THE FUND REPORTER

Published by The Consumer Commission on the Accreditation of Health Services

Volume I, No. 2 14 May–June 1983

THE CASE FOR A MANDATORY SECOND SURGICAL OPINION PROGRAM

By ROXANNE YOUNG, *Associate Editor*

Ask anyone whether a second opinion about elective surgery is a good idea and the chances are you'll hear an unqualified "yes." Yes—two heads are better than one. Yes—one doctor may not have all the latest information about treating a particular condition. Yes—it can be reassuring to hear that a second doctor agrees with the first one. Yes—there are doctors who even recommend surgery that is not really necessary. A second opinion can deal with all these situations.

If everyone agrees that a second opinion is a good idea, why bother to set up a mandatory second surgical opinion (SSO) program? Why not choose a program that simply pays for consultation on elective surgery when the patient seeks one, without trying to enforce any requirement?

The problem is that practically no one uses an SSO program if it is not mandatory. Blue Cross and Blue Shield, which has offered a voluntary SSO benefit since 1976, estimates that only one to two percent of its subscribers use it when they have elective surgery. Welfare funds that have set up incentive SSO programs (increasing surgical benefits when a second opinion is sought) or penalty SSO programs (decreasing benefits if no second opinion is sought) find their utilization is probably no more than 15 percent of those eligible. The other 85 to 98 percent of elective surgery patients simply don't ask for a second opinion.

Ask someone who has had elective surgery without getting a second opinion why he or she neglected to get one, and you're likely to hear one of these answers:

1. I didn't know my insurance would pay for it.
2. I didn't have time to get another opinion.
3. I didn't think the surgery was that important.
4. I trust my doctor.

The first three reasons for avoiding a second opinion consultation are common with every type of program. They are questions that involve more or less education. People need reminding over and over again that an SSO program exists, that all surgery carries risks and that no one should rush into it.

The key to a successful SSO program is reflected in the fourth reason: "I trust my doctor." A more truthful way to say it would be, "I don't want my doctor to think I don't trust him." Nearly every prospective elective surgery patient believes that seeking a second opinion will offend his or her doctor, that it will be considered a lack of trust. Very few responsible doctors actually see the decision that way, but no patient wants to risk it. No one wants to lose even a fraction of the goodwill of the doctor who holds the scalpel, who makes the life and death medical decisions. This doctor will be treating the patient before, during and after surgery. The patient wants every possible advantage when going under the knife, including the surgeon's goodwill.

Apparently, in order to feel free to use an SSO program, many patients need an alibi. If a second opinion is required, that alibi is foolproof. No doctor could be offended by a patient meeting the requirements for insurance coverage. The question of the patient's trust and confidence in the doctor never comes up with a mandatory program. The patient is off the hook.

How else can a mandatory SSO program benefit a fund? Surgical claims have dropped as much as 25 percent for some groups in the first year of a mandatory SSO program. Medical experts believe this represents needless surgery that was not performed. Unnecessary surgery is screened out in two ways.

The first is the so-called "sentinel effect." When doctors know that their surgical recommendations will be examined by another doctor, they are more conservative in prescribing surgery. Just as an armed guard in a bank discourages robbers, a mandatory screening program discourages unnecessary elective surgery before it is suggested. This effect is apparent dramatically in the first year, but it continues throughout the program.

The second step in the screening takes place among patients who do have surgery recommended. Most patients do not go through with surgery if the second opinion does not confirm the need for it. Non-confirmation rates ranging from 17 to 30 percent are reported by all types of SSO programs. To get the full advantage of this potential saving, a program must screen the maximum number of potential patients. Only mandatory programs involve significant numbers of patients.

Fund administrators can be rightly concerned about the practical functioning and enforcement of a

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FACTS AND GUIDELINES FOR PROPER VISION CARE

By ARTHUR A. LEVIN, M.P.H.

Vision problems are so common among Americans that more than half of us wear corrective lenses. Numerous common vision defects are inherited and tend to get worse, according to the majority of eye care experts. Many people are confused about who is an eye expert and where to seek assistance for vision problems. The following explanations are provided to help you know where to find appropriate sources of advice and care.

Ophthalmologists

Ophthalmologists are medical doctors who specialize in eye diseases and eye surgery. After completing four years of medical school, an ophthalmologist goes on to a three-year residence in ophthalmology at a hospital with an approved residency program. In addition all persons preparing for a career in ophthalmology must complete a year of independent practice or research before taking an oral and written examination required to become "board-certified."

In addition to being trained to diagnose and treat eye disease medically and surgically, ophthalmologists can detect vision defects and prescribe corrective lenses. Before the day of specialty boards, physicians who concentrated on eye care often called themselves "oculists." While it is legal for any physician to confine practice to a given area and call himself or herself a "specialist," board-certification is the only objective indicator that the doctor is truly experienced in a specific area.

