social policy changes in adjustment following spinal cord injury.

PMID: 2023777 [PubMed - indexed for MEDLINE]

☐ **105:** Urol Radiol 1991;12(4):203-5 Related Articles, Books, LinkOut

Primary carcinoid tumor of the testis.

Frank RG, Gerard PS, Anselmo MT, Bennett L, Preminger BI, Wise GJ.

Department of Urology, Maimonides Medical Center, Brooklyn, NY 11219.

Primary carcinoid tumors of the testis are exceedingly rare. Thirty-one primary tumors have been reported in the literature, none of which have been diagnosed preoperatively. We present a case report demonstrating the sonographic features of a testicular carcinoid which may contribute to an early preoperative diagnosis.

PMID: 2042272 [PubMed - indexed for MEDLINE]

☐ **106:** Health Aff (Millwood) 1991 Summer;10 (2):116-23 Related Articles, Books, LinkOut

Local Print Collection

A new look at rising mental health insurance costs.

Frank RG, Salkever DS, Sharfstein SS.

Department of Health Policy and Management, Johns Hopkins School of Hygiene and Public Health, Baltimore, Maryland.

PMID: 1885129 [PubMed - indexed for MEDLINE]

☐ **107:** Int J Law Psychiatry 1991;14(4):377-86 Related Articles, Books, LinkOut

Mental health and marital stability.

Frank RG, Gertler P.

School of Hygiene and Public Health, Johns Hopkins University, Baltimore, MD 21205.

PMID: 1791105 [PubMed - indexed for MEDLINE]

☐ **108:** Int J Law Psychiatry 1991;14(4):331-46 Related Articles, Books, LinkOut

Psychiatric malpractice claims in Maryland.

Morlock LL, Malitz FE, Frank RG.

School of Hygiene and Public Health, Johns Hopkins University, Baltimore, MD 21205.

PMID: 1791102 [PubMed - indexed for MEDLINE]

☐ **109:** Hosp Community Psychiatry 1990 Nov;41 (11):1217-21 Related Articles, Books, LinkOut

Local Print Collection

Design for the national evaluation of the Robert Wood Johnson Foundation Program on Chronic Mental Illness.

Goldman HH, Lehman AF, Morrissey JP, Newman SJ, Frank RG, Steinwachs DM.

Mental Health Policy Studies Program, University of Maryland School of Medicine, Baltimore 21201.

The Robert Wood Johnson Foundation chose the University of Maryland Mental Health Policy Studies Program to conduct an independent national evaluation of its Program on Chronic Mental Illness, a large-scale demonstration in which nine cities across the country are participating. The national evaluation aims at describing the implementation of the program and assessing its impact on clients. The evaluation effort comprises five groups of interrelated studies: a site-level study, a community care study, housing studies, financing studies, and disability and vocational rehabilitation studies. Taken together, the components of the evaluation should provide evidence that will help create new structures and processes in large cities for delivering care to persons with chronic mental illness.

PMID: 2249800 [PubMed - indexed for MEDLINE]

☐ **110:** Pain 1990 Sep;42(3):287-94 Related Articles, Books, LinkOut

Local Print Collection

Health locus of control, gender differences and adjustment to persistent pain.

Buckelew SP, Shutty MS Jr, Hewett J, Landon T, Morrow K, Frank RG.

Department of Physical Medicine and Rehabilitation, University of Missouri, Columbia 65212.

Locus of control (LOC) beliefs, long thought important in adjustment to persistent pain, were studied among 160 subjects (67 males and 93 females) referred to a comprehensive pain rehabilitation program. The subscale structure of the Multidimensional Health Locus of Control (MHLC) was factorially replicated in our sample. Three unique MHLC profile clusters

were identified for both males and females. Among men, cluster assignment was related to age only. The younger male patients reported a stronger internal attributional style. Older male patients relied more heavily on both chance and powerful other factors. Among women, cluster assignment was related to the use of coping strategies. For example, patients with high internal scores only, reflecting a strong internal orientation towards self-management of health care needs, were more likely to utilize Information-Seeking, Self-Blame, and Threat Minimization coping strategies than patients with high scores on both the Internal and Powerful Other factors. It appears that the presence of both Internal and Powerful Other health attributional styles is associated with less frequent use of cognitive self-management techniques. In understanding the LOC scores it is important to rely on pattern analysis of scores. Implications for clinical treatment are discussed.

PMID: 2250920 [PubMed - indexed for MEDLINE]

☐ **111:** J Rheumatol 1990 Aug;17(8):1016-21 Related Articles, Books, LinkOut

Local Print Collection

Psychological screening in rheumatoid arthritis.

Parker JC, Buckelew SP, Smarr KL, Buescher KL, Beck NC, Frank RG, Anderson SK, Walker SE.

Harry S. Truman Memorial Veterans Hospital, University of Missouri School of Medicine, Columbia 65201.

Our objective was to examine the utility of the Symptom Checklist-90-R (SCL-90-R) as a psychological screening instrument for patients with rheumatoid arthritis (RA). Subjects were 81 male and 3 female patients with classic or definite RA who were categorized into 3 anatomic stage groups based on roentgenograms. Erythrocyte sedimentation rates, joint counts, and the SCL-90-R were obtained on all subjects. In addition, rheumatologists were surveyed, and items were analyzed to identify potential disease related items on the SCL-90-R. Both the survey and the item analyses supported the utility of the SCL-90-R as a psychological screening instrument in a population with RA.

PMID: 2213776 [PubMed - indexed for MEDLINE]

☐ **112:** Brain Inj 1990 Jul-Sep;4(3):289-95 Related Articles, Books, LinkOut

Coping and family functions after closed head injury.

Frank RG, Haut AE, Smick M, Haut MW, Chaney JM.

Department of Physical Medicine and Rehabilitation, University of Missouri-Columbia 65212.

Cognitive deficits associated with closed head injury (CHI) have been well studied. Less attention has been directed to the emotional consequences of CHI and subsequent attempts to cope with major life events. CHI typically constitutes a catastrophic injury, yet few studies have examined coping strategies used by individuals after CHI or the effects of CHI on family functioning that may mediate coping. Previous workers have speculated that time since injury is a crucial determinant of coping; however, this has not been investigated with regard to CHI. In this preliminary investigation, 40 patients with CHI were compared with 17 neurologically intact controls. The CHI group was divided into two groups according to time since injury. It was found that patients with CHI used information seeking as their most dominant coping strategy regardless of their time since injury. Patients with CHI had higher family cohesion scores than control subjects. Implications of these findings for psychological response to CHI are discussed.

PMID: 2390656 [PubMed - indexed for MEDLINE]

☐ **113:** Brain Inj 1990 Jul-Sep;4(3):281-8 Related Articles, Books, LinkOut

The recall of prose as a function of importance following closed head injury.

Haut MW, Petros TV, Frank RG.

Department of Physical Medicine and Rehabilitation, University of Missouri-Columbia School of Medicine.

