THE MANAGED CARE MODEL OF HEALTH CARE

The "managed care" model of health care refers to organizational techniques intended to reduce health care provision costs while improving quality of care. The concept utilizes techniques such as "team care" instead of single-clinician care for patients. Status characteristics theory suggests that relative differences in social status among mental health care providers can affect team building and decision making processes, and that these interrelated social processes may, in turn, affect team outcomes including patient health. Implications of status characteristics, team building, and decision making processes for patient health outcomes have not been examined empirically. In three interrelated studies, this dissertation explores contexts, processes, and consequences that are associated with status characteristics in "collaborative care," an innovative, evidence-based form of team care for mental health developed and tested at the University of Washington Department Of Psychiatry and Behavioral Sciences. Collaborative care teams vary in size and composition in accordance with the expectation that resources (e.g. referrals to psychiatrists) are allocated according to patient need (i.e. patients' clinical characteristics do drive resource allocation). However, findings also suggest that team processes (such as amount of deliberation in teams), care outcomes (such as screening for posttraumatic stress disorder), and even patient health (improvement in symptoms of mental health disorder) are influenced by status characteristics. Across the three studies, provider gender was consistently associated with differences in health and care outcomes for patients, and these effects were magnified for tasks that are plausibly associated traditional gender roles. Effects of team-level factors such as gender balance, gender heterogeneity, tenure diversity, and diversity in expertise varied according to tasks and outcomes. Of the team-level factors examined in these studies, amount of deliberation among care providers appeared most consistently as both an effect of status characteristics and as a potentially helpful mediator of patients' health and care outcomes.