Undue interference in clinical decisions by private medical insurance companies?

Nick Welch, Lay-Chairman of the Patient Liaison Group of the British Orthopaedic Association

In recent months a series of actions has been taken by private medical insurance companies which appear to suggest that they wish to interfere with the clinical judgement of GPs & consultants and not necessarily for the benefit of the patient.

The first incident of which the British Orthopaedic Association's Patient Liaison Group became aware was the imposition, by Bupa, of a 'peer-review' of all recommendations for arthroscopy by their contracted and tariff-accepting clinicians.

The second incident, by the same company, was the introduction of open referrals, which had the effect of side-stepping the local knowledge of GPs and any personal preference of the patient.

Neither step seems, from this layman's perspective, to be particularly patient-orientated nor is there seemingly any evidence that they are improving patient safety and clinical outcomes. Indeed, these policies appear only to impugn the integrity of the clinicians and undermine the patient/doctor relationship, while imposing financial constraints on both parties. Furthermore the open referral system would appear to be in direct contrast with the NHS's policy of 'Choose & Book' – which is designed to give the patient a *wider* choice.

The PLG felt it necessary to comment on the inappropriateness of the second initiative. Consequently Professor Joe Dias was invited to meet Dr Katrina Herren, the Medical Director of Bupa, to discuss the situation. Professor Dias kindly invited me, as the PLG's Lay Chair, to accompany him. What follows is, in effect, my personal perspective on these issues.

> *"...an independent review by a Bupa-funded clinician who had no knowledge of the patient"*

Bupa had identified a three-fold greater incidence of arthroscopy in the private sector than in the NHS. Their way to resolve this was to drive down the number of arthroscopies provided by their contracted & tariff-accepting surgeons. They therefore introduced a gatekeeping step into the management of arthroscopy treatment: an independent review by a Bupa-funded clinician who had no knowledge of the patient or their circumstances. Bupa said that this step was to help them evaluate the eligibility of the patient for the treatment and therefore to allow Bupa to decide if it should pay for it... This decision of eligibility is

based, said Dr Bentley, on 'good clinical practice'. To establish their basis for 'good clinical practice' Bupa commissioned the Brazian Review[5] – a meta-analysis of various published guidelines from NICE and other organisations in America & New Zealand. They used the recommendations from this review to determine their criteria for accepting a clinician's diagnosis and proposed treatment. However rather than using these guidelines as a *guide* (as the original guidelines were intended) they adopt an inflexible approach in their interpretation of them: consequently they do not take into account the patient's particular circumstances – indeed how can they when the exercise is conducted remotely and without any contact with the patient.

Bupa is claiming that the review policy is a success because there has been a reduction in the number of funded arthroscopies. However this is empirical and does not take into account the personal distress of the patient subject either to delayed or declined treatment, and the clinical needs of the patients who were turned down. Nor has Bupa demonstrated any improvement in the quality or the clinical outcome of the procedures carried out.

My second area of concern is about open referral. Bupa has developed a specific open referral policy range designed for the corporate market. This, they say, is one way of keeping costs to the customer under control, and it is popular with corporations which offer private medical insurance (PMI) to their employees. This may be the case – but the issues surrounding GP & specialist integrity still apply.

That individuals who enjoy the privilege of Corporate PMI must abide by these restrictions is one thing – but Bupa also strongly promotes the concept to individual clients. Their rationale is that they can assist their customers to find a clinician who abides by its tariffs and therefore the entire cost of the proposed procedure is coverable under the patient's policy. To support this stance further they refer to research by the Kings Fund which says that GPs recommend a specialist on the basis of the local network and the opinions of colleagues, which in their computer-orientated management system appears less optimal than the impersonal use of the company's computerised data base.

The open referral system works thus: a potential patient visits their GP and gets a letter simply stating the reason why the GP thinks they should see a specialist; with this in hand they call Bupa. A call-centre operative gives the patient an option of three 'suitable' clinicians from Bupa's computer data base of contracted and tariff-accepting specialists. Bupa says that this process can be repeated several times to ensure that patients find a specialist of their liking. How ironic that local knowledge is now replaced by an impersonal computer-generated list!

To date I have seen no evidence that this open referral policy improves patient safety, patient satisfaction or clinical outcome and therefore looks to be nothing more than an exercise in cost management.

Despite discussion with Dr Katrina Herren & her colleague Dr Annabel Bentley about both initiatives I still have outstanding concerns.