Closed head injury (CHI) results in significant memory dysfunction. Although the disabling aspects of memory impairment after CHI have been recognized, little attention has been focused on the theoretical nature of these memory problems. A means of examining semantic sensitivity to the importance of the ideas presented in the Wechsler Memory Scale-Revised Logical Memory subtest was developed. Subjects with CHI were sensitive to the semantic structure of the stories, but lost more important information at a faster rate than controls. Differences in recall, dependent on the passage, suggested that the two stories in the Wechsler Memory Scale-Revised are not equivalent.

PMID: 2390655 [PubMed - indexed for MEDLINE]

☐ **114:** Health Serv Res 1990 Jun;25(2):327-47 Related Articles, Books, LinkOut

Effect of the structure of hospital payment on length of stay.

Lave JR, Frank RG.

Graduate School of Public Health, University of Pittsburgh, PA 15261.

In response to rapidly rising costs, payers for health care services have made a number of changes in the way they reimburse hospitals for care. In this article we study the effect of different payment methods on the length of stay of Medicaid patients. We examine supply response by type of patient (medical, surgical, and psychiatric) and hospital ownership. We find that per case payment systems and negotiated contracts lead to significant decreases in the length of stay for all groups. Prospective per diem with limits in most cases leads to decreases in the length of stay. In general, we find that the supply response is stronger for psychiatric patients than for medical and surgical patients, and that publicly owned hospitals are more responsive to payment system incentives than are nonpublic hospitals.

PMID: 2191939 [PubMed - indexed for MEDLINE]

☐ **115:** Am Psychol 1990 Jun;45(6):757-61 Related Articles, Books, LinkOut

Rehabilitation. Psychology's greatest opportunity?

Frank RG, Gluck JP, Buckelew SP.

Department of Physical Medicine and Rehabilitation, School of Medicine, University of Missouri, Columbia 65212.

Rehabilitation is one of the fastest growing areas in the health industry. Supported by several key pieces of legislation, psychologists have established themselves as integral health care providers in rehabilitation. Although psychologists have benefited from legislated membership in rehabilitation, most individual psychologists and the psychological associations have failed to recognize the importance of public policy for the practice of psychology. Escalating health care costs have resulted in major revisions in the manner in which health insurers reimburse treatment. Medicare, the major federal health insurance provider, increasingly has been viewed as a model for the provision of all health care. The historic exclusion of psychologists from Medicare has limited the scope of psychologists' practice and the growth of professional psychology. The recent inclusion of psychologists in Medicare improves but does not solve practice and policy issues confronting psychology. Knowledge of national health policy formulation and greater participation by psychologists in health policy is necessary to secure the scope of professional practice most psychologists expect.

PMID: 2142384 [PubMed - indexed for MEDLINE]

☐ **116:** Ophthalmology 1990 Apr;97(4):483-94; discussion 494-5 Related Articles, Books, LinkOut

Detecting and treating retinopathy in patients with type I diabetes mellitus. A health policy model.

Javitt JC, Canner JK, Frank RG, Steinwachs DM, Sommer A.

Dana Center for Preventive Ophthalmology, Wilmer Ophthalmological Institute, Johns Hopkins University School of Medicine, Baltimore.

Diabetic retinopathy is the major cause of new cases of blindness among working-age Americans. The authors analyzed the medical and economic implications of alternative screening strategies for detecting retinopathy in a diabetic population. The approaches compared included dilated fundus examination at 6-, 12-, and 24-month intervals with and without fundus photography. Potential savings from screening and treatment are based on amounts paid by the federal government for blindness-related disability. Screening for and treating retinopathy in patients with type I diabetes mellitus was cost-effective using all screening strategies. Between 71,474 and 85,315 person years of sight and 76,886 and 94,705 person years of reading vision can be saved for each annual cohort of patients with type I diabetes mellitus when proper laser photocoagulation is administered. This results in a cost savings of $62.1 to $108.6 million. Annual examination of all diabetic patients and semi-annual examination of those with retinopathy was more effective than annual examination with fundus photography. This screening strategy is consistent with the Preferred Practice Pattern for Diabetic Retinopathy of the American Academy of Ophthalmology.

PMID: 2109299 [PubMed - indexed for MEDLINE]

☐ **117:** Health Aff (Millwood) 1990 Spring;9(1):31-42 Related Articles, Books, LinkOut

Local Print Collection

Mandating employer coverage of mental health care.

Frank RG, McGuire TG.

PMID: 2323724 [PubMed - indexed for MEDLINE]

☐ **118:** Gen Hosp Psychiatry 1990 Jan;12(1):11-8 Related Articles, Books, LinkOut

Comment in:
- Gen Hosp Psychiatry. 1990 Jan;12(1):8-10.

Economic aspects of patterns of mental health care: cost variation by setting.

Frank RG, Kamlet MS.

Johns Hopkins University, Baltimore, Maryland.

The paper examines the evidence regarding the extent to which differences exist in health and mental health status of psychiatric patients treated in the specialty mental health, general medical, and informal care sectors. Differences in types of patients treated in the three sectors are important to identify since there are dramatic differences in the average costs of treatment. We use data from the Baltimore Epidemiological Catchment Area Survey to estimate a statistical model of treatment setting choice. Our results suggest that there is little support for attributing major differences in treatment costs across sectors to differences in the health and mental health status of patients.

PMID: 2295430 [PubMed - indexed for MEDLINE]

☐ **119:** Urol Radiol 1990;12(1):50-2 Related Articles, Books, LinkOut

Torsion of an intraabdominal testis tumor presenting as an acute abdomen.

Frank RG, Gerard PS, Barbera JT, Lindsay K, Wise GJ.

Department of Urology, Coney Island Hospital, Brooklyn, New York.

Torsion of an intraabdominal testicular tumor is a rare preoperative diagnosis. An increased diagnostic yield is dependent on an expedient and comprehensive preoperative evaluation. This consists of a detailed past surgical history, a thorough physical examination, and close inspection of the preoperative abdominal films. An illustrated case report is presented.

PMID: 1970677 [PubMed - indexed for MEDLINE]

☐ **120:** Adv Health Econ Health Serv Res 1990;11:159-83 Related Articles, Books, LinkOut

Market forces and the public good: competition among hospitals and provision of indigent care.

Frank RG, Salkever DS, Mitchell J.

School of Hygiene and Public Health, Johns Hopkins University.

PMID: 10123010 [PubMed - indexed for MEDLINE]

☐ **121:** Adv Health Econ Health Serv Res 1990;11:1-25 Related Articles, Books, LinkOut

Hospital supply response to prospective payment as measured by length of stay.

Lave JR, Frank RG.

Graduate School of Public Health, University of Pittsburgh.

PMID: 10123007 [PubMed - indexed for MEDLINE]

☐ **122:** Health Policy 1990 Jan-Feb;14(1):1-11 Related Articles, Books, LinkOut

Hospital ownership and the care of uninsured and Medicaid patients: findings from the National Hospital Discharge Survey 1979-1984.

Frank RG, Salkever DS, Mullann F.

Johns Hopkins University, Baltimore.

