CONDUCTING MEDICAL OFFSET RESEARCH IN A HEALTH MAINTENANCE ORGANIZATION: CHALLENGES, OPPORTUNITIES, AND INSIGHTS

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The paper summarizes the experience of a 4-year research project conducted in a large Health Maintenance Organization. Obstacles and solutions related to doing research in this type of system are presented. Suggestions for those seeking to conduct research programs in similar settings are provided.

Early in the 1960s and 1970s, individual psychology literature (e.g., Follette & Cummings, 1967; Jones & Vischi, 1980) showed an "offset effect" (Shemo, 1985-86) for psychotherapy by which the provision of therapy decreased the use of other medical services. The idea behind this proposition was that people under stress were more likely to become ill, and that helping people to deal with stressful life circumstances would lead to a decreased use of medical services.

The results of the early studies in the individual therapy literature were helpful in influencing health care plans to include psychotherapy benefits in their design. However, the same could not be said for the field of marital and family therapy (MFT) because offset-effect studies had not been done. The need for these types of studies is becoming more and more imperative as health care systems evolve, sometimes at the expense of mental health benefits in general and marital and family therapies in particular (Crane, 1995). As Sprenkle and Bailey (1995, p. 339) noted, "if our discipline is to remain a viable player in the health care system, it will be necessary to demonstrate our effectiveness both clinically and financially." The individually oriented therapies have demonstrated an offset effect, whereas MFT-based treatments have not.

The importance of these studies was apparent, and the opportunity to do research in the area presented itself in 1993 when this project was formulated out of the shared interests of the authors. Having worked in medical settings for some time, we were aware of the difficulties faced by "outsiders" in conducting research within a health care system. These systems are often rigidly organized and protective of their members. From experiences working in these settings, it was apparent that they were more open to researchers who worked inside the system than to those coming in from the outside. The fact that one member of the research team was working in the system made the idea of pursuing a research project on health care utilization possible.

The health care setting also provided several other unique advantages. First, they employed MFTs as part of their mental health service. Second, MFT was provided as a benefit in their health plan. Third, patients could access mental health services either voluntarily or by referral. Fourth, the health maintenance organization (HMO) provided all of the health care services of the subscribers. Finally, it was possible to obtain permission to review patients' charts for all known medical utilization.

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Project Settings

The project (Law & Crane, 2000) was conducted with the cooperation of two sites. The MFT doctoral program at Brigham Young University and the Utah region of the Family Health Program (FHP) based in California. At that time, FHP was one of the largest HMOs in the U.S., with a total membership of more than 1.8 million, and 186,000 enrollees in the Utah region.

The mental health services arm of FHP was in the Department of Human Relations (DHR). This department employed full time mental health professionals from a number of disciplines to provide services to all subscribers of the plan. Clients could choose from a variety of mental health services, including individual and group therapy, MFT, and various psychoeducational programs. For the purposes of this study, those who were seen in individual and MFT were included for study.

Purpose of the Project

The project’s purpose was to determine if MFT as practiced in the day-to-day world of a primary care medical setting produced an offset effect. In other words, did those who received MFT treatments decrease their medical utilization after therapy?

Advantage of Conducting Research in this Type of Setting

The main advantage for pursuing research in this type of setting was the ability to begin to study the effectiveness of MFT treatments as applied in the day-to-day world of an HMO. As such, it was one of the first studies in this area and had the potential to make a significant contribution to the field.

Challenges of Conducting Research in this Setting

The challenges faced in conducting this research are similar to those faced by others who work in applied settings. As a result, the experiences associated with this project may be helpful to others planning research project in such locations.

Risks Associated with the Project

The idea that MFT intervention might decrease medical utilization was intrinsically interesting from the start. Yet, there were significant risks of three main types. First, there would be problems obtaining permission to do research in this setting. The company had no motivation to allow the project and access to the necessary information might have been denied at any point, even after considerable effort had gone into the project.

Second, no company resources were available, and there was limited university funding for the project. There was some risk that the project would never be completed.