My primary area of disquiet is the initiation of such policies by Bupa without any apparent patient consensus or mechanism to monitor any improvement in clinical benefit. Both the arthroscopy review and the open referral policies leave a patient with restricted options, and dependent on the apparent whim of the insurance company. The significance of

this, as I see it, is to reduce the likelihood of getting the most appropriate treatment, as prescribed by the most appropriate specialist clinician. To my way of thinking, limiting the choice of clinician and treatment options under these regulations may lead to sub-optimal treatment.

There seems to be no audit of the clinical benefits to patients from the challenge to a clinician's diagnosis and treatment recommendation, or from the restriction in choice of clinician. I feel that both policies have been introduced in an effort to keep the cost of health care management under control, and have been measured as such.

I understand that private sector healthcare costs are rising at about 9% per annum. Bupa says that to keep consultants fees in line with inflation would make for unrealistic increases in the cost of PMI and it is thus that they justify their policy of not increasing clinical tariffs for 16 years. With a policy of imposing such punitive tariffs it seems likely to me that more senior and therefore more experienced clinicians will be less willing to co-operate and that the patient may well be directed to a clinician with less experience.

> *"I have seen no evidence that this open referral policy improves patient safety, patient satisfaction or clinical outcome"*

Since 2010, Bupa has introduced a requirement for new consultants to sign a contract, thereby committing themselves to Bupa's Maxima, and potentially limiting the scope of their practice. This is another example of behaviour which, from my perspective, has the potential to reduce the quality of care provided by the specialist: not, I hasten to add, because of their competence, but because of their contract.

As far back as 2007, Teresa Hunter was commenting in the Daily Telegraph about the restrictive practices being introduced by PMI companies to help keep down their costs (but not necessarily their charges to customers). That this philosophy is being expanded without patient approval or clinically proven benefit and with no demonstrable improvement in patient safety causes me great concern.

The other issue that these practices raise is the challenge to the integrity of the medical profession. Firstly it is claimed that, because a GP uses the local network to assess the suitability of a particular specialist, they are not accessing reliable data. Secondly, in challenging an orthopaedic surgeon's diagnosis by demanding a third party review they are questioning his integrity.

Both the challenge to the local knowledge of the GPs and the competence of the surgeon may create an unwarranted doubt in the patient's mind about their doctor, at a time when that patient is at their most vulnerable.

There should be no doubt that the best qualified person to assess the need for referral to a specialist is the patient's GP, and that the GP will most probably know which specialist has the best track record.

At any point thereafter to create barriers in the process to determine one's eligibility for the procedure recommended by a specialist is a direct challenge to that specialist's competence and can only be distressing to a patient and their family.

From a lay point of view neither policy is likely to improve clinical outcomes or improve patient safety. Indeed they may well have the reverse effect.

Of course there is always the option of 'topping up' the basic remuneration offered by the insurer and visiting a clinician of ones own choice, in a hospital of ones own choice, but the insurance companies should make the need to exercise this option much more apparent…

While Bupa claims that everything it does is clinically driven and intended to improve the patient experience there is no evidence that they are, in fact, protecting clinical outcomes and that patients are benefitting from better treatment options. From my perspective the reverse seems more likely to be true: unless one is prepared to pay more (in top-up fees) for the privilege of seeing a specialist of one's choice, one's options are reduced because one's GP is side-lined and the options provided by the insurance company are generated from a computer list and not by the personal knowledge of someone at the end of the phone.

The tenets of private medicine laid out by the Federation of Independent Practitioner Organisation's proposed Patient Information Leaflet sit comfortably with the expectations and responsibilities published on the PLG's web pages. Both organisations can only strive to keep the clinicians' and patients' expectations at the forefront of any debate.

It is, no doubt, laudable that the insurance companies wish to minimise the increase in the cost of insurance – but that they do so by potentially compromising the outcome of any procedure is unacceptable.

Finally I can distil my aspirations for private medicine into the following statement:

As an insured patient seeking treatment in the private sector, I expect:

- my PMI Company to be open about its policies: in this way I will know precisely what fees I will be paying and it will be my choice if I opt to pay any top-up fees, or go to a clinician who is chartered by the company.
- the treatment pathway offered by PMI Company needs to be as good, if not better than, the equivalent service provided by the NHS.
- the integrity of my GP and chosen specialist should be respected, and their diagnosis and treatment options accepted – and not subject to scrutiny by people who know nothing about my personal circumstances, and who therefore cannot make a clinical judgement. ■

Bupa Response

Dr Katrina Herren, Medical Director, Bupa Health and Wellbeing

Our aim is to work with consultants to understand the clinical rationale for surgery and ensure that we fund the most appropriate treatment. The process enables us to review all funding requests and ensure that they meet published evidence based guidelines, so that we fund only clinically appropriate treatment covered by our members' policies.