From 1980 to 1984 Americans with no health insurance increased from 13.9% to 17.1% of the non-elderly population. Non-elderly persons covered by Medicaid declined from 6.2% to 5.6%. Previous studies of the share of the burden of uncompensated care borne by various provider groups present opposing findings. The National Hospital Discharge survey data presented here demonstrate that for-profit hospitals serve significantly lower percentages of uninsured discharges than secular or church-affiliated non-profit hospitals and public hospitals. The same pattern of differentials is observed with respect to Medicaid. On the whole the results of the survey tend to support the argument that private non-profit hospitals do indeed render greater public services in treating indigent patients than do for-profit hospitals. It must also be emphasized, however, that the results show all private hospitals falling somewhat short of the standard set by public hospitals in treating indigents. Thus, the continued shrinkage of the public hospital sector has serious policy implications.

PMID: 10106593 [PubMed - indexed for MEDLINE]

☐ **123:** Rand J Econ 1989 Winter;20(4):588-600 Related Articles, Books, LinkOut

A comparison of hospital responses to reimbursement policies for Medicaid psychiatric patients.

Frank RG, Lave JR.

Johns Hopkins University, Baltimore, MD.

Hospital expenditures continue to increase at rates that are higher than that of GNP growth. Policymakers are experimenting with a number of reimbursement methods in an attempt to curtail the growth in hospital costs. This article empirically assesses the impact of various hospital reimbursement methods on the use of hospital services. We specified and estimated a model of hospital duration for Medicaid psychiatric patients. A new semiparametric approach to estimation was implemented for a large national sample of hospital discharges. The empirical findings show significant reductions in hospital duration are associated with per case prospective payment as compared with cost-based reimbursement.

PMID: 10304283 [PubMed - indexed for MEDLINE]

☐ **124:** Paraplegia 1989 Aug;27(4):250-6 Related Articles, Books, LinkOut

Spinal cord injury and health locus of control beliefs.

Frank RG, Elliott TR.

Department of Physical Medicine and Rehabilitation, School of Medicine, University of Missouri-Columbia 65212.

Individual beliefs about control over their health were assessed in 53 patients with spinal cord injury. Patients who believed they exercised control over their health were less depressed than patients who were fatalistic. A significant number of patients were found to be higher in their internal attributions of health control (N = 31) than those who believed in chance (N = 5) and those who believed medical personnel were in control of their health (N = 11). The results are integrated with a past study of depression following spinal cord injury and locus of control beliefs.

PMID: 2780079 [PubMed - indexed for MEDLINE]

☐ **125:** Arthritis Rheum 1989 Aug;32(8):984-90 Related Articles, Books, LinkOut

Local Print Collection

Pain control and rational thinking. Implications for rheumatoid

arthritis.

Parker JC, Smarr KL, Buescher KL, Phillips LR, Frank RG, Beck NC, Anderson SK, Walker SE.

Psychology Service, Harry S Truman Memorial Veterans Hospital, Columbia, MO 65201.

In this study, we examined the factor structure of the Coping Strategies Questionnaire and studied the relevance of the coping process to health status in rheumatoid arthritis patients. The 2 factors of the questionnaire that were analyzed were Coping Attempts and Pain Control and Rational Thinking. The Pain Control and Rational Thinking factor was related to pain and psychological status, even after demographic variables and disease severity were statistically controlled. In addition, increases in Pain Control and Rational Thinking scores were related to improvements in pain, psychological status, and health status. Implications for the psychological care of rheumatoid arthritis patients are discussed.

PMID: 2765011 [PubMed - indexed for MEDLINE]

126: Health Serv Res 1989 Apr;24(1):83-103 Related Articles, Books, LinkOut

Determining provider choice for the treatment of mental disorder: the role of health and mental health status.

Frank RG, Kamlet MS.

Health Service R and D Center, Johns Hopkins University, Baltimore, MD 21205.

This article specifies and estimates a model of provider choice for mental health services. Three types of providers are identified: specialty mental health providers, general medical providers, and informal providers. Specific attention is paid to the role of health and mental health status in determining provider choice. The model is estimated using a multinomial logit approach applied to a sample of 2,800 respondents to the Baltimore Epidemiological Catchment Area Survey. The results are largely consistent with the previous work of Wells et al. (1982), suggesting that health and mental health status play an important role in the decision to seek care but have little effect on the type of provider chosen. The results also reveal that 22 percent of individuals obtaining mental health care did so through the informal care sector. One exemplary benefit design simulation is performed using the estimation results.

PMID: 2714994 [PubMed - indexed for MEDLINE]

☐ **127:** Hosp Community Psychiatry 1989 Jan;40(1):9-12 Related Articles, Books, LinkOut

Local Print Collection

The medically indigent mentally ill: approaches to financing.

Frank RG.

Johns Hopkins University School of Hygiene and Public Health, Baltimore, Maryland 21205.

PMID: 2912847 [PubMed - indexed for MEDLINE]

☐ **128:** Soc Sci Med 1989;28(8):861-7 Related Articles, Books, LinkOut

The impact of prospectively set hospital budgets on psychiatric admissions.

Frank RG, Jackson CA.

Health Services Research & Development Center, Johns Hopkins University, School of Hygiene, Baltimore, MD 21205.

This article examines the impact of prospectively set hospital budgets on rates of admission of psychiatric patients in New York state, U.S.A. The analysis takes advantage of a natural experiment which took place in the early 1980s, whereby a geographic region adopted a prospective hospital budget reimbursement scheme that differed from the prospective per diem reimbursement scheme used in the rest of the state. The results indicate a strong decrease in psychiatric admissions attributable to the experimental payment method.

PMID: 2705019 [PubMed - indexed for MEDLINE]

☐ **129:** J Health Polit Policy Law 1989 Fall;14(3):477-501 Related Articles, Books, LinkOut

Regulatory policy and information deficiencies in the market for mental health services.

Frank RG.

Johns Hopkins University.

This paper addresses issues related to the regulation of the delivery of

mental health services. The focus is primarily on regulations that are aimed at dealing with the consequences of imperfect information in the marketplace. The paper reviews and assesses what is known about the impact of regulations on efficiency and equity. One conclusion is that we know a fair amount about impacts of regulation on prices for mental health service and very little about effects on quality of care. A research agenda is proposed based on the knowledge available in 1988.

Publication Types:
- Review
- Review, Tutorial

PMID: 2677120 [PubMed - indexed for MEDLINE]

☐ **130:** Inquiry 1989 Summer;26(2):283-90 Related Articles, Books, LinkOut

Local Print Collection

The effect of Medicaid policy on mental health and poverty.

Frank RG, Gertler PJ.

This paper examines the interrelationships between mental distress, poverty, and Medicaid eligibility policy. This is accomplished by estimating an econometric model of mental health and income. We use data from a community survey to estimate the model. Simulations of the impacts of changes in Medicaid eligibility policy are performed using the model estimates. A central finding is that while there are gains in both mental health status and earnings from changes in Medicaid, the effects on poverty are small because of the design of transfer programs. Suggestions for further research are offered.

PMID: 2526096 [PubMed - indexed for MEDLINE]

☐ **131:** Urol Radiol 1989;11(3):179-81 Related Articles, Books, LinkOut

Human penile ossification: a case report and review of the literature.

Frank RG, Gerard PS, Wise GJ.

