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February 15, 2010

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UnitedHealthcare
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UHC document re: Spine Surgery influence model

Dear Dr. Smith:

Thank you for the opportunity to preview and provide comment on United Healthcare's Augmented Notification Process for Spinal Surgeries for UnitedHealthcare Members.

Every orthopaedic surgeon strives to deliver high-quality and consistent care for his or her patients. We appreciate United Healthcare's desire to assist spine surgeons in this endeavor. After careful consideration, it is our opinion that this proposed model lacks transparency and interferes with the doctor-patient relationship.

On behalf of MSOA members who specialize in orthopaedic spine surgery, we have significant concerns with United Healthcare's implementation of the spine surgery influence model, including:

1. **Purpose of the new guidelines is unclear.** UHC claims this is an attempt to "improve quality". However, because quality measures are not defined in the policy, it suggests that the real purpose of this model is to diminish surgical options available to the United Healthcare patient. Understanding what "quality measures" UHC are trying to improve might help treating physicians understand why their practices should be given this additional burden.

2. **Use of NASS & Milliman Care Guidelines.** The United Healthcare model indicates that North American Spine Society (NASS) guidelines will be used along with Milliman Care Guidelines.

   The NASS guidelines are published and readily available but are occasionally out of date with respect to surgical recommendations and often do not include the latest studies. The Milliman Care Guidelines are only available through costly subscriptions.

   Which of the Milliman or NASS guidelines will be used to screen for "potentially inappropriate use of spinal procedures"? These documents do not specify, so treating spine surgeons do not have opportunity to assess their own practices against the proposed guidelines.

3. **"Potentially inappropriate" surgery is not defined.** In FAQ #5, United Healthcare claims it will review coverage of spine procedures based on whether UHC deems them to be "inappropriate". Later, UHC states that "the ultimate decision about appropriate treatment is still in the hands of the physician."

   Who determines whether surgery is appropriate—UHC or the treating physician? If United Healthcare determines whether surgery is appropriate, UHC would be indirectly practicing medicine if this initiative is implemented.

   "Potentially inappropriate" surgery is not defined and apparently triggers a request for either additional written information or a peer to peer discussion.

4. **Peer-to-Peer Review is neither consistent nor timely.** This letter makes no distinction or description of who United Healthcare considers a "peer". In the past, peer-to-peer review has not included discussion with an active or experienced spine surgeon. A peer-to-peer discussion with an M.D. that does not engage in operative spine care does not constitute a true peer-to-peer discussion.

   In FAQ #6, UHC states that the physician has 2 days to conduct a peer-to-peer discussion, but UHC does not specify how available their "peer" will be. Several orthopaedic spine surgeons I contacted indicated their reviewer is not available after usual patient care hours. This forces the treating physician to choose between conducting discussion or caring for current patients. If UHC wants a 2 day limit on peer-to-peer discussion, they should be willing to stipulate that their "peer" will be available before/after usual patient care hours.

   In addition:

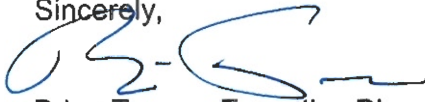
   - The mechanism used to contact the physician for additional medical records or for peer to peer discussion is not defined and appears to be arbitrary. Usually attempts to return phone calls by the physician after hours (after surgery) are unsuccessful.
   - Two attempts will supposedly be made to contact a physician before the physician is labeled noncompliant. Only 7 days are given to send medical records.
   - The penalties for noncompliance are unclear. Although the policy indicates that it will not be used to deny treatment, it will likely be used to deny coverage or payment.

Because of these concerns and others, MSOA respectfully encourages United Healthcare to consider the following recommendations:

1. Increase the transparency and rationale behind the implementation of this policy. Increased transparency could include publication of the outcome of this model.
2. If the program is intended to improve quality, identify "approved" quality measures so that quality can indeed be measured. These quality measures could include a VAS score, Oswestry disability index score, or SF 36 or SF 12 scores.
3. Provide some incentive for participating in this program. The increased burden required by this policy is significant and will not be reimbursed by United Healthcare.
4. If United Healthcare is going to require use of guidelines that are not available in the public domain, United Healthcare should provide access to these guidelines.
5. Simplify communication by facilitating true peer-to-peer communication between two orthopaedic spine surgeons.

Thank you for the opportunity to provide comment on UHC's proposed Augmented Notification Process for Spinal Surgeons. If you require any additional comments, please do not hesitate to contact me.

Sincerely,



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