Optometrists

Optometrists are doctors of optometry (O.D.'s) who receive a degree after undergraduate education and four additional years at a college of optometry. They are trained to diagnose and treat vision problems using the same diagnostic equipment as ophthalmologists, except that in many states they cannot use certain equipment or dispense diagnostic medications. They are trained to detect eye diseases as well as other problems, such as hypertension, which may first manifest itself in the eye. When certain kinds of problems are detected, referral is made to an ophthalmologist or other appropriate specialist for treatment. Optometrists write corrective lens prescriptions, fit contact lenses, and provide vision therapy for problems like crossed eyes, lazy eye and learning disabilities.

Opticians

Opticians fill prescriptions for corrective lenses and are skilled at making and fitting eyeglasses.

There has always been considerable rivalry between ophthalmologists and optometrists, not unlike that between doctors and chiropractors. Ophthalmologists regard themselves as highly trained medical specialists, educated both to identify and remedy common vision problems as well as the more serious eye diseases like glaucoma, cataract and retinal problems that may go undetected by the lesser-trained specialist—the optometrist.

On the other hand, optometrists hold that (1) ophthalmologists' highly-developed surgical techniques and skill in identifying and treating disease cause them to give vision problems little attention beyond prescribing corrective lenses; (2) The assembly-line atmosphere of many ophthalmologists' offices leaves little time for a complete vision examination and careful lens prescription; and (3) ophthalmologists are often "too quick" to perform surgery for conditions like a "turned" eye that might be corrected with vision training (eye exercises). Optometrists' definition of what constitutes a good vision examination is broader than that of most ophthalmologists. Since optometrists dominate the lens prescription field and often dispense them, critics say that they are more likely to prescribe lenses than ophthalmologists, who do not make and sell corrective lenses.

Examinations, qualifications

The American Optometric Association claims that a good vision examination takes from 30 to 60 minutes. *Consumer Reports* has noted that ophthalmologists believe that a thorough examination should take about 25 minutes. Ophthalmologists contend that optometrists (who outnumber them by about three to one) were poorly educated up until around five years ago when the curricula and standards of optometry were upgraded; that the longer examination by optometrists is impressive but not very useful, since they check for problems about which little can be done; and that there is no reliable research which proves that vision training can take the place of lenses or surgery.

Until the 1960's rivalry between optometrists and ophthalmologists was reinforced by the official position of the American Medical Association, which held that it is unethical for an M.D. to teach or lecture at a school of optometry. Today the A.M.A. principles of medical ethics declare that, "Physicians may teach in recognized schools of optometry for the purpose of upgrading the quality of optometric education." Some ophthalmologists now employ optometrists in their practice.

Some suggestions

- On the whole it is wise to avoid commercial eye care centers unless they are recommended by a health fund. Studies have indicated that the care provided by some centers are of low quality in terms of over-prescription of lenses, untrained personnel and insufficient time allowed for examinations.
- When you get a prescription for corrective lenses, inform the ophthalmologist or optometrist that you would like to bring back the lenses for verification that the prescription has been filled properly.
- Always ask for a copy of your prescription in case the prescription has not been properly filled. The Federal Trade Commission (FTC) requires that it be given to the consumer at the time of the examination even if the person doing it is also filling the prescription. It is a good idea always to carry a prescription when you are traveling in case your glasses are lost or damaged and must be replaced.

BLUEPRINT FOR HEALTH CARE

By JOSEPH EPSTEIN

Most people know what to do and where to go if their automobile or refrigerator breaks down. However, if their body develops trouble they're at a loss as to what they should do. Here is a set of guidelines which will be of value to all consumers of health services:

Personal Physician—Find one before you get sick or hurt. If the physician you consult knows something about you and your health record, you'll get better care when something is wrong. The services of a physician are more personal and less expensive than the use of a hospital emergency room.

Know when to use medical services—Studies have shown that as many as 70 percent of the visits to physicians are "unnecessary," and result either in reassurance from the doctor or recommendation for simple measures that do not require prescriptions. It's wise to know how to distinguish minor problems from those which require a physician's care.

Go to a hospital only when necessary—Do not go for a rest or because it may be convenient, or for any reason unless your physician says it is necessary.

Out-Patient diagnosis—Should you require tests or x-rays, ask your doctor if they can be done in his office or in a hospital out-patient department. If this is possible, it will reduce the amount of time you will need to be away from home or work, and will cost considerably less.

Same Day Surgery—If you need surgery, ask if it can be done just as safely in your doctor's office, clinic or out-patient department. Many kinds of surgery can be handled this way, and you can have it done the same day, with the result that hundreds to thousands of dollars may be saved.

Pre-admission testing—If you must be hospitalized for surgery, ask the physician if the routine tests that will be necessary prior to surgery can be done on a hospital out-patient basis. This can usually reduce your hospital stay by at least one day.