Department of Urology, Maimonides Medical Center, Brooklyn, New York 11219.

Human penile ossification is a rare event. Only a limited number of cases have appeared in the literature. Several reported cases have been related to local trauma and plastic induration of the penis. We report an additional case

with a comprehensive review of case reports in the literature.

Publication Types:
- Review
- Review of Reported Cases

PMID: 2512707 [PubMed - indexed for MEDLINE]

☐ **132:** Health Care Financ Rev 1988 Winter;10(2):57-66 Related Articles, Books, LinkOut

Factors affecting Medicaid patients' length of stay in psychiatric units.

Lave JR, Frank RG.

The structure of the Medicaid program varies widely among the States. Examined in this article is the relationship between certain characteristics of the State Medicaid programs and the length of stay of patients who are discharged from psychiatric units in general hospitals. It has been found that setting limits on the number of reimbursable days leads to shorter lengths of stay and that, after controlling for region, length of stay is not influenced by utilization review or State rate setting.

PMID: 10313087 [PubMed - indexed for MEDLINE]

☐ **133:** Med Care 1988 Dec;26(12):1203-15 Related Articles, Books, LinkOut

Local Print Collection

Use of mental health services and persistence of emotional distress. An exploratory analysis.

Frank RG.

Health Services Research and Development Center, Johns Hopkins University, Baltimore, MD 21205.

This article probes the relationship between use of ambulatory mental health services and the persistence of mental problems. The analysis focuses on the difficulties in obtaining empirical estimates of the relationship between usage and persistence. A two-step estimator is used to take into account unobserved determinants of both usage and mental health status. This estimator is compared with a single equation model and a two-stage least-squares estimator. The study makes use of a community survey designed to estimate the prevalence of major mental disorders over a 12-month period. The survey consisted of three waves of interviews over the study year. The

results indicate a significant decrease in the likelihood of mental problems persisting when treatment is received.

PMID: 3199914 [PubMed - indexed for MEDLINE]

☐ **134:** J Rheumatol 1988 Nov;15(11):1632-8 Related Articles, Books, LinkOut

Comment in:
- J Rheumatol. 1990 Feb;17(2):277.

Local Print Collection

Antidepressant analgesia in rheumatoid arthritis.

Frank RG, Kashani JH, Parker JC, Beck NC, Brownlee-Duffeck M, Elliott TR, Haut AE, Atwood C, Smith E, Kay DR.

Multipurpose Arthritis Center, School of Medicine, University of Missouri-Columbia.

Forty-seven patients with definite rheumatoid arthritis (RA) were treated in a 32 week, double blind, crossover trial of amitriptyline, desipramine, trazodone, and placebo. All drug regimens produced significant changes on pain measures relative to baseline, but only amitriptyline exceeded placebo. Amitriptyline was associated with a significant reduction in the number of painful/tender joints. Our study supports the efficacy of a moderate dose of amitriptyline as an adjunct drug for the treatment of pain in both depressed and nondepressed patients with RA.

Publication Types:
- Clinical Trial
- Controlled Clinical Trial

PMID: 3236298 [PubMed - indexed for MEDLINE]

☐ **135:** Brain Inj 1988 Oct-Dec;2(4):323-31 Related Articles, Books, LinkOut

The brain injury rehabilitation scale (BIRS): a measure of change during post-acute rehabilitation.

Farmer JE, Frank RG.

Department of Physical Medicine and Rehabilitation, School of Medicine, University of Missouri-Columbia.

This article describes the development of the Brain Injury Rehabilitation Scale (BIRS), a 20-item scale rating attention, memory, cognition, goal-

directed behaviour, social interaction, and adjustment to injury. The BIRS was designed to provide ratings of clinical progress during post-acute rehabilitation from the perspective of the patient, the family and the treating staff. The BIRS was administered to two groups. Group one included five patients in a post-acute rehabilitation programme who were administered the BIRS each week for the 24 weeks of the programme. Group two was a control group composed of 21 college students. The BIRS was administered to each control subject for three consecutive weeks. The BIRS was found to be a sensitive and reliable measure of rehabilitation progress. Inter-rater reliability was high. Further evaluation of the BIRS is warranted.

PMID: 3203178 [PubMed - indexed for MEDLINE]

☐ **136:** J Rheumatol 1988 Jul;15(7):1081-4 Related Articles, Books, LinkOut

Local Print Collection

Patients with rheumatoid arthritis at high risk for noncompliance with salicylate treatment regimens.

Beck NC, Parker JC, Frank RG, Geden EA, Kay DR, Gamache M, Shivvers N, Smith E, Anderson S.

University of Missouri-Columbia School of Medicine, Department of Psychiatry, Columbia 65212.

Recent studies indicate the adherence of many patients with rheumatoid arthritis (RA) to their treatment regimens is poor. Management of this problem depends on identification of noncompliant patients, followed by interventions to increase their level of adherence. In this study, 63 patients with RA receiving salicylate drugs completed a questionnaire during an outpatient visit. The questionnaire contained items believed to be predictive of future compliance, including patient self-predictions regarding future compliance, ratings of behavior in similar situations and barriers to compliance, such as ease of transportation to the clinic. Compliance was estimated via a salicylate assay that was taken during a subsequent outpatient appointment. Multivariate analyses of our data revealed that significant predictions could be made regarding future compliance, with 75% of the noncompliant patients correctly identified. Variables contributing significantly included behavioral self-predictions and a measure of current behavior in similar situations, as assessed by a salicylate assay that was collected during the 1st outpatient visit.

PMID: 3172114 [PubMed - indexed for MEDLINE]

☐ **137:** J Rheumatol 1988 Jun;15(6):920-5 Related Articles, Books, LinkOut

Local Print Collection

Depression in rheumatoid arthritis.

Frank RG, Beck NC, Parker JC, Kashani JH, Elliott TR, Haut AE, Smith E, Atwood C, Brownlee-Duffeck M, Kay DR.

Multipurpose Arthritis Center, School of Medicine, University of Missouri-Columbia.

Operationalized diagnostic criteria for depression were used to assess 137 (76% male, 24% female) patients with rheumatoid arthritis (RA). Forty-two percent met criteria for some form of depression. Discriminant function analysis revealed a significant relationship between the presence or history of depression and higher levels of pain, but not between current depression and common indicators of RA activity or severity. These results suggest that depression is a frequent disorder among persons with RA. The importance of patient appraisal of disease and assessment of repeated depressive episodes is discussed. Attention to specific interventions for depression in conjunction with the treatment of the RA is suggested.

PMID: 3418641 [PubMed - indexed for MEDLINE]

☐ **138:** Am J Phys Med Rehabil 1988 Jun;67(3):128-31 Related Articles, Books, LinkOut

Age as a factor in response to spinal cord injury.

Frank RG, Elliott TR, Buckelew SP, Haut AE.

Department of Physical Medicine and Rehabilitation, School of Medicine, University of Missouri-Columbia 65212.