Bupa does not make a decision about whether or not the clinical treatment is appropriate or if it should take place. Consultants and their patients are free to continue with whatever course of treatment they decide; our decision relates only to Bupa funding of the procedure.

Since we introduced the medical review process, we have received more than 10,000 funding requests for knee arthroscopies, the majority of which we have confirmed. We have declined requests for funding in cases which have not been shown to be eligible for funding under the terms and conditions of a member's policy, such as when the proposed surgery has not been shown to represent clinical best practice. Where Bupa funding has been declined, some members have expressed relief at not having to undergo surgery while others have had alternative treatment which, in many cases, is less invasive.

We have consulted the General Medical Council who have confirmed that there appears to be nothing in our medical review process for knee arthroscopy that conflicts with GMC guidance. They have said that physical examination of a patient is not always necessary, such as when doctors review medical records for the purposes of insurance claims.

The Open Referral process directly addresses one of the biggest causes of complaints from our customers – consultant shortfalls – which are understandable as people rightly expect that their premiums will sufficiently cover their treatment if they become ill.

Our corporate clients, in particular, tell us that they want their employees to receive high quality healthcare from doctors and hospitals, while ensuring that their employees will not have to pay any shortfalls for treatment. In response, as part of Bupa's efforts to ensure the long-term sustainability of private healthcare, Bupa introduced an Open Referral process to give our members a choice of consultants who will not shortfall their patients and our members.

The level of satisfaction reported by tens of thousands of our members who have been given a choice of consultants by Bupa is extremely high. In fact, 93% of members surveyed say they are comfortable with Bupa providing guidance and choice about hospitals and consultants. And sSatisfaction levels are significantly higher than normal with customers reporting a 21% higher quality of service compared with usual levels.

Open Referral means that rather than a Bupa member being referred to a single named consultant, the referring GP specifies the clinical need i.e. the clinical speciality, sub-speciality and how soon an appointment is required. Then, Bupa gives the member a choice of two or more consultants offering appropriate care at convenient locations, thereby increasing patient choice and making that choice an informed one.

We have a comprehensive database of consultants and hospitals that we draw on in order to match patients' requirements with the speciality/sub-speciality, type of procedure that a consultant performs, their care practices and their location.

The consultants that we offer patients have an excellent record of treating Bupa members and we are confident that they provide high quality care and value. However, if a GP or patient feels they should see a specific Bupa-recognised consultant for clinical reasons, we are happy to discuss this, although so far, this has happened very rarely.

InterestinglyInterestingly, independent research among GPs conducted by the Office of Fair Trading suggested that they make very limited use of objective quality or cost data when they make referrals.

In its commissioned report, Programme of Research Exploring Issues of Private Healthcare among general practitioners and medical consultants, it says: "GPs accessed a range of information about privately practising consultants of which information sent by the facilities within which consultants worked and informal social contacts were the most common."

It added: "As regards discussions of choice of facility and/or consultant, just under half of GPs saw their role primarily as providing general information that enabled patients to make their own choice.

"Another half of GPs believed their role involved providing more detailed guidance. Only a small proportion of GPs believed that they should a specific facility and/or consultant to a patient who wished to be treated privately."

With limited information available to GPs about a consultant's care practices, outcomes, patient experience, private patient charges or end-to-end costs of care, when our members need specialist care, they are often referred by their GP to a consultant based on 'informal' information, and sometimes experience unexpected top-up fees from the consultant because they charge outside of Bupa's monetary limits.

We agree with Mr Welch's three expectations for insured patients:

- We introduced the open referral process specifically to enable patients to make an informed choice about the consultants they see and not have to face any unexpected bills following treatment.
- We introduced our medical review process for knee arthroscopy to address the fact that rate of surgery among Bupa members was more than double that of NHS patients and that treatment pathways follow clinical best practice.
- The OFT's independent research shows that GPs make very limited use of objective quality or cost data when they make referrals. The Open Referral process means that where this happens, we can offer our members a choice of consultants and give them information to make an informed decision. ■