

As doctors see more and more patients each day and often spend less time with each, the possibility of a misdiagnosis grows. Employers that are looking for ways to improve their employees' health and experiences with the health care system may want to consider adding a benefit that provides expert review of a doctor's diagnosis and recommended treatment.

# Second Opinion Can Save Lives, Cut Costs

by **Evan Falchuk**

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**B**rad was an active, 37-year-old father of two, working in a professional job for a big California company. One day, he woke up with numbness on one side of his body. His doctor, after a short exam, referred him for an MRI. The report said he had a cancerous tumor in his spinal cord. Quickly, he was referred to a surgeon. After reviewing the MRI reports, and briefly examining Brad's back, the surgeon told him he would radiate the tumor and then operate on it.

The trouble was, he didn't have a tumor at all, and the treatment offered to him would have almost certainly paralyzed him and possibly killed him.

Brad's experience of being rushed through the health care system is an increasingly common problem facing employees and their families. Traditionally, paying for health care has been the central focus of health care benefits. Now, employers are emphasizing ways to improve employee health and their experience with the health care system. It's emerging as one of the most important ways employers are

protecting their human capital. And it's having a meaningful impact on the health care costs companies face.

## The Time Gap

Since at least the advent of managed care, health care has been thought of as a unit cost business. Insurers and employers mostly pay for health care based on the number of procedures or patient visits, days in the hospital and days in rehabilitation. Seen in this light, the best way to control costs is to reduce the amount of money paid for each "unit." And so, the leading tool for cost control over the last couple of decades has been getting doctors and hospitals to agree to discounted rates.

It has had unintended consequences. Doctors still have growing overhead costs. The demand for services increases with the availability of new tests and treatments for an aging and increasingly unhealthy population. To keep up, doctors have to see more and more patients each day. In fact, the most recent National Medical Ambulatory Care Survey showed that nearly 60% of doctor visits featured less than 15 minutes of face-to-face contact with the doctor.<sup>1</sup>

This "time gap" is having an impact on the quality of care patients receive. Well-publicized studies showing that more than half of patients don't get the right treatment obscure other data that is even more distressing. An important set of new studies show that 15% or more of patients get the wrong diagnosis. One study showed that in 90% of misdiagnoses, the problem was in the way the doctors pieced together readily available information in the patient's case, leading them to the wrong conclusion.<sup>2</sup> Time—or the lack of it—is a major factor in this kind of cognitive failure.

## A Missed Diagnosis

Brad's case shows how this happens. Brad's family has a history of a kind of malformed blood vessel that can be easily confused for a tumor on an MRI. Brad knew about the problem, but since he had no idea it could be related to his symptoms, he didn't remind his doctor about it. His doctor had a record of the problem in one of the many forms Brad had filled out during his visits over the years, but he didn't recall it during this visit and so

never told the radiologist about it. The radiologist saw a possibly unusual tumor, but he had seen many strange tumors before and had no reason to think this one was anything special. The surgeon relied on the radiologist's report and recommended the most appropriate evidence-based care for the disease.

But it was all wrong.

Brad had access to an employee benefit program that offered him an expert review of his case. The doctors who reviewed it, freed of the time constraints faced by his treating physicians, quickly noted the possibility of the blood vessel problem. They recommended that he have a different imaging study to rule out a malformed blood vessel as the cause of his problem. Brad followed the recommendation, which revealed that the tu-

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mor was, in fact, one of these malformations. He still needed surgery, but it was a completely different procedure. And he certainly didn't need radiation, which would very likely have caused the malformation to rupture, flooding his spinal cord with blood and possibly killing him.

Armed with the right diagnosis, Brad got the right surgery. It was still a major procedure, but he avoided the terrible complications that were almost certain to have happened as a result of making a treatment decision based on the wrong diagnosis. He has had an excellent outcome.

As much as 30% of U.S. health care costs are attributable to this kind of misguided medical care.<sup>3</sup> But behind these hundreds of billions of dollars in wasted expenditures, there is the human suffering that occurs when someone goes through the health care system without a clear path, or worse, the wrong path.

Stories like Brad's are of a kind the author frequently hears from benefits professionals. These are heartbreaking situations where employees have faced difficult medical decisions and haven't known where to turn—situations where employees found out, sometimes too late, that there was another test they should have had, other treatments they should have pursued, other doctors they could have seen.

## Trust the Doctors

What may be surprising is how often doctors talk about this, too.

For example, Dr. David Norenberg wrote in the May 2009 *Annals of Internal Medicine* that the profession of primary care is dying. The reason: "the progressive devaluation of individualized clinical judgment."<sup>4</sup> As Dr. Norenberg put it:

Whoever hallucinated that patients with multiple comorbidities and train cases full of pill bottles and inhalers could possibly be well served in 15 minute appointments? It can take that long just to go through all those medications. . . . Let a nurse or medical assistant do it, you say? Then you've seriously underestimated, or totally ignored, the complexities of noncompliance. And you've compromised direct communication between patient and physician, which is what primary care is all about.