Previous studies examining the role of age in the mediation of psychological response to a catastrophic injury, such as spinal cord injury, have yielded equivocal results. To further examine the role of age in the response to catastrophic injury, 53 patients with spinal cord injury were administered a battery of tests assessing life stress, depression and general psychological functioning. Two groups were derived from negative ratings of life events and subject's age. Younger patients, who reported higher levels of life stress, also reported more depressive symptomatology; younger patients with lower levels of life stress reported fewer depressive symptoms. Both young and old patients with high stress reported higher levels of depressive symptomatology. Psychological disturbance was greater in the high life stress group as indicated by significant elevations on the global severity index of the Symptom Checklist-90 and elevations on somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety and psychoticism subscales. Age effects were not found for the Symptom Checklist-90.

PMID: 3377891 [PubMed - indexed for MEDLINE]

☐ **139:** J Health Econ 1988 Jun;7(2):165-71 Related Articles, Books, LinkOut

The decision to seek an exemption from PPS.

Lave JR, Frank RG, Rupp A, Taube C, Goldman H.

This paper examines the receipt of exemptions from Medicare's Prospective Payment System (PPS) for distinct part psychiatric units of general hospitals. A logit model of the exemption status of 1,045 psychiatric units is estimated using 1984 data. The results suggest that units that were expected to profit from a change in payment method (cost based on PPS) were least likely to obtain an exemption from PPS.

PMID: 10302767 [PubMed - indexed for MEDLINE]

☐ **140:** Hosp Community Psychiatry 1988 May;39 (5):555-7 Related Articles, Books, LinkOut

Local Print Collection

Use of services by cognitively impaired elderly persons residing in the community.

Frank RG, German PS, Burns BJ, Johnson W, Miller N.

Health Services Research and Development Center, Johns Hopkins University School of Hygiene and Public Health, Baltimore, Maryland 21205.

PMID: 3378755 [PubMed - indexed for MEDLINE]

☐ **141:** Arthritis Rheum 1988 May;31(5):593-601 Related Articles, Books, LinkOut

Local Print Collection

Pain management in rheumatoid arthritis patients. A cognitive-behavioral approach.

Parker JC, Frank RG, Beck NC, Smarr KL, Buescher KL, Phillips LR, Smith EI, Anderson SK, Walker SE.

Harry S Truman Memorial Veterans Hospital, Psychology Service, Columbia, MO 65201.

To examine the effectiveness of a cognitive-behavioral pain management program for patients with rheumatoid arthritis, three patient groups were studied: a cognitive-behavioral group (CB), an attention-placebo group, and a control group. The CB group received a comprehensive, 12-month pain management program that taught coping strategies such as problem-solving techniques, relaxation training, strategies for attention diversion, and training in family dynamics and communication. Dependent measures included pain, coping strategies, psychological status, functional status, and disease status. Data analysis at 12 months revealed benefits for the CB group in the area of enhanced coping strategies. Specifically, the CB subjects showed significantly greater use of coping strategies and significantly more confidence in their ability to manage pain. The findings are discussed in terms of the importance of enhanced self-efficacy and personal control for patients with rheumatoid arthritis.

Publication Types:
- Clinical Trial
- Controlled Clinical Trial

PMID: 2454118 [PubMed - indexed for MEDLINE]

☐ **142:** Am J Psychiatry 1988 Feb;145(2):210-3 Related Articles, Books, LinkOut

Local Print Collection

Psychiatry under prospective payment: experience in the first year.

Taube CA, Lave JR, Rupp A, Goldman HH, Frank RG.

Division of Biometry and Applied Sciences, NIMH, Rockville, Md.

The authors present data on changes in resource use by Medicare psychiatric patients in general hospitals after the introduction of the prospective payment system in 1984. Length of stay and charges per discharge during fiscal year 1984 fell 13.8% and 15.9%, respectively, after the new system began, even though 31.8% of the discharges for Medicare psychiatric cases were from exempt psychiatric units. The decrease in length of stay was considerably larger (23.2%) in hospitals with no psychiatric units, which were not exempt from prospective payment.

PMID: 3277451 [PubMed - indexed for MEDLINE]

☐ **143:** Inquiry 1988 Fall;25(3):354-63 Related Articles, Books, LinkOut

Local Print Collection

The early effects of Medicare's prospective payment system on psychiatry.

Lave JR, Frank RG, Taube C, Goldman H, Rupp A.

Department of Health Services Administration, Graduate School of Public Health, University of Pittsburgh, PA 15261.

In this paper, we study the effects on psychiatry of Medicare's prospective payment system (PPS) during 1984, as PPS was implemented. We examined data on psychiatric discharges before and after PPS from three kinds of hospitals--those with psychiatric units exempt from PPS, those with nonexempt units, and those that treated psychiatric patients in scatter beds--as well as data on all hospital discharges. We conclude that the providers of psychiatric services responded to the incentives inherent in PPS much the way hospitals as a whole did--with significantly reduced lengths of stay. Of the three kinds of hospitals that rendered psychiatric care, those that treated patients in scatter beds had the greatest reduction in length of stay. Using readmission rates as a gross indicator of quality, we conclude that quality did not suffer because of the shortened stays.

PMID: 2972620 [PubMed - indexed for MEDLINE]

☐ **144:** J Health Econ 1987 Dec;6(4):319-37 Related Articles, Books, LinkOut

Economic rents derived from hospital privileges in the market for podiatric services.

Frank RG, Weiner JP, Steinwachs DM, Salkever DS.

This study examines the relative impacts of human capital and market conditions on the economic rents associated with hospital privileges in the market for footcare. An empirical model of hospital privileges for podiatrists is formulated based on the Pauly-Redisch model of hospital behavior. The privilege model is then incorporated into a model of podiatrists' earnings via a selection adjustment as proposed by Heckman and Lee. The results indicate the persistance of economic rents even after controlling for unobserved 'quality' factors.

PMID: 10285441 [PubMed - indexed for MEDLINE]

☐ **145:** J Consult Clin Psychol 1987 Oct;55(5):727-31 Related Articles, Books, LinkOut

Local Print Collection

Differences in coping styles among persons with spinal cord injury: a cluster-analytic approach.

Frank RG, Umlauf RL, Wonderlich SA, Askanazi GS, Buckelew SP, Elliott TR.

PMID: 3454783 [PubMed - indexed for MEDLINE]

☐ **146:** Am J Public Health 1987 Aug;77(8):987-92 Related Articles, Books, LinkOut

Online Full-text Local Print Collection

Elective foot surgery: relative roles of doctors of podiatric medicine and orthopedic surgeons.

Weiner JP, Steinwachs DM, Frank RG, Schwartz KJ.

We examined the roles of Doctors of Podiatric Medicine (DPMs) and orthopedic surgeons in the provision of foot surgery by analyzing the 1982 computerized claims of over 1.1 million federal employees, retirees, and family members. We found that DPMs provided over 60 per cent of all elective insured foot surgery. Without being able to adjust for the severity of the patient's underlying condition or the appropriateness and outcome of the surgery, the average per procedure charge submitted by an orthopedist was 17 per cent higher than that of a DPM; orthopedists were five times as likely to perform a procedure on an inpatient basis, and admitted patients to a hospital had longer stays; DPMs perform a greater number of procedures per episode, but their overall charges during the average foot surgery episode were 30 per cent lower, primarily because of their lower hospitalization rates. The possible impact of recent changes in health care delivery on the DPM/orthopedist practice comparison are discussed as are several questions regarding the quality and need of the care provided by these two groups.