Third, there was risk to the investigators. In terms of a typical doctoral dissertation, this project was ambitious and could have been curtailed by the company at almost any time. With a doctoral degree dependent on the completion of the study, the cooperation of numerous company entities was vital.

Finally, there were many parts of the research process where there was little or no control. For the project to succeed, there had to be a great deal of reliance on others. For example, getting permission from the research committee, obtaining electronic information, and accessing and reviewing medical charts all involved people who did not have a personal stake in the project. Consequently, it was recognized from the start that the project would only work if personal relationships were developed with these essential people.

Project Approved by the Regional and Corporate Clinical Research Committees

Before beginning the project, it was necessary to obtain permission from two key company committees, the regional and corporate (national) clinical research committees. The regional committee consisted of representatives from the various FHP departments, such as internal medicine, family practice, surgery, pharmacy, and DHR. This regional committee operated under the direction of the Corporate Clinical Research Committee in California. Approval by both the regional and corporate committees was required for any research to be conducted in the FHP system. As the initial presentation of the proposal proceeded, it became clear that this project was breaking new ground for the committee members. Instead
of talking about randomized clinical drug trials or medical procedures, they were being introduced to behavioral health issues. The committee was quite skeptical of the hypothesis that improved emotional health might result in decreased medical utilization. The first meeting ended with no decision about the project. However, a second opportunity for presenting the proposal was given.

At the second meeting, it became clear that key members of the committee would not support the project and that the project would not be approved unless major changes in the research design were made. The committee determined that the sample size would be decreased by two-thirds and one type of therapy (group) was to be eliminated from consideration. The researchers’ agreement to accept these changes prompted a completely different response from the committee. Once they were assured that we were willing to work with them, the proposal passed by a unanimous vote and was referred to the Corporate Clinical Research Committee.

After the Regional Committee approved the project, our relationship with the research committee changed. We became a team and they helped to “sell” the project to the Corporate Committee. Consequently, the Corporate Committee quickly gave their approval. The approval process had taken 5 months to complete.

Acquiring Preliminary Data about Mental Health Services Clients

The next challenge was getting information about mental health clients from the Management Information Systems (MIS), a department in the Utah region that was responsible for all of the electronic records used to track care use.

To determine which charts to review, we needed a printout from MIS of all potential subjects who received mental health services. From this printout, we would be able to complete a first screening of cases that might meet the inclusionary criteria. This in itself was a challenge because the MIS staff and administrators were separate from the medical and mental health part of the corporation. In essence, there was no incentive for the MIS staff to provide the data. The corporation had approved the project, but did not provide or fund MIS staff time for the project.

The solution was to cultivate a positive relationship within the MIS staff with someone who could provide the printouts that were needed, but who was willing to do so voluntarily. The first step was to identify a staff person in the MIS system that had the reputation as being a helpful. “Nate” was identified by several sources as someone who might be of help. A letter stating that the corporate office approved was provided and arrangements were made to meet with Nate.

The goal of the initial meeting with Nate was to ask if he might be willing to help and to begin to develop a more personal relationship with him. The strategies for the first meeting were several. First, we wanted to be clear about the nature of the project and its importance. Second, we needed to demonstrate respect for Nate’s position and time and let him know that his assistance was vital to the success of our project. Finally we intended to acknowledge that there was no formal reason why Nate should help us, and that any decision to help would be based on his timeline, not ours.

We met monthly for 10 months. At each meeting, Nate produced a sample of what he thought was wanted, we reviewed the sample printout, suggested changes, and requested additional information. At the last meeting, Nate provided a computer printout with basic information on mental health clients. This printout, while protecting the identity of individuals, allowed a first screening of several thousand cases to determine which cases might meet the inclusionary criteria. One year after receiving permission to do the research, we now had the first data that was needed for the project.

Nate was an essential figure in the process of gathering information. Without him, the project would not have been completed. The key to his support of the project was developing a personal relationship, being patient and not putting pressure on him, meeting regularly with him, and showing appreciation for his efforts.

Requesting Charts for Review

Prior to reviewing specific clients’ charts, it was necessary to review the computer printout and identify cases that appeared to meet the inclusionary criteria for the study. All subjects who met the criteria
previously mentioned were organized into the appropriate groups and randomly selected. It was now necessary to ask medical records staff members to pull hundreds of charts for our review.