Dr. Norenberg's complaint has echoed in the background of the health care reform debate, but it is increasingly front and center for employers.

The most renowned report on this problem was written by Dr. Atul Gawande. In a story called "The Cost Conundrum" that appeared in the *New Yorker* earlier this year, Dr. Gawande documented the problems of the U.S. health care system in stunning detail.<sup>5</sup> The article quickly became a "must-read" for health care reformers, with even President Obama making it required reading for his staff and passing out copies to senators. Gawande's central theme was that as health care increasingly focused on unit costs, it has started to lose sight of the importance of good medicine. People are forgetting that the needs of the patient must come first.

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One place where this hasn't happened is the Mayo Clinic, in Rochester, Minnesota. According to Dr. Gawande:

Among the things that stand out (at the Mayo Clinic) was how much time the doctors spent with patients. There was no churn—no shuttling patients in and out of rooms while the doctor bounces from one to the other. I accompanied a colleague while he saw patients. . . . One patient had colon cancer and a number of other complex issues, including heart disease. The physician spent an hour with her, sorting things out. He phoned a cardiologist with a question. . . . They mulled over everything together. The cardiologist adjusted a medication, and said that no further testing was needed. He cleared the patient for surgery, and the operating room gave her a slot the next day.

The Mayo Clinic, and others like it, is noted for being among the highest-quality, lowest-cost facilities in the country. The philosophy of the Mayo Clinic—"The needs of the patient come first"—has everything to do with this. It means that doctors spend the time they need to think through patient care and make good, smart decisions.

As Dennis Cortese, CEO of the Mayo Clinic told Dr. Gawande, "When doctors put their heads together in a room, when they share expertise, you get more thinking and less testing."

### Implications for Employers

What does it mean for employers?

Some who see these problems look to the advent of the electronic medical record (EMR) for hope. But even optimists say that a systematically effective EMR may be many years away. And while an EMR may have some important impact on health care quality, the limitations of the seven-minute office visit will remain.

Regardless of the advances in technology, employers that want to protect their human capital have to account for the many limitations of the health care system.

Sick employees find themselves in a system that may be designed to help them but which often hurts them. In all likelihood, employees, when sick, will have only a few minutes with their doctor and perhaps just as long with a specialist. The likelihood that an employee or his or her family member will end up on the wrong path of diagnosis and treatment is distressingly high.

Employees struggle with where to turn to get help. Some are lucky and have a doctor in the family or as a friend, and rely on them to help navigate the process. But many have no advocate and try to find answers on the Internet, or by self-referring to different medical centers or seeking new or ineffective treatments. Often these employees end up in the human resources office or talking to their supervisor about their problems.

In a review of cases handled in 2008, the author's company found that about one in five people had an incorrect diagnosis. In more than half of these cases, the patient reported that he or she was worried about unanswered questions, or that something was wrong with their care, but did not know where to turn. Many said they weren't sure if it was even okay to ask for help, or to doubt their doctor's judgment. For many, like Brad, it was a good thing they did.

Benefits managers may want to look at adding navigational advocacy second opinion services into their health benefits mix. Such a resource can help ensure employees get the right care at the right time, a consideration in health benefits strategy. Such services give sick employees a trusted advisor to get them to the best specialist, ensure they have the right diag-

nosis, and that the treatment is right for their condition.

Navigational resource services review all of the pertinent medical information in a patient's case, identify the important medical issues and consult with a world-class expert. The focus of this effort is to help the patient be sure about diagnosis and treatment. At a time when employees are taking increasing responsibility for finding quality health care, navigational advocacy resources can deliver certainty to patients who face uncertainty about their medical conditions. In most cases, an employer purchases these services, enabling employees and their family members to access medical experts via a phone-based consultation service.

Employers frequently think about employee incentives, but too often forget that the sick employee has the greatest incentive of all to get better, and to make sure their care goes right. It makes sense to give them tools that will help them do this—especially if it will help carve off some of the 30% of expenses that are wasted on misguided medical care. **B&C**

### Endnotes

1. National Medical Ambulatory Care Survey, [www.cdc.gov/nchs/ahcd/officevisitcharts.htm](http://www.cdc.gov/nchs/ahcd/officevisitcharts.htm).
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4. [www.newyorker.com/reporting/2009/06/01/090601fa\\_fact\\_gawande](http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande).

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**Evan Falchuk** is the president and COO of Best Doctors, Inc., an expert medical consultation service offered as a workplace benefit. He joined Best Doctors in 1999 and now leads the service's internal and public strategy. Falchuk previously was an attorney with Fried, Frank, Harris, Shriver and Jacobson in Washington, D.C. in the firm's SEC enforcement practice. He holds a bachelor's degree in history from Lehigh University and a J.D. degree from the University of Pennsylvania Law School.

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