



Improving Your Physician-Insurer Relationship

by Walt Kagan, M.D., Ph.D.

Although providers and insurers sometimes appear at cross-purposes, these two groups must work together to create an optimal health care system. Exploring new ways of collaborating will lead to lasting improvements in the physician-insurer relationship. Open and frank dialogue is likely to lead to the most successful outcomes.

One example of how a successful physician-insurer relationship can work comes from Blue Cross/Blue Shield (BCBS) of Massachusetts. Recently, BCBS developed specific medical policies related to cancer care that outline the treatments and blood tests for which BCBS will pay.

After the company developed these new coverage rules, it sent them to a group of clinical oncologists at the Massachusetts Society of Clinical Oncologists (MSCO). The physicians at MSCO reviewed the proposed guidelines and provided thoughtful feedback. BCBS responded to these physician comments and changes were made *before* the policy was finalized. The system worked so well that the MSCO group now meets annually with BCBS to review new and existing policies.

According to John Erban, M.D., MSCO's immediate past president and chief of Hematology/Oncology at Tufts-New England Medical Center in Boston, MSCO anticipates working with the Massachusetts Association of Health Plans (MAHP) and engaging them in discussions about the future of oncology care.

MSCO has made similar progress with Medicare. If Medicare officials have a question about a treatment or some aspect of patient care, they are comfortable contacting MSCO and asking for clarification or additional information.

In Massachusetts, policy input, face-to-face meetings, and gatherings of oncologists from across the state have been invaluable tools in improving the relationship between providers and insurers. Because MSCO is able to build consensus in the oncology community about patient care, the insurers it deals with seriously consider all of the group's comments and feedback.

Using local organizations such as MSCO to disseminate information to insurers helps both providers and members of the insurance industry. Insurers gain a better understanding of the clinician's viewpoint and treatment decisions, and providers have the opportunity to resolve difficulties in insurance coverage *before* they occur.

Engaging insurers in patient care only strengthens the physician-insurer relationship. For instance, insurers can play a significant role in educating patients about new options for cancer prevention. Physicians and insurers who work together can ensure that best practices in standards of care are adopted and followed.

Another coalition-building option is to involve insurers in cancer prevention clinical trials. Being part of such a clinical trial poses little or no financial risk to insurers and the potential for benefits is enormous. If providers join together to establish such a program, they can share both the responsibilities and benefits of the program.

Members of our 20-physician practice, Commonwealth Hematology-Oncology, recently met with several insurers to address a number of issues, ranging from credentialing new physicians to the use of certain drugs for specific diagnoses. A particularly thorny concern involved limitations in one HMO's software, which was unable

to accurately track our physicians who are on staff at multiple hospitals. In response to our concerns, the HMO negotiated a special direct contract with our group to address this problem.

From this meeting, several insurers developed a better understanding of the need to credential physicians in a timely manner, as well as the importance of expeditiously processing claims for new chemotherapy drugs. Several insurers agreed to streamline their credentialing process and to work on speeding up their claims processing. Both of these changes were of great benefit to our practice. The underlying lesson we learned is that improved communication helps put the differences and difficulties between providers and payers into perspective.

The relationship between physicians and insurers is a challenging one, and, of course, clinicians would rather treat patients than sit down and talk with insurers. Still, the best medicine for improving the physician-insurer relationship is involvement and communication.

As oncologists, we must encourage the timely sharing of information about new treatments and drugs with our insurers. Bringing all the health care players (drug companies, local and regional oncology societies, insurers, and providers) onto one team exposes potential problems, creates better working relationships, and produces consensus and successful compromises. ■

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