

## Improving Medical Resident Perceptions of Health Plan Decision Making

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**Objective:** To determine the effect on medical residents' perceptions resulting from attending a medical policy meeting.

**Study Design:** Pre- and postsurveys administered to residents attending BlueCross BlueShield of Tennessee's (BCBST) Medical Policy Subcommittee meeting. This group is a subcommittee of the Medical Policy Review Committee (MPRC), which is responsible for the final approval of medical policies at BCBST.

**Methods:** Residents were invited to attend BCBST's Medical Policy Subcommittee meeting to determine what impact observing this process would have on their attitudes toward health insurers' use of scientific evidence. This subcommittee, which consists of both BCBST medical directors and network physicians, plays a key role in determining whether new medical technologies or new uses of established technologies are medically necessary, cosmetic, not medically necessary, or investigational. Residents were given a pre- and postsurvey to assess their attitudes regarding the methods insurance companies use to make coverage decisions.

**Results:** Medical residents rated BCBST's use of scientific evidence higher after attending the subcommittee meeting. Only 4 of the 10 residents surveyed prior to the subcommittee meeting agreed with the statement, "Insurance companies base their coverage decisions for medical treatment on scientific evidence." In the postsurvey, all 10 residents indicated that they agreed with the statement. Other questions showed similar positive changes in residents' opinions of the health plans' decision making.

**Conclusions:** Many medical residents likely have negative perceptions of health insurers and may be prone to believe that medical policy decisions are based predominantly on financial impact. Such attitudes can easily persist as they move into private practice. Although drawing firm conclusions from this small study is difficult, exposing residents to actual decision-making processes within insurance companies may be one means of improving their opinions of how such decisions are made.

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The public often has a negative opinion of insurance companies, particularly of managed care organizations.<sup>1</sup> Such negative opinions are also held by some practicing physicians. These physicians believe that insurance companies are concerned mainly with finances and are not interested in scientific evidence when important coverage determinations must be made.<sup>2</sup>

People working within the medical policy decision process at health plans know that scientific evidence is carefully considered when determining what services

are reimbursable for members. Evidence-based medicine, defined as the "conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" is a tool used by many insurance companies.<sup>3</sup> The BlueCross BlueShield Association's Technology Evaluation Center, for example, uses the results of scientific studies to assess new and established technologies. Many health insurance plans use such sources to assess medical technologies. BlueCross BlueShield of Tennessee (BCBST) and other health plans often balance the assessments published by these organizations with practitioner experience.

Medical policies at BCBST are developed by a staff of trained researchers and reviewed through a 2-step committee approval process. The first step involves a presentation of a drafted policy and supporting evidence to our Medical Technology Assessment Subcommittee (MTAS), the voting members of which are BCBST staff physicians and community physicians. These physicians consider medical policies from a scientific and clinical standpoint. Two of the community physicians are also affiliated with the University of Tennessee College of Medicine, Erlanger Unit. The second step of the process is consideration by the Medical Policy Review Committee. This committee consists of both administrative and medical staff and is charged with final approval of medical policy proposals. This committee generally accepts the policy proposals approved by MTAS.

The goal of the small study presented in this article was to determine whether allowing residents from the University of Tennessee College of Medicine, Erlanger Unit, to attend MTAS meetings would positively impact their views of health insurance decision making. Influencing physicians early in their careers can positively impact their long-term perceptions of insurance companies. Clearly, skepticism and negativity are barriers

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ers to a productive dialogue among the stakeholders in the healthcare system. Time wasted dealing with false impressions could be better spent focusing on providing the best care for members.

Encouraging services based on the best available scientific knowledge and discouraging services that are unlikely to benefit patients was 1 aim of the Institute of Medicine's influential book, *Crossing the Quality Chasm*.<sup>4</sup> The report encouraged all of the constituents involved in healthcare, including providers and payers, to work together to achieve this goal. The first step in achieving this goal is for health insurers and clinicians to achieve a greater understanding of how each group approaches decision making about clinical care. This study offers one way in which such understanding can be achieved.

METHODS

Residents were invited to attend an MTAS meeting by 1 of the subcommittee members who was a faculty member at the University of Tennessee College of Medicine, Erlanger Unit. The faculty member typically brought 1 resident with him per month; MTAS meetings occur on a bimonthly basis. During the course of 15 months, 10 residents attended. Each meeting typically lasted 60 to 90 minutes. Drafted medical policy addressing new medical technologies and new uses of established technologies were reviewed and discussed at each meeting. Examples of medical policies considered include plasmapheresis/plasma exchange and genetic testing for colorectal cancer.

Residents were given the same brief questionnaire before and after the meeting. The questionnaire consisted of questions in an agree/disagree/don't know format (Table 1).