PMID: 3605480 [PubMed - indexed for MEDLINE]

☐ **147:** Arch Phys Med Rehabil 1987 Jun;68(6):344-7 Related Articles, Books, LinkOut

Local Print Collection

Life stress and psychologic adjustment following spinal cord injury.

Frank RG, Elliott TR.

Previous research on psychologic adjustment following spinal cord injury has not systematically investigated the impact of negative life events from contemporary perspectives. In order to examine the effects of life stress on adjustment, 53 spinal cord injured patients were assessed by the Symptom Checklist-90, Beck Depression Inventory, and a measure of life events. Patients who were experiencing higher subjective levels of life stress

displayed more distress than those reporting lower levels of life stress. The findings were not mediated by the passage of time since injury.

PMID: 3592946 [PubMed - indexed for MEDLINE]

☐ **148:** Soc Sci Med 1987;24(10):843-50 Related Articles, Books, LinkOut

Technical and allocative efficiency in production of outpatient mental health clinic services.

Frank RG, Taube CA.

This paper presents an analysis of production of ambulatory mental health services in free standing outpatient clinics. The study empirically addresses several issues including: the nature of returns to scale, the impact of differing organizational forms on the volume of service produced and the efficiency of staffing patterns used by psychiatric clinics. An appraisal of two popular production functions is offered based on predictive performance. The results suggest the existence of decreasing returns to scale; input hiring decisions that depart from cost minimization; and the potential important of a decentralized clinic organization for expansion of access to mental health services.

PMID: 3616678 [PubMed - indexed for MEDLINE]

☐ **149:** Adv Health Econ Health Serv Res 1987;8:1-21 Related Articles, Books, LinkOut

The impact of Medicare's prospective payment system on psychiatric patients treated in scatterbeds.

Frank RG, Lave JR, Taube CA, Rupp A, Goldman HH.

PMID: 10324923 [PubMed - indexed for MEDLINE]

☐ **150:** Fed Proc 1986 Nov;45(12):2665-72 Related Articles, Books, LinkOut

The Columbian exchange: American physiologists and neuroscience techniques.

Frank RG Jr.

Neurophysiological techniques, far from being mere manual or instrumental procedures, are intimately bound up with the concepts and social processes of experimental physiology. This proposition is argued by examining the

prepublication history of four important technical innovations in 20th-century neurophysiology, and their associated innovators: the vacuum-tube amplifier (Lucas, Williams, and Forbes, 1912-1922); the cathode-ray oscillograph (Gasser, Newcomer, and Erlanger, 1919-1923); single-fiber recording (Adrian, Zotterman, Forbes, Davis, and Gasser, 1912-1926); and the intracellular microelectrode (Graham, Gerard, Ling, Hodgkin, and Nastuk, 1940-1950). From these episodes I conclude that: each technique has its own set of conceptual presuppositions, limitations, and biases--in a word, techniques are idea-laden; techniques have an inertia of use that is overcome often only in unusual circumstances of crisis or opportunity; techniques, in their origin, evaluation, demonstration, and diffusion, are embedded in a network of social contacts among researchers; and 4) techniques evolve with favorite biological materials that, by fitting the apparatus and the questions asked, also impose limits on the concepts educed from that preparation.

Publication Types:
- Historical Article

PMID: 3533636 [PubMed - indexed for MEDLINE]

☐ **151:** Health Serv Res 1986 Jun;21(2 Pt 2):241-65 Related Articles, Books, LinkOut

A review of studies of the impact of insurance on the demand and utilization of specialty mental health services.

Frank RG, McGuire TG.

Insurers and employers perceive the demand for mental health care to be highly responsive to the terms of insurance. Better coverage, it is believed, would increase demand, increasing expenditures through use of services that may be discretionary in nature. This article attempts to shed light on this issue by summarizing and evaluating the results of more than 40 published and unpublished studies. The major criterion for inclusion was the availability of information on the size of the population covered, so that rates of utilization could be calculated. More recent studies are emphasized. If research at the population level using aggregate utilization as a dependent variable is the "first generation of research," studies of individual use over a period of a year constitutes the "second generation." The emerging research on episodes of treatment represents a new "third generation" of studies. If some progress can be made on issues of ways in which patients form expectations about their treatment and its cost, this new generation of research promises to model demand response more precisely to coverage terms that change within a year, such as deductibles or limits.

Publication Types:
- Review

PMID: 3522485 [PubMed - indexed for MEDLINE]

☐ **152:** J Clin Psychol 1986 Jan;42(1):126-8 Related Articles, Books, LinkOut

Multidimensional health locus of control in a rehabilitation setting.

Umlauf RL, Frank RG.

In an attempt to replicate a recent report of the factorial structure of the Multidimensional Health Locus of Control Scale, a sample of rehabilitation patients (N = 107) were studied. Analyses in the present study failed to validate the previously reported three-dimensional structure, which indicates a need for careful interpretation of this scale when used with certain populations. An alternative factor structure and possible future directions are proposed.

PMID: 3949997 [PubMed - indexed for MEDLINE]

☐ **153:** Addict Behav 1986;11(1):59-62 Related Articles, Books, LinkOut

Hypnosis and behavioral treatment in a worksite smoking cessation program.

Frank RG, Umlauf RL, Wonderlich SA, Ashkanazi GS.

In the initial study, 48 subjects of the total (N = 63) ultimately used, were assigned to one of three treatments: four hypnotic sessions with a booster, two hypnotic sessions, or two hypnotic and two behavioral sessions with a booster. A follow-up group was later recruited composed of 15 subjects who received four hypnotic sessions and a booster session with less time between sessions. The results indicated no difference in smoking cessation 6 months after treatment regardless of the frequency, length between sessions, or addition of behavioral methods. Successful subjects were more educated, less able to utilize their imagination, and had fewer smokers at home.

Publication Types:
- Clinical Trial
- Randomized Controlled Trial

PMID: 3716918 [PubMed - indexed for MEDLINE]

☐ **154:** J Health Polit Policy Law 1986 Spring;11 (1):83-96 Related Articles, Books, LinkOut

Per case prospective payment for psychiatric inpatients: an

assessment and alternatives.

Frank RG, Lave JR.

Psychiatric hospitals and clinics are exempted from the Medicare prospective payment system. In this paper we examine the appropriateness of the DRG classification system for psychiatric patients and argue that, using this system as the basis of payment, two types of problems are likely to arise. We categorize these problems as "risks to hospitals" and "risks to patients" and examine the existing literature to determine whether these risks are likely to be significant. We propose a different approach to paying prospectively for psychiatric care, and suggest modifications that could be made to the structure of PPS to mitigate negative incentives embedded in the current system. Although the main focus of the paper is on the unit of payment, we also make some observations about issues arising in connection with the level of payment.

PMID: 3088092 [PubMed - indexed for MEDLINE]

☐ **155:** Inquiry 1986 Spring;23(1):16-22 Related Articles, Books, LinkOut

Local Print Collection

The predictors of HMO enrollee populations: results from a national sample.