Non-Weekend Admission—If you must be hospitalized, try not to enter the hospital over the weekend. Unless emergency or intensive care is required, weekend admissions may mean wasted time and money if nothing is to be done for you until Monday.

Second Opinion Surgery—If your physician recommends non-emergency surgery, don't hesitate to ask for a second opinion. Studies have shown that 25 to 35 percent of the surgeries recommended by a primary physician are unnecessary.

Don't extend hospital stay—Leave the hospital as soon as you can be released. Don't consider the hospital a place to rest or a way of avoiding some unpleasant circumstance. Let your doctor know that you would like to be discharged as soon as possible.

Ask about leaving—After surgery or other medical treatment in a hospital, ask your physician if you can complete your recovery in some other manner than in a regular hospital bed. Be aware of other health care services available in your community, such as:

a) skilled nursing facilities; b) extended care or day rehabilitation centers; c) out-patient services through hospitals; d) visiting nurse services; e) home health/home aid agencies.

Ask questions—You have a right to ask about the medical care you receive. Check hospital and other bills you receive for accuracy.

Know your coverage—Become familiar with your health care coverage and use it wisely. Your benefits may provide alternatives to in-patient care. Overnight hospital stays for services that can be performed on an out-patient basis may not be covered.

Don't think it's free—Remember: Nothing is free. Don't think, "Why should I care how much my bill is? My hospital and surgical coverage will take care of it." You pay for your insurance coverage whether you realize it or not. Your health benefits are really part of your salary. A health fund may pay your bill as a result of employer contributions, but it really is your money.

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The Fund Reporter is a publication of the Consumer Commission on the Accreditation of Health Services, which also publishes *Consumer Health Perspectives*. An advisory board to this publication is being formed. It will consist of benefit fund trustees, administrators, attorneys and consultants.

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Editor: Donald Rubin
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Printed by Philmark Lithographics, N.Y.C.

The Case for A Mandatory Second Surgical Opinion Program

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mandatory SSO program. They worry about antagonizing members or creating complications. However, a properly planned program with well-trained staff can avoid nearly all the possible problems.

Provision must be made for waivers, and intake personnel should clearly understand them. Many programs limit the SSO requirement to a list of procedures which are least often confirmed by consultants (see box elsewhere on this page). Trustees may establish a policy which waives the SSO requirement once for each family to allow for a patient not knowing about the requirement. Administrators usually find that members consider an SSO program, even a mandatory one, not a burden but an added benefit.

The complex doctor-patient relationship should be considered in planning a second opinion program. It is difficult for the average patient to choose a second opinion voluntarily, believing that it will offend his or her doctor. Only a mandatory SSO program can provide the necessary alibi and ease the patient's fear of antagonizing the doctor. Only a mandatory program can realize the full medical and cost control potential of the second surgical opinion concept.

14 Kinds of Surgery You May Not Need

Some welfare funds choose to require a second opinion only for certain kinds of elective surgery. Here is a list of operations which are often not necessary, according to consulting specialists giving a second opinion:

Back Surgery—not appropriate for the majority of back problems; extremely risky; exercise and other non-surgical therapy usually give better results

Breast Surgery

Bunionectomy

Cataract Surgery—timing is important; the patient should decide when and if sight is so impaired that surgery is needed

Gall Bladder Surgery

Gynecological Surgery—nearly half of second opinions on hysterectomy, for example, disagree on the need for it

Heart Surgery

Hemorrhoidectomy—banding, a non-surgical treatment which does not require hospitalization, is one alternative

Hernia Repair

Knee Surgery—physical therapy can often relieve pain and produce equivalent or better long term results

Nasal Septum Repair

Prostate Surgery

Tonsillectomy and/or Adenoidectomy—19th century treatments which are seldom used now that more is understood about the body's defenses against infection

Varicose Vein Removal

HELP FOR SLEEPLESS

If you're having trouble sleeping there is a phone number that might help you control the problem. The Lenox Hill Health Education Center offers the consumer an 8 minute tape to help you learn to fall asleep more easily. The tape is available 24 hours a day, seven days a week, so you can call during those sleepless early morning hours and get a chance to practice their advice. The telephone number for this service is (212) 772-7800.

PHONE ADVICE FOR HEADACHES

If you are suffering from headaches, you also have available a special telephone number for help. Dr. David Coddon, M.D., founder and director of the headache clinic at Mt. Sinai Medical Center maintains a headache "hotline" Monday through Friday, from 9 A.M. to 6 P.M. After hours an answering machine will take your message and call you back. While Dr. Coddon will personally answer your questions, he will not diagnose your problem on the telephone. The telephone number for this service is (212) 369-5888.

Published by Consumer Commission on the
Accreditation of Health Services, Inc.,
200 Park Ave. So.,
New York, N.Y. 10003.
Telephone: 477-6823

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