RESULTS

All 10 medical residents attending MTAS meetings completed the pre- and post-MTAS questionnaires. Table 2 lists the results of the questionnaire with the strongly agree/agree and strongly disagree/disagree answers combined into 2 categories. The pre-MTAS questionnaire shows a marked negativity toward insurance company decision making with respect to new technologies. Only 4 of the 10 residents surveyed thought that insurance companies considered scientific evidence when making coverage decisions about medical treatment. Only 2 of the 10 responded that insurance companies valued clinical/practitioner expertise when making coverage determinations. Most thought that insurance companies were primarily concerned with cost containment in making coverage decisions about medical technologies, and only 4 thought that insurance companies considered patients' needs when making determinations.

The post-MTAS questionnaire results were significantly different. All 10 of the respondents agreed that coverage decisions were based on scientific evidence. Nine of the 10 responded that insurance companies valued clinical expertise in making such decisions. Only 3 responded that coverage decisions were based primarily on cost, and 7 responded that coverage decisions were based on patients' needs.

DISCUSSION

Managed care organizations and practicing physicians both strive to practice evidence-based medicine. Managed care organizations want members to receive proven treatments that may improve health. Physicians also want to use treatments proven to be effective in

Table 1. Medical Resident Questionnaire

1. Insurance companies base their coverage decisions for medical treatment on scientific evidence.	<input type="radio"/> Strongly agree	<input type="radio"/> Agree	<input type="radio"/> Don't know	<input type="radio"/> Disagree	<input type="radio"/> Strongly disagree
2. Insurance companies value clinical expertise when making determinations about coverage of medical technologies.	<input type="radio"/> Strongly agree	<input type="radio"/> Agree	<input type="radio"/> Don't know	<input type="radio"/> Disagree	<input type="radio"/> Strongly disagree
3. Insurance companies are primarily concerned with cost containment when making determinations about coverage of medical technologies.	<input type="radio"/> Strongly agree	<input type="radio"/> Agree	<input type="radio"/> Don't know	<input type="radio"/> Disagree	<input type="radio"/> Strongly disagree
4. Insurance companies consider the patient's needs when making determinations regarding coverage of medical technologies.	<input type="radio"/> Strongly agree	<input type="radio"/> Agree	<input type="radio"/> Don't know	<input type="radio"/> Disagree	<input type="radio"/> Strongly disagree

improving health. Unfortunately, differences of opinion often arise between the 2 groups as each becomes suspicious of the other. For physicians, this suspicion can manifest itself as skepticism about the intents of health insurers and the opinion that health insurers are concerned primarily with containing costs.<sup>5,6</sup>

Missing from this dialogue is the view that health insurers often serve as default stewards of health insurance resources. As with any resource, health insurance is not limited, but rather finite. Health insurance plans need to be able to price their product to appeal to employers and individuals. They need to minimize healthcare spending on unproven and potentially harmful technologies, which drive up the cost of care, because spiraling costs for health insurance makes it more difficult for employers and individuals to purchase healthcare coverage.<sup>7,8</sup>

Evidence-based medicine is one tool that can be used to stem the tide of increased costs due to unproven or unnecessary care. Because evidence-based medicine is also an important part of the practice of medicine, it is an area of common ground between health insurance plans and healthcare practitioners.<sup>9,10</sup> If physicians see health insurance plans basing their decisions on scientific evidence, then their views of health plans might be less negative and skeptical. This could foster an atmosphere of collaboration between these 2 groups. One way to cultivate this partnership is to allow physicians to see how health plans make decisions about new medical technologies. Encouraging residents to attend medical policy meetings at health insurance plans can promote an important alliance between plans and physicians.

Results of this admittedly small study have shown that attendance of physicians at such meetings might be an important tool in improving their perceptions of managed care. At best, the results of this study are preliminary and further studies are needed to confirm the findings. The number of survey respondents was not large enough to calculate statistical significance. Additionally, the fact that residents attended with a faculty member may have introduced bias into the results

**Table 2.** Medical Resident Responses to Questionnaire

Question	Agree, n	Don't Know, n	Disagree, n
1. Plan's use of scientific evidence			
Pre	4	4	2
Post	10	0	0
2. Value clinical experience			
Pre	2	6	2
Post	9	1	0
3. Primary concern is cost			
Pre	7	3	0
Post	3	2	5
4. Consider patient's needs			
Pre	4	3	3
Post	7	3	0

N = 10.

Pre indicates questionnaire completed before the BlueCross BlueShield of Tennessee's (BCBST) Medical Technology Assessment Subcommittee meeting; Post, questionnaire completed after the BCBST Medical Technology Assessment Subcommittee meeting.

as far as influencing the willingness of some residents to attend the meeting and their responses to the survey. The administration of the survey by BCBST staff may have been a source of potential conflict of interest. Finally, there is a question of whether attending 1 meeting allowed the residents enough exposure to formulate informed opinions. Future studies of this ongoing endeavor will help address such issues.

We are hopeful that the results from this small study will encourage similar efforts and studies by other plans.

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