Welch WP, Frank RG.

This study is the first to use a national data set to analyze the kinds of people who enroll in HMOs versus conventional insurance, whether or not they faced a choice. Our explanatory variables include two measures of health: reported health status and number of medical conditions. Although neither variable proved to be significant, our coefficient estimates suggest that ill health increases the probability of being enrolled in an HMO, as does larger family size. The income elasticity of HMO enrollment is -.64, which suggests that families of modest means are a natural clientele of HMOs.

PMID: 2937725 [PubMed - indexed for MEDLINE]

☐ **156:** Med Care 1985 Oct;23(10):1148-55 Related Articles, Books, LinkOut

Local Print Collection

The psychiatric DRGs. Are they different?

Frank RG, Lave JR.

The relative homogeneity of medical, surgical, and psychiatric diagnosis-

related groups (DRGs) are examined. Using data from the State of Maryland and the Health Care Financing Administration we studied the amount of variation in resource utilization within the DRGs. The estimated coefficients of variation of resource utilization for the surgical DRGs were found to be significantly smaller than those estimated for both medical and psychiatric DRGs. The authors were unable to reject the hypothesis that the coefficients of variation for medical and psychiatric DRGs were different. These results suggest that hospitals are at substantial but equal risk under a DRG-based payment system for both medical and psychiatric DRGs.

PMID: 3932788 [PubMed - indexed for MEDLINE]

☐ **157:** Hosp Community Psychiatry 1985 Jul;36 (7):775-6 Related Articles, Books, LinkOut

A plan for prospective payment for inpatient psychiatric care.

Frank RG, Lave JR.

PMID: 4040493 [PubMed - indexed for MEDLINE]

☐ **158:** Hosp Community Psychiatry 1985 Jul;36 (7):749-53 Related Articles, Books, LinkOut

The impact of Medicaid benefit design on length of hospital stay and patient transfers.

Frank RG, Lave JR.

The authors examined how the Medicaid hospital benefit structure affects the length of stay of psychiatric inpatients and transfers to state mental hospitals and nursing homes. They hypothesized that length-of-stay and discharge patterns would depend on five classes of variables: patient characteristics, diagnosis, mental health status, hospital characteristics, and benefit structure. Analysis of 976 Medicaid cases showed that the variables together accounted for only 17 percent of the variation in patient length of stay; benefit structure alone accounted for 6 percent of the variation, slightly less than the diagnostic variables. A patient's clinical status was the most important predictor of transfer to state mental hospitals, although benefit structure had a significant effect. It had no effect on patient transfers to nursing homes. The authors discuss the implications of the findings for designing prospective payment systems for psychiatric patients under Medicare.

PMID: 3894202 [PubMed - indexed for MEDLINE]

☐ **159:** J Consult Clin Psychol 1985 Jun;53(3):370-6 Related Articles, Books, LinkOut

Local Print Collection

Research selection bias and the prevalence of depressive disorders in psychiatric facilities.

Frank RG, Schulberg HC, Welch WP, Sherick H, Costello AJ.

PMID: 3874218 [PubMed - indexed for MEDLINE]

☐ **160:** Am J Psychiatry 1985 Feb;142(2):252-3 Related Articles, Books, LinkOut

Local Print Collection

Depression and adrenal function in spinal cord injury.

Frank RG, Kashani JH, Wonderlich SA, Lising A, Visot LR.

Of 32 patients with spinal cord injury, 14 had a DSM-III diagnosis of depressive disorder: 12 had major depression (five with melancholia) and two were dysthymic. In those with major depression, a dexamethasone suppression test lacked sensitivity (30%) and specificity (50%).

PMID: 3970253 [PubMed - indexed for MEDLINE]

☐ **161:** Hosp Community Psychiatry 1985 Feb;36 (2):165-8 Related Articles, Books, LinkOut

Direct costs and expenditures for mental health care in the United States in 1980.

Frank RG, Kamlet MS.

Estimates of direct costs and expenditures for mental health care in 1980 are presented in this analysis. Besides estimates for the specialty mental health sector, the general medical sector, and the human service sector (schools and the criminal justice system), the authors include transportation costs and expenditures for transfer payments. They obtained a low total estimate of $19.2 billion and a high total estimate of $22 billion. Comparisons with previous estimates indicate an annual growth rate in real costs for mental health care of about 1.7 percent since 1971.

PMID: 3918923 [PubMed - indexed for MEDLINE]

162: Inquiry 1985 Summer;22(2):148-61 Related Articles, Books, LinkOut

Local Print Collection

The competitive effects of HMOs: a review of the evidence.

Frank RG, Welch WP.

Despite the major methodological strides that have been made in the study of the competitive impact of HMOs and the considerable information gained from case studies, the formulation of substantive conclusions relating to HMO market penetration is in its infancy. In this review of recent studies of the competitive impact of HMOs, which concentrates on the econometric evidence, the authors found several anomalies concerning HMO impact in the market for hospital services, and make suggestions for methodological improvements. They introduce the notion of the role of employers in the insurance purchase decision as a key element in developing a complete model of health plan choice. They conclude with a proposal for a research agenda for studying the growing impact of HMOs on traditional health care coverage.

PMID: 3159671 [PubMed - indexed for MEDLINE]

163: Econ Inq 1985 Jan;23(1):115-33 Related Articles, Books, LinkOut

Pricing and location of physician services in mental health.

Frank RG.

Puzzling results of a positive association between the number of physicians per capita and the level of fees for physician services have been reported in the literature. These results may be due to misspecification of econometric models and use of data aggregated across medical specialties. It is hypothesized that the unusual results would not persist with a carefully specified econometric model for a single medical specialty. A general model of pricing and location of physician's services is applied to the market for psychiatrist's services. The results imply that the market for psychiatrist's services operates in a manner consistent with the predictions of the competitive model.

PMID: 10271341 [PubMed - indexed for MEDLINE]

164: Br J Psychiatry 1984 May;144:493-7 Related Articles, Books, LinkOut

Psychological response to amputation as a function of age and time since amputation.

Frank RG, Kashani JH, Kashani SR, Wonderlich SA, Umlauf RL, Ashkanazi GS.

Much of what is known about the psychological response to amputation is derived from studies of veterans. Most recent amputees come from a different group; they are typically older and have experienced medical problems prior to their amputation. In order to investigate the effects of age and time since amputation on psychological response, 66 amputees were assessed by the Symptom Checklist-90, Beck Depression Inventory and interviewed. When classified by time since amputation and by age, the results indicate that older amputees exhibited less depression and fewer psychological symptoms: in contrast, younger amputees evidenced increased depression and psychological symptomatology the longer the time since their amputation.

PMID: 6733373 [PubMed - indexed for MEDLINE]

☐ **165:** Hosp Community Psychiatry 1984 Mar;35 (3):213-5 Related Articles, Books, LinkOut

State Medicaid limitations for mental health services.

Sharfstein SS, Frank RG, Kessler LG.

