New Horizons for Psychiatrists in Administration and Management

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This section of Psychiatric Quarterly is devoted to psychiatric administration and management. Administrative psychiatrists arrive at their leadership positions through many different career paths. They bring, generally, years of clinical knowledge, insight, and an understanding of how the systems work and they typically apply this knowledge and experience to their new role as psychiatric administrator or manager. There is a wide range as regards to how much time they spend in administrative tasks versus serving as clinicians. They face challenges related to both clinical, as well as their administrative roles [1].

In today's fast changing world of health care delivery system, the drivers of change are many and varied, but chief among them are the rapid advance of technology and the consequent raising of expectations. Today we have the medical knowledge to do more for patients than we have the resources for. Yet, the driving force behind medical development is not clinical necessity but the innovation and invention of new technologies. The fact that people live longer and increasingly turn to health care for solutions to complex social problems increases demand on medical services still further.

Psychiatrist administrators are at the front line. They face the challenge of balancing ever increasing demand against finite resources. This section of Psychiatric Quarterly focuses on some of the new horizons for psychiatric administration and management. Bloch et al. start the section with discussing factors related to the dissemination and implementation of evidence-based practices (EBPs). They point out that extensive effort is required to successfully implement EBPs that improve outcomes, and they provide examples of successful implementations of EBPs in mental health settings with emphasis on factors that contribute to improving clinical outcomes. They conclude their article with some practical take- home messages for psychiatric administrators of clinics, departments, hospitals, and agencies. The second article in the section focuses on the ethical challenges for the psychiatric administrator as they relate to drug formularies. In this article, Moffic starts with pointing out that the rising costs continue to plague healthcare and mental healthcare and identifies the latest variation of managed care techniques being trying to reduce medication costs by instituting formulary restrictions. He further points out that in the midst of the uncertainty and complexity, the psychiatrist administrator has the ethical challenge and chance to make a major difference by keeping the well-being of patients first while addressing the needs of the institution, payor, and other stakeholders. The psychiatrist administrator, he adds, can

ethically find ways to help reduce costs and increase quality. This is followed by an article by Schmetzer and Wernert where they present opposing arguments regarding so-called "open access" to psychotropic medications for all physicians. The section concludes with the article by McGinty et al. in which they describe telepsychiatry and e-mental health services and make a case for its potential for improving access to mental health care in rural, remote and underserved areas. They further discuss the required technology, common applications and barriers associated with the implementation of telepsychiatry and e-mental health services.

In summary this section devoted to psychiatric administration and management focuses on the expanding horizons for the psychiatric administrator. The reader takes home several points pertinent to these evolving areas in psychiatric administration. Implicitly stated is also the message that in the complex and fast moving world of health care, psychiatric administration is not a process of sitting around a table developing a document, issuing it, and expecting others to organize implementation. Administration, management, and strategy, at the local level are done on the run and in effect are built from patterns of information emerging from the clinical operational processes.

References

1. Simpson, J: Clinicians in Management: Shared Values, Shared Dilemmas. Clinicians in Management 7(1):2–3, 1998.