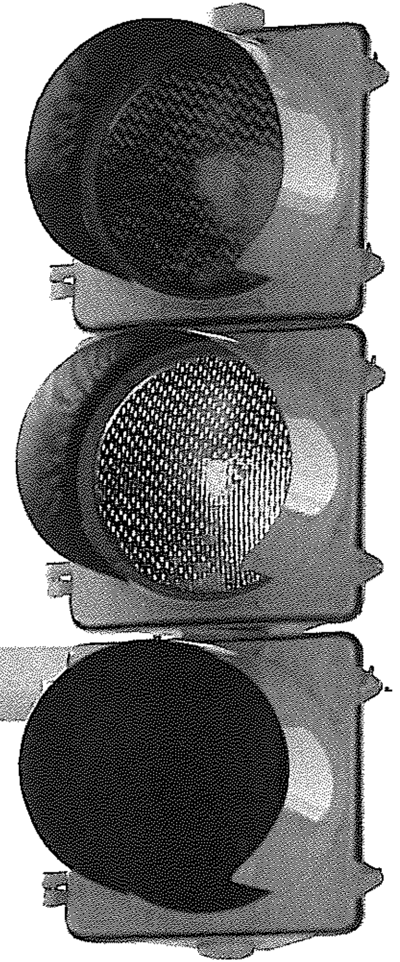
UR

Not Just a Traffic Signal



Utilization review – UR for short – has become a fairly pervasive element of workers' compensation and health care coverage, but there is widespread misunderstanding of what it is and what it means.

For illumination, I turned to an expert: Dr. Barbara Freeman, medical director of Strategic Health Corporation in Miami Shores, Florida, a company that serves the self-insurance and ART industry with medical care management including the very specialized fields of organ transplants and a cancer network.

Dr. Freeman has been a family physician for 22 years, is a fellow of the American Academy of Family Practice and is board certified in disability analysis and medical quality. She seemed just the person to help clarify how insurers can most effectively manage health care among their covered populations.

Here is the record of our discussion:

Q. Am I right that UR is not well understood by risk managers?

UR has been a very familiar term for more than 20 years in health insurance management. Unfortunately, in some instances UR has become an intrusive process that can limit beneficial patient treatment or care management.

Q. So the accent has become more on "review" than on "utilization?"

Exactly. In many cases UR has become a bureaucratic red light-green light process. Can or cannot a patient get certain treatment? And more important: who is responsible and how are decisions applied consistently?

Q. Have some insurers moved away from the UR model?

Yes, some large insurers have learned that UR's only outcome has been to contain costs and not apply appropriate standards to the care management process. Some companies have experienced significant liability and successful suits have occurred because of inconsistently applied decisions. People have been rejected from hospitals and denied treatment. In at least one case I know of, this resulted in suicide. Risk managers have learned that they must consider continuity of care and the impact of care decisions on the patient.

Q. I'm astounded that bad UR decisions have led to such dire circumstances.

A case in California involved a physician who was not a psychiatrist recommending that an insurer deny coverage and hospitalization to a patient, who then ended his life. The insurer was held liable because it did not provide professional psychiatric review.

Q. So, how can UR be applied on a consistent basis, not as a punitive process but as a program for good patient care management?

It's all in how you approach the process. You can't pride yourself on denials. You pride yourself on recognizing how a patient is unique and how you can manage that patient for the best outcome.

Q. In injury or disability management, where does the independent medical examination come into play?

The IME should occur sooner than has been generally thought. The IME allows an accurate evaluation of an injury, for example, without the input of interested parties such as the family physician. The IME can provide an accurate clinical perspective as soon as possible after an incident to support diagnosis and a care plan. Then physicians can be confident in their treatment, how reimbursement will work and the plan for the patient's return to work.

Q. How does proper case management work on disease cases?

In its truest form, disease management puts the health care provider in the driver's seat to implement nationally accepted standards of care. Without a provider-driven model you lose the opportunity to manage the patient. In the drive for efficiency, other models have come into play, such as web-based e-mail, telephonic or on-site review by nurses or other less qualified health analysts. These standardized processes do not account for the unique requirements of care management for specific patients.

As an example, a heart patient may also be diabetic. If that person is reviewed for treatment of diabetic care without considering his heart condition, it could result in recommendations for diet and exercise that could adversely affect his heart condition. The standardized health care reviewer has only "the book" to go by without knowledge of the individual's health context. Disease management cannot properly leave out the physician.

Q. Is it true as I recently read that patients absorb only about ten percent of the advice they receive from providers?

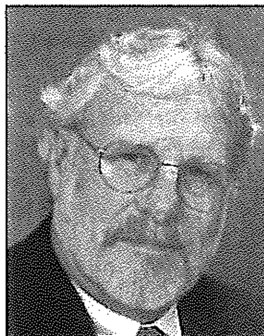
Yes, and that's why it's important that clinicians understand that patient information must be reinforced over a period of time in order to be effective. That implies direct involvement of a physician who understands the patient's needs and will see the patient more than once in order to assure beneficial lifestyle as well as medical treatment.

Q. Does all this mean that UR should be discarded?

No, but utilization review should be applied in the context of care management. Health care costs are best restrained by providing the most appropriate care in the quickest way. There should be no "red light-green light" attitude. The lights on the health care highway should always be green, but not for wasteful, unnecessary procedures. The physician who knows the patient best is in the position to prescribe the most appropriate care.

Q. I hope I'm in a network like yours when I need care.

Thanks, that's a real compliment.



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