



Risk Management SNAPSHOT

Current issues and trends for
practice managers



When patients fight health insurance denials.

State and federal insurance regulators report that insurers deny one in seven insurance claims. Many patients accept the insurance company's denial, with only 0.1% formally appealing those decisions. However, when UnitedHealthcare denied payment for Christopher McNaughton's treatment of severe ulcerative colitis, he and his parents fought back.

Christopher McNaughton was a sophomore at Penn State College; at 6 foot 4 inches, he played on the college basketball team. Halfway through his sophomore year, he began to suffer from debilitating ulcerative colitis. He had to leave school because he was essentially homebound, as he spent most of his time in the bathroom or curled up on the couch in pain. His family physician tried all the standard treatments for ulcerative colitis, and nothing gave him relief.

A gastroenterologist at the Mayo Clinic eventually developed a treatment that relieved his symptoms and allowed Chris to begin to lead a normal life. However, the treatment was very expensive. Chris was insured through UnitedHealthcare as a student at Penn State College. United denied payment for the only treatment that was keeping Chris alive. His parents went through the formal appeals process and were denied over and over again. Then they decided to sue UnitedHealthcare. The court filings showed the inner workings of the insurance company's efforts to deny needed care. Read the full story in [Family Practice News](#).

One claim leads to another.

A study in JAMA found that physicians with one paid malpractice claim were four times more likely to have another claim. The finding suggests that rather than the suit being a one-time event, it could predict the likelihood of future claims.

An article in MDedge reported on the findings of a [JAMA study on physicians with malpractice claims](#). The increase in the number of claims was found in both high and low-risk specialties. The article suggested greater scrutiny of malpractice claims. Organizations should review malpractice claims and determine if interventions would be appropriate to reduce the likelihood of additional suits and to improve patient care.

Read our latest Practice Tip [The Life of a Malpractice Claim](#) to learn more about the claims process.

Is it time to end the use of BMI?

Does your practice use Body Mass Index (BMI) to diagnose patients with obesity? BMI is the tool most healthcare providers use to determine if a patient is obese. While it is a standard tool for diagnosing obesity, many think BMI has limitations and should be phased out in favor of other tools.

This article in Medscape [When Do We Stop Using BMI to Diagnose Obesity?](#) looks at the history of BMI as a health measure. The article points out that the tool was originally developed almost 200 years ago as an observational tool for how people's weight changed in proportion to their height. It was never intended to be used as a health measurement. Sylvia Gonsahn-Bollie, MD, an integrative obesity specialist, points out that while the use of BMI should be phased out, this will take time, as the tool is integrated into much of healthcare and health research.

Our practice tip [Policy and Procedure Manual in Practice Management](#) provides helpful information on developing written policies and procedures for your practice to help ensure safe, high-quality care.

Patient violence

Many healthcare providers would agree that patient violence is on the rise. In a recent Medscape poll, nearly 9 in 10 physicians reported that they had experienced one or more violent or potentially violent incidents in the past year. When physicians and healthcare staff experience violence, they become less trusting of their patients.

[Decreased physician-patient trust](#), an article in MDedge, examined the increase in patient violence and the impact this increase had on providers and their ability to connect to their patients in a trusting and compassionate manner. This decrease in trust negatively impacted the physician-patient relationship. The article looked at factors contributing to this increase in violence. Practicing empathy and showing the patient you are on their side is one of the best ways to defuse volatile situations.

Medical Mutual's practice tip [Workplace Violence Management in Healthcare](#) provides helpful guidance on reducing the risk of workplace violence.

Oncologist fights denial on social media and wins!

Physicians are becoming increasingly frustrated with denials from insurance carriers. To get their patients the care they need, providers need to add time to their busy schedules to anticipate and plan for time to appeal these denials. When one breast oncologist received a denial after a peer-to-peer discussion, she decided to take her case to social media.

This article in Medscape [Oncologist to Insurer: 'This Denial Will Not Stand.'](#), details a situation that Dr. Rebecca Shatsky, a breast oncologist found herself in when she received a prior authorization denial for pembrolizumab (Keytruda) to treat her patient with stage IIIc triple-negative breast cancer (TNBC). Dr. Shatsky appealed the decision. She was frustrated when the reviewer, who was not a breast oncologist, continued to deny the treatment she felt might prolong her patient's life. After the denial, she took to Twitter to express her frustration with the process. Her thread received tens of thousands of likes and hundreds of comments. The following day Dr. Shatsky received a call from the insurance company's vice president telling her the drug was approved.

Medical Mutual's practice tip, [Social Media Risks in Healthcare](#), provides guidance on avoiding risk in social media.