



BY JARROD SHAPIRO, DPM

# Lions and Tigers and Insurance Companies, Oh My

## Who's in charge of treating our patients?

*Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.*

The other day, we saw a patient who was being followed up for a wound after a hospitalization. She had opened a new wound in

an area of prior surgery, so there was a concern about a bone infection in her foot. After obtaining new radiographs, tell-tale bone destruction, lysis, erosions, and periostitis consistent with osteomyelitis were seen. Unfortunately, she was going to have to be taken back to surgery. After a productive conversation with the patient, we agreed on a plan, and were scheduling the surgery for a couple of days down the road until...STOP!

Enter the insurance company and a little ongoing nightmare.

### Prior Authorizations

California is rife with HMOs and any number of other restrictive insurance organizations in which their protocols require physicians to obtain prior authorizations before treat-

ing patients. You have to hate prior authorizations. We love being podiatrists, love treating patients, love teaching, and love the science behind what we do. You have to absolutely hate having some bean counter economist, mindless protocol, or other doctor who knows nothing about lower extremities tell us how and when to treat our patients. This can really light our collective fuses.

Who is treating our patients anyway? The insurance companies or us?

### Three Choices

In the situation above, there are three immediate options. 1) Send the patient to the hospital emergently to be admitted (a very costly prospect that puts patients through a lot of physical and emotional strain), 2) Do absolutely nothing (risk a malpractice suit), or 3) Get the prior authorization as rapidly as possible. We went for option three, considering the patient appeared stable and could wait a few extra days with close follow-up.

The issue here is, why is this necessary? If our professional medical societies have determined that one is qualified to treat this patient—via board certification, state licensing, and being placed on the very insurance company's panel—then why is one not qualified to decide if the

insurance company should reimburse for this patient to have her surgery when we want her to? Who's the expert? The doctor or some finance person?

The counter-argument to this is that the insurance companies need to control costs or they will go out of business. We understand that argu-

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What should one do? What would you do? Too many medical providers are in this same type of situation. Whether it's obtaining "permission" to treat with physical therapy, orthoses, surgery, or any of a number of other methods, the treating physicians are the best people to determine what type of care their patients should receive.

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## Lions and Tigers (from page 31)

ment. Obviously, there's a potential conflict of interest with having the person who's getting paid to have control over whether or not they will get paid. Our response is for them to hold the doctor accountable and work with us.

ple. At one of the local hospitals, every admitted patient with a foot ulcer or infection receives an MRI before the podiatrist is consulted. In some cases, the podiatrist is not even consulted and finds out later when the patient happens to follow up. This is a ridiculous practice. In almost all cases, one can

can in a timely fashion and cut out the prior authorization process entirely.

To insurance companies we say, work with us as partners and not as enemies. Doctors aren't children to be watched over and given permission. Leave the experts to do what they do best in a legitimate and fair system.

For those interested, take a look at some of the suggested reading below to get into the weeds. **PM**

## To insurance companies we say, work with us as partners and not as enemies.

If we were to hire a company to do some repair work around our house, then we would be darn certain to hold them accountable for that work. First, if they're too expensive, don't hire them. Doctors negotiate contracts with insurance companies all the time, so we know that's already possible. Second, if they do poor work, either fire them or not pay them (via legal routes). If a doctor's patient care is poor, or too expensive, then the insurance company should have the right to fire them (via similar legal routes). Just as with any other service, one should have to demonstrate one's quality. These two aspects together would help control costs.

In fact, in many ways, one can actually reduce costs. Here's one exam-

diagnose pedal infections without the use of an expensive MRI. By consulting the podiatrist before obtaining the advanced imaging, one can save the hospital—and the insurance companies—the cost of the MRI.

### Suggestion—Get Off Our Backs

One suggestion to all the insurance companies is to get off doctors' backs and allow us to practice medicine according to our training, experience, and expertise. Instead, work with healthcare providers to create a more feasible system. Hold doctors accountable to prove our value just as anyone must in our society. Then work together with providers to find the most equitable system for all. Finally, allow one to practice the best podiatric medicine one

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