
BOOK REVIEWS



James W. Saxton and Thomas L. Leaman, *Managed Care Success: Reducing Risk While Increasing Patient Satisfaction*. Gaithersburg, MD: Aspen Publishers, Inc., 1998, 301 pp. \$49.00 (hardcover).

This book is intended primarily for physicians and dentists, but might be useful for other members of the health-care team who are facing the challenge of delivering services in the managed health-care environment. It is written by a physician with experience in private, group, and academic practice, medical education, and as an expert witness in malpractice litigation and by an attorney whose entire practice has revolved around working with physicians, other health-care providers, and managed-care organizations on risk management issues and who has courtroom experience in facing these issues.

The authors divide the book into two parts: (a) concerns physicians might experience within evolving managed health-care systems, and (b) responses to these concerns. In the first part, an overview of managed health care is provided followed by its effects on a physician's practice with a focus on risk management, malpractice suits, and an understanding of risk factors that make malpractice suits more likely.

In the second part of the book, four specific strategies are outlined for managing risks that accompany the evolving managed health-care environment. These are: (a) more and better patient communication, (b) better-not more-documentation, (c) using informed consent as an offense strategy, and (d) viewing and treating patients as partners.

In the chapter about more and better patient communication, the authors state that direct communication between physician or provider and patient and the quality of that interaction is a key for averting law

suits. They suggest that it does not necessarily mean more time has to be taken, but skills must be polished, so that patients know that the time with their doctor is well spent and that the doctor was caring and truly listening. It also means that every member of the health-care team needs the same type of skills and understanding as to the importance of these interactions.

Regarding documentation, the authors stress the quality of documentation such as completeness, clarity, and appropriateness. To aid the reader, examples of some documents and forms are given.

The authors also argue that the informed consent process needs to be reevaluated in the new health-care environment. Once thought of only as a cumbersome legal requirement, they state that it should be considered as a "patient-focused educational process that can be used for both the patients' and providers' advantage." They argue that informed consent forms can be revised to reduce practitioner liability exposure and increase the level of communication with patients.

Saxton and Leaman's last response to managed care is to treat patients as partners in the health-care process. They note that creating a healing environment for patients in a managed care setting is more complex than in a private fee-for-service practice. Part of the partnering process is to collect data from patients regarding their satisfaction with the care they are receiving. The authors provide a sample satisfaction questionnaire for the readers.

The authors include two chapters at the end of the book in which they raise several risk management dilemmas caused by a practitioner's participation in managed health-care systems and how these changes in the health-care environment can affect practitioners' job satisfaction. These chapters take a futuristic perspective and discuss some trends and changes that might occur in the future.

The authors state that this book is "not meant to be a substitute for an experienced practice attorney, but to raise an awareness of these issues and as a practical guide to address them. The changes, consolidations, mergers, and integration are occurring quickly. It is time to examine what these changes are doing to your own liability picture, so that you can deal with them most effectively." As such, it might be an interesting book for pharmacy educators and practitioners to read.

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Norman S. Miller, editor, *The Integration of Pharmacological and Nonpharmacological Treatments in Drug/Alcohol Addictions*. Binghamton, NY: The Haworth Press Inc., 1997. iii + 122 pp., with index, \$39.95 (hardcover).

Several approaches to the treatment of addiction have been employed, including various types of group and individual counseling and psychotherapy. However, in recent years, with the recognition of addiction as a primary disease and with greater insight into the neurobiological mechanisms of addiction, pharmacological approaches have been used to suppress the undesirable drug-taking response and thus prevent relapse. Different types of medications have been employed for this purpose. Some pharmacotherapies produce a negative unpleasant effect when the individual uses an addicting drug; the best example of this is disulfiram (Antabuse) which is administered to discourage detoxified alcoholics from consuming alcohol. Alternatively, medications are being used both experimentally and in clinical practice to attenuate the rewarding effects of addicting drugs in the brain, thereby promoting a reduction in drug-taking behavior. For example, naltrexone, an opioid receptor antagonist, is used to diminish the rewarding effects of heroin or alcohol; antidepressants have been tried experimentally to treat addiction to cocaine and amphetamine.

The theme of this book is that the combination of pharmacological and psychosocial treatments produces more favorable outcomes than of either of these treatment approaches alone. The book consists of an editorial and six chapters, five of which are written in the form of a review article and one of which is a research report. It was copublished in the *Journal of Addictive Diseases*, Vol. 16(4), 1997. The editorial by Norman S. Miller, who is a contributor to three of the six chapters, describes the need to extend the effectiveness of psychosocial treatments for drug addiction by integrating these treatments with medications designed to treat addictive behavior. Since research on the neural substrates of addiction provides the foundation for new antiaddictive medications, continued research in this area is important. There is also a need for "sharper definitions" of abstinence and recovery in order for clinicians to adequately evaluate the outcomes of pharmacological, nonpharmacological, and integrated treatments for addictions.

The chapter by Miller, Guttman, and Chawla reviews studies that support the notion of a generalized vulnerability (genetic risk factors)

to alcohol and drug addiction. They find that there is a relatively high prevalence of addiction to alcohol and other drugs in the same individuals. This concept is also consistent with neurobiological models of addiction in which various drugs and alcohol activate a common neural pathway that mediates the rewarding effects of addicting drugs. The chapter by Pechter and Miller deals with the difficulties in the diagnosis and treatment of addiction in individuals having comorbid psychiatric problems. Therapy for such individuals should address both the psychiatric and addictive disorder. Examples of strategies are presented for treatment of patients addicted to psychostimulant drugs, *e.g.*, cocaine, and diagnosed with depressant, psychotic, or anxiety disorders. The chapter by Miller and Smith outlines approaches to the integration of pharmacotherapy and nonpharmacotherapy for addiction. A chapter by Ling and Shoptaw provides information on current (as of 1997) pharmacotherapeutic strategies for treatment of opioid, alcohol, and stimulant dependence.

An interesting chapter by Flavio Podrugo discusses the complexities in evaluating the outcomes of treatment for alcohol addiction used in different countries. While addiction to alcohol is prominent in several countries, it is difficult to compare treatments because of differences in goals of therapy, outcome measurements, patterns of drinking, psychological and physical consequences of alcoholism, health policies involved with treatment, and philosophies underlying public intervention. In addition, drug therapies for the treatment for alcoholism are not the same. For example, in the United States, naltrexone has been recently approved to treat alcohol addiction, while in Europe the drug acamprosate is used for the same purpose. While both naltrexone and acamprosate appear to reduce the rewarding effects of alcohol and therefore to inhibit consumption, these drugs produce their effects in the brain by different mechanisms.

While this book is informative on the rationale and use of medications to enhance current psychosocial therapies for addiction, it has certain shortcomings. The relevance of the chapter by Huber et al. to the integration of pharmacological and nonpharmacological treatments for addiction is uncertain as it is basically a report comparing psychosocial treatments in methamphetamine and cocaine users. The relationship among the chapters and the sequence in which they are presented is unclear. It would have been preferable to group the chapters in which Miller is a contributor together with the editorial, as

much of the information in these chapters seems to be related. The chapter by Miller and Smith lacks a summary.

This book provides current information on the integration of pharmacotherapy with psychosocial therapy in the treatment of drug addictions. As this combination of approaches will be increasingly employed in the future to treat drug addiction, the book will be of interest to students and professionals concerned with the treatment of addictive behavior. While the book is not written as a textbook for professional students, it will be useful as a supplement to other books or journal articles on the treatment of drug addiction.

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