The Utah region of FHP operated seven branch medical centers within 80 miles of each other. Each center had its own medical records and together they formed the umbrella Medical Records Department. The Redwood Medical Center was the largest and most central branch medical center. It was a common practice for the Redwood Center medical records staff to request large numbers of medical charts to be sent by courier to their location. When charts were requested from other centers, it was a normal part of the business operation of the medical records department.

Working at the central office was an advantage because the charts from the entire system were sent to one central and secure location. Thus, the research program did not violate the normal routine of sending large numbers of charts to the Redwood Center. Also, the client records were protected because they were transported by secure courier and were housed in secure rooms in the Redwood Center.

The medical records staffs of the Redwood Center were willing to request files for the project because of the relationship the researchers had developed with the supervisors of the medical records office. They agreed to help on two conditions: First, that at least 1 week’s notice was given for the charts to be pulled. Second, they (playfully) requested that we provide treats to their staff who would be the ones ordering, pulling, and organizing the charts. Thus, there developed a ritual where we would bring them the list of requested charts, along with fresh baked chocolate goodies. It actually got to the point where the staff was glad to see the lists and goodies.

**Reviewing Charts**

Because the project required the hand review of hundreds of medical charts, every possible avenue was pursued to gather a trustworthy workforce sufficient to the task. The chart review staff consisted of paid research assistants and other graduate students who were promised the opportunity to use data from the project for their master’s theses or doctoral dissertations. Graduate students were trained in confidentiality issues and signed a confidentiality agreement that had been approved by the corporate research committee.

The last hurdle in reviewing charts was understanding some of the medical terminology in them. This required the aid of a doctoral committee advisory member who was a faculty member in the College of Nursing. She provided a graduate nursing student to train the MFT students in medical terminology and to aid in the chart reviews.

**What was Learned from this Experience?**

The following ideas are presented as a summary that might be used by researchers who are interested in pursuing research projects in other applied settings:

1. It is necessary to make compromises in the research design for the project to proceed. Key staff should be involved in the research design process, so that the needs and interests of the organization can be addressed.

2. Ask for more than is required so there is some room for negotiating while still maintaining the integrity of the project. You will not get all that you want.

3. Understand the system. Researchers from academic settings need inside information about the power and control issues in organizations. The real power in these settings belongs to the permanent staff of the organization, not to those outside the system.

4. All members of the organization’s staff are important. In this example, staff members in all levels of the organization were instrumental in the successful completion of the project. These included people at the corporate level, regional level, local level, and within individual departments.

5. The key to obtaining cooperation from so many important people was the quality of the working relationships between the researchers and staff members. It was necessary to have someone on the inside of the organization. Someone with a good reputation, solid social skills and who had personal relationships with staff members. Staff members provided services and assistance often outside of their formal duties, primarily because they were willing to help a friend.

6. Staff members really appreciated the small incentives we were able to provide. These were not costly, but functioned primarily as a gesture of appreciation for the help received.
7. Look for allies in the organization and develop relationships with them.

8. Don’t be intimidated by working with large organizations. Some are large enough that they have developed a decentralized system of administrative controls. This can be an advantage in some cases, a disadvantage in others. The main advantage is that this organization was large enough that we could gather the data we needed. The disadvantage was that the organization was too large for decisions to be made quickly.

9. Personal, informal relations worked best when there was a relationship with the people who could provide the data that was needed. Other than the initial approval of the project, requesting the formal support of upper levels of management did not work well in this project. For example, to gather much of our data, we only needed support from local people. If we wanted larger systems information, such as prescriptions and hospitalizations data, we would have needed more support from the highest levels of the corporation.

10. Work only with organizations that are likely to be fiscally and administratively stable over the life of the project. These projects take more time than many other types of research. In all, the project approval and data collection process lasted almost 4 years. In many ways, projects of this nature are not suitable for doctoral dissertations. Rather, they should be done as part of a faculty member’s long-term research plan. Graduate students may then be brought in and out of the project as their graduation timelines allow.

REFERENCES


