

Population Health NEWS

Making A Case For Population Health

Mandatory Second Opinions Improve Care Quality

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Program Objectives:

Implement a mandatory second opinion program (MSOP) for high impact, costly orthopedic procedures in a large healthcare organization with approximately 30,000 members in its health plan.

Obtain the best possible care for members based on a second review of medical decision making and current medical evidence.

Avoid costly and unnecessary procedures that waste money and lead to increased risk and lower quality of life.

Prevent disability, lost productivity and downstream complications from unnecessary procedures.

Program Description:

Advance Medical is a provider of physician-driven programs offering second opinions, advocacy and other support to people needing medical information for decision making. Founded in 1999, Advance Medical employs 800 health professionals, including 450 medical doctors who collaborate with leading experts across the globe in every sector of medicine to improve patient care. Advance Medical's Expert Medical Opinion program, a voluntary remote advocacy and second opinion program, is available to more than 35 million people. In addition to its Expert Medical Opinion, Advance Medical offers a MSOP, born from an observation that 39% of initial diagnoses and 60% of treatment plans receive a recommendation to change from their original path of care.¹

The adage of "doing it right the first time is always less expensive" applies to healthcare. When patients receive a correct diagnosis and/or treatment early in their care, the less extensive that care will be. There are opportunities to improve the quality of care and subsequently, the quality of life, of members through an independent review. Second opinions in general have been shown to enhance clinical decision making² and offer important improvements in the quality of healthcare.³ There is considerable medical evidence that outside review prior to planned surgery leads to fewer operations.⁴ Patients generally believe that second opinions are valuable.⁵



While there are multiple ways to implement a second opinion program, from completely voluntary to using minor versus major incentives to mandatory programs for certain procedures, payers increasingly are adopting MSOPs. In the past, many employers have been reticent to mandate utilization controls for fear of employee "noise."

In 2016, a healthcare facilities and services company launched MSOP for the nearly 30,000 members of its health plan.

Its employee base includes a large proportion of healthcare workers, a population with significant overall disease burden. Members of the health plan only receive full payment coverage for major interventions, such as surgery, if independent

specialists in the field have reviewed their care plan and medical charts through MSOP.

“Fifty percent of cases had a major change in treatment, 17% had a minor change and 33% had no change. The avoided costs from an inappropriate surgery amounted to \$424,540 on a national average, claims-paid basis.”

MSOP focused on high impact and costly elective or semi-elective orthopedic procedures. Procedures deemed to be emergent, such as those due to major trauma, or urgent, those for bone cancer, were excluded. Importantly, preference-sensitive procedures, such as spine surgeries, were included.

Advance Medical’s MSOP is managed by actively practicing board-certified physicians. Throughout the entire process, Advance Medical obtains detailed medical records, not simply visit summaries or claims data. Experts review primary imaging, such as MRIs, CT scans and X-rays that are obtained directly from healthcare facilities. Based on these reviews and direct conversations with patients by a physician case manager, who in these cases is also an orthopedic surgeon, experts make their determination. This physician oversees the entire process and functions as an advocate physician for patients, helping them understand their medical records and the proposed procedure.

Evaluation Process:

In this study, plan members were routed to Advance Medical as part of the prior authorization process for payment of an elective orthopedic surgery. An Advance Medical physician case manager reviewed the relevant medical records and compiled the case in a completely de-identified manner for review by highly specialized, leading academics, who were experts in the clinical fields related to patient conditions. If experts agreed with the procedure, then a member underwent the procedure delivered within a narrow network of highly selective physicians free of charge. The member also received free travel, where needed.

If the experts disagreed with the treating physician about the planned surgery, the member received advocacy, coaching and support in pursuing the alternate, often non-operative but ultimately more effective treatment pathway. Each participant received a satisfaction survey at the end of the case.

Results:

Out of 24 MSOP reviews (10 back surgeries, three hip surgeries and 11 knee surgeries), 50% of cases had a major change in treatment, 17% had a minor change and 33% had no change. Avoided costs from an inappropriate surgery amounted to \$424,540 on a national average, claims-paid basis.⁶ The net promoter score (NPS), an index ranging from -100 to 100 that measures the willingness of customers to recommend a company’s products or services to others, of 11 respondents that went through the MSOP was 27. Healthcare generally has a negative or very low NPS. The NPS for voluntary second opinion participants working for the same employer was 57. The trade-off in patient satisfaction between voluntary and mandatory should be acceptable considering the important improvements in quality outcomes and cost reduction.

“The NPS [net promoter score] for voluntary second opinion participants working for the same employer was 57.”

Lessons Learned:

- The right diagnosis and treatment are critically important early in a patient’s care.
- MSOPs reduce waste in high cost, elective orthopedic surgeries.
- In addition to upfront surgical cost savings, there are a multitude of downstream benefits, such as a decrease in lost productivity, absenteeism and disability claims due to prolonged surgical recovery times.
- Although mandating the use of a review services showed a decrease in NPS versus a control, it should be well within a tolerable range for employers.
- In the end, implementing a MSOP resulted in cost savings, as well as improved member care by ensuring that members did not receive dangerous and/or inappropriate and/or ineffective treatment.

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¹ Advance Medical Book of Business Data as of Dec. 31, 2016.

² Vashitz G, Pliskin JS, Parmet Y, Kosashvili Y, et al. “Do First Opinions Affect Second Opinions” *Journal of General Internal Medicine*. 2012;27:1265-1271.

³ Gertman PM, Stackpole DA, Levenson DK, et al. “Second Opinions for Elective Surgery—The Mandatory Medicaid Program in Massachusetts.” *The New England Journal of Medicine*. 1980;302:1169-1174.

⁴ Yanamadala V, Kim Y, Buchlak QD, Wright AK, Babington J, et al. “Multidisciplinary Evaluation Leads to Decreased Utilization of Lumbar Spine Fusion: An Observational Cohort Pilot Study.” *Spine*. 2017;42(17):E1016-E1023.

⁵ Payne VL, Singh H, Mayer, Levy L, et al. “Patient-Initiated Second Opinions: Systematic Review of Characteristics and Impact on Diagnosis, Treatment, and Satisfaction.” *Mayo Clinic Proceedings*. 2014;89(5):687-696.

⁶ Advance Medical Database of Large Employer Claims-Paid Costs for Procedures.