PMID: 6368358 [PubMed - indexed for MEDLINE]

☐ **166:** Adv Health Econ Health Serv Res 1984;5:95-128 Related Articles, Books, LinkOut

Health care costs in health maintenance organizations: correcting for self-selection.

Welch WP, Frank RG, Diehr P.

PMID: 10272997 [PubMed - indexed for MEDLINE]

☐ **167:** Arch Phys Med Rehabil 1983 Nov;64(11):548-52 Related Articles, Books, LinkOut

Local Print Collection

Hypnosis compared to relaxation in the outpatient management of chronic low back pain.

McCauley JD, Thelen MH, Frank RG, Willard RR, Callen KE.

Chronic low back pain (CLBP) presents a problem of massive dimensions. While inpatient approaches have been evaluated, outpatient treatment programs have received relatively little examination. Hypnosis and relaxation are two powerful techniques amenable to outpatient use. Seventeen outpatient subjects suffering from CLBP were assigned to either Self-Hypnosis (n = 9) or Relaxation (n = 8) treatments. Following pretreatment assessment, all subjects attended a single placebo session in which they received minimal EMG feedback. One week later the subjects began eight individual weekly treatment sessions. Subjects were assessed on a number of dependent variables at pretreatment, following the placebo phase, one week after the completion of treatment, and three months after treatment ended. Subjects in both groups showed significant decrements in such measures as average pain rating, pain as measured by derivations from the McGill Pain Questionnaire, level of depression, and length of pain analog line. Self-Hypnosis subjects reported less time to sleep onset, and physicians rated their use of medication as less problematic after treatment. While both treatments were effective, neither proved superior to the other. The placebo treatment produced nonsignificant improvement.

Publication Types:
- Clinical Trial
- Controlled Clinical Trial

PMID: 6227304 [PubMed - indexed for MEDLINE]

☐ **168:** Pain 1983 Aug;16(4):385-9 Related Articles, Books, LinkOut

Physician concern over medication intake: a simple measure of medication use.

McCauley JD, Frank RG.

Medication use is commonly measured in clinical pain control studies. Equivalence to a standard medication (e.g., morphine), effective dosage, and percent changes from before to after treatment have been used to provide quantitative medication intake measures which are amenable to statistical analysis. Problems with these methods arise when specific medications are not found in an extant table or when combinations of medications interact in their effectiveness or side effects. In the present study, a Q-sort technique, whereby physicians rated concern over medication intake, provided a simple, rapid measure of medication intake which is sensitive to treatment effects and is amenable to statistical analysis.

PMID: 6225981 [PubMed - indexed for MEDLINE]

☐ **169:** J Clin Psychiatry 1983 Jul;44(7):256-8 Related Articles, Books, LinkOut

Local Print Collection

Depression among amputees.

Kashani JH, Frank RG, Kashani SR, Wonderlich SA, Reid JC.

A 35% prevalence of major depressive disorder was found in a prospective study of 65 amputees evaluated in a Physical Medicine and Rehabilitation Department. The findings indicate significantly more alcohol abuse among the depressed group. Higher percentages of female than male amputees were found to be depressed and unmarried. The prevalence of smoking was significantly higher among those whose amputations were due to vascular disease rather than other causes (e.g., trauma). In addition to the physical care of amputees, their emotional needs and well-being merit serious consideration.

PMID: 6863225 [PubMed - indexed for MEDLINE]

☐ **170:** Psychol Bull 1983 Jul;94(1):177-80 Related Articles, Books, LinkOut

Missing data in psychiatric research: a solution.

Welch WP, Frank RG, Costello AJ.

PMID: 6622619 [PubMed - indexed for MEDLINE]

☐ **171:** Health Policy Q 1982 Summer;2(2):79-97 Related Articles, Books, LinkOut

"Freedom of choice" laws: empirical evidence of their contribution to competition in mental health care delivery.

Frank RG.

Freedom of Choice laws have been forwarded as laws which enhance consumer choice and efficient functioning of markets for mental health services. The name of these laws constitute a misnomer, because they serve to force consumers to buy a specific type of insurance coverage. Nevertheless, under a specific set of markets conditions, the implementation of Freedom of Choice laws may increase competition and improve efficiency in the market. Empirical estimates are reported of the effect on prices of this legislation.

PMID: 10259098 [PubMed - indexed for MEDLINE]

☐ **172:** Community Ment Health J 1983 Spring;19 (1):42-61 Related Articles, Books, LinkOut

Is there a shortage of psychiatrists? An economist's view of the evidence.

Frank RG.

PMID: 6571485 [PubMed - indexed for MEDLINE]

☐ **173:** Psychol Rep 1982 Dec;51(3 Pt 2):1207-10 Related Articles, Books, LinkOut

Life stress and onset of physical illness.

Frank RG, Van Valin PH, Weinstein CL.

PMID: 7167618 [PubMed - indexed for MEDLINE]

☐ **174:** J Health Polit Policy Law 1982 Winter;6 (4):676-83 Related Articles, Books, LinkOut

Contracting state mental hospital systems.

Frank RG, Welch WP.

The predominant approach to contracting state mental hospital systems has been to close individual hospitals. Such a policy creates conflict between state government and the affected workers and communities. Closing of hospitals has been motivated by an implicit assumption on the part of state policy-makers that there are increasing returns to scale in mental hospitals. The bulk of empirical evidence suggests that returns to scale are constant. Thus, in many cases one may forego the political conflict inherent in closing hospitals by shrinking them with no loss in economic efficiency.

PMID: 7057016 [PubMed - indexed for MEDLINE]

☐ **175:** Henry E Sigerist Suppl Bull Hist Med 1979; (2):103-43 Related Articles, Books, LinkOut

The image of Harvey in Commonwealth and Restoration England.

Frank RG Jr.

Publication Types:
- Biography
- Historical Article

Personal Name as Subject:
- Harvey W

PMID: 385565 [PubMed - indexed for MEDLINE]

☐ **176:** J Autism Child Schizophr 1977 Dec;7(4):329-36 Related Articles, Books, LinkOut

Development of social behavior in an adult total isolate rhesus monkey (Macaca mulatta).

Strongin TS, Gluck JP, Frank RG.

A 12-year-old female total isolate rhesus monkey was pretested with age mates and subsequently housed for 20 weeks with an infant "therapist" monkey. Daily observations during that period revealed a 24-fold increase in the probability of social behavior. Self-directed behaviors also increased significantly. Disturbance behaviors (self-slapping, self-biting, bizarre limb movements, etc.) remained unchanged. Although problems obviously exist in cross-species generalization, and are here considered, these results emphasize the importance of early therapeutic intervention as well as the need for a more comprehensive approach to both social and disturbance behaviors if the treatment of adults is to be as successful as the treatment of immature isolate subjects.

PMID: 413825 [PubMed - indexed for MEDLINE]

☐ **177:** J Hist Med Allied Sci 1974 Apr;29(2):147-79 Related Articles, Books, LinkOut

The John Ward diaries: mirror of seventeenth century science and medicine.

Frank RG Jr.

Publication Types:
- Biography
- Historical Article

Personal Name as Subject:
- Ward J

PMID: 4598479 [PubMed - indexed for MEDLINE]
