REFLECTIONS

Just Doing My Job

"Come see me when you get in — Jack." A note stuck onto my monitor screen. I assumed it was about a complicated case we had briefly discussed late yesterday afternoon. I headed upstairs, and finding his office door open, walked in. He turned abruptly and angrily jabbed his finger towards me. "If you are one minute late tomorrow your employment with UMS will be terminated," Dr. Jack Latimer said, glowering. I judiciously nodded my head in agreement, as if responding to an unstable patient. *What's come over him? This is craziness.* Sensing that a reply, any reply, would further provoke him, I remained silent. Stunned, I quickly calculated the number of college tuition payments remaining, and left his office.

Universal Medical Systems (UMS), a national utilization review company established in the 1980s, occupied a large modern building in a new high-tech industrial park near Boston. My magnetized photo ID card had alerted the administration to my errant tardiness. *Twelve minutes!*

UMS contracted with fifteen national health insurance companies to perform their medical reviews. The physician staff either approved or denied cases, based on UMS criteria of acute medical necessity, and advised the carriers on how many days in hospital they should pay for. The company's mandate was to save the insurers' money by denying unnecessary hospital days or hospitalizations. If UMS was ineffective, the insurers would switch their business to our competitors, and we would lose our jobs.

While driving to work this morning, I had been thinking about why I had taken this job. The pay was fair, not as good as practice, but the checks arrived regularly and paid the bills. The benefits were fair, with paid vacations. The hours were regular with no night call or beeper infernally chirping. There was no office overhead to pay, or billing hassles with HMO's or insurers. My litany of rationalizations was wearing thin after five years. I remembered what a cynical friend once said, "People, like water, take the shape of their container." I had accepted the company norms, sitting quietly chin-to-chest, being a good employee.

I often worried about Jack Latimer, a friend and respected colleague. An affable, thoughtful and intelligent man, he was forced to end surgical practice after his second unsuccessful retinal operation several years ago. Initially a UMS physician-reviewer, he was promoted to Regional Medical Director five years ago. Jack recently confided how much he missed surgery, and how unhappy he felt being part of UMS management. "But," he said, "I've got two teen-age kids looking at college brochures. I'm in a bind." Over the past six months he was often irritable and tense, and had gained a lot of weight. One afternoon Jack had uncharacteristically shouted at the physician staff, "I'm not going to take the fall for you guys," and stomped back to his office.

What is going on upstairs? I wondered. I knew he was under pressure and following orders. The 4th floor executives were squeezing him hard. It was his job or mine at stake.

I walked slowly to my cubicle, humiliated and angry. The stinging words from a friend; the juvenile treatment echoed harsh grade school discipline. I wished I had said what was on my mind — *"I'm mad as hell and I'm not going to take this anymore"* — borrowing a line from an old movie — but, once again, I chose not to.

A UMS psychiatrist told me in my first week, "Working for this company is like riding a bucking bronco — sooner or later you know it is going to throw you. The only uncertainty was whether it will kick you in the head on the way down." *Mort's firing soon after, shook us up. He was too ornery and outspoken for UMS.* I thought of Mary Jane, an intense oncologist, who worked here for three months last year. Her community hospital had closed ending her fifteen-year practice. Slow to learn the difficult computer system, she mistakenly had pushed the approval key on every completed case one day, even for ones she had denied, generating irrevocable approval letters. Her mistake was costly to UMS, and she was summarily dismissed.

I activated the telephone and turned on the computer to check my e-mail for messages from the 4th floor. A fluorescent pink note stuck on the monitor screen directed me to phone an attending MD in Des Moines, Iowa. The patient had been in the ICU "too long," and the insurer needed to know the "plan of care." *An absurd question. What in the hell does "too long in the ICU" mean?* I noticed that my *New Yorker* medical cartoons had been removed from the cubicle wall. *Were they too cynical? A breach of company decorum?*

In the adjacent cubicle, Paul, a retired surgeon, earphones on, scanned the clinical information on his screen, while talking with an attending physician. A soft-spoken former academic, he was a lonely widower who enjoyed what medical camaraderie there was at UMS. I heard his mild voice giving the required disclaimer, "This is a recorded and monitored line for quality assurance purposes. UMS is a medical review company, and therefore not responsible for either benefits or

payments. Doctor Jamison, the amount of mammary tissue to be removed from each side is well below our criteria, and the patient is apparently morbidly obese. Have dietary measures been fully utilized?" He listened patiently for several minutes, said that he would have to deny the case for lack of medical necessity, and gave the appeal information. The staff surgeons dealt mostly with elective cosmetic procedures. Plastic surgeons, according to Paul, rarely said no to a patient, sending advocacy letters with Polaroid snapshots for each case. Denials were frequent. The gynecologists' caseload was predominately elective hysterectomies. I wasn't sure of the nature of the psychiatrists' cases. I occasionally overheard them at lunch heatedly criticizing HMOs, and discussing overdose and anorexia nervosa hospitalizations.

I heard Mark's cheerful voice nearby discussing a case on the telephone. Appreciated by the administration as a "tough" reviewer, Mark followed the insurers dictates and telephoned the attending physician on every case, even obvious approvals, and invariably asked, "Couldn't this be accomplished on an outpatient basis?" His rate of denials was high. Implacably content, he enjoyed his retirement and found the work intellectually stimulating. He wrote detailed notes in graceful prose on each case, which pleased and perturbed the administration. His lengthy justifications for denials prevented lawsuits, but decreased his productivity. A *New York Times* was spread on his cubicle desk. *He must feel invulnerable*. Mark knew that several months ago I had been reported by an administrator for reading a medical journal while on telephone-hold. *Infuriating, outrageous*. Apparently, physicians were allowed to read only the UMS Policy and Procedures manual while at work.

My e-mail announced a "Reception with refreshments at 1 PM today! Come and Enjoy with Pride! You are invited to a company-wide celebration of the renovation of the Executive suites on the 4th floor!" It stated that all employees were permitted fifteen minutes, in addition to the half-hour lunch break. I hoped they wouldn't take attendance. I didn't want to meet Dr. Blofeld with his unctuous smile, limp handshake and custom-made Italian suits. He had been hired from a large health plan in Connecticut/New York that recently went into receivership. UMS National Medical Director for 18 months, he had only once spoken with the physician staff, one floor below. That memorable meeting had been chilling. Smugly pompous, he promised a millennial turnaround and increased profits, as if he were speaking to company shareholders. He implied that most doctors were mercenary charlatans, and that UMS would outsmart them. In conclusion he promised a bonus system based on productivity and aggressive medical reviewing. *More aggressive! Deny every case?* Glancing at the wall clock, he said he had another meeting, and abruptly left.

Marcie, a veteran nurse-reviewer, looked over my shoulder at the screen. "What a hoot," she said, "they must've read *Dilbert* today. I'm too busy for that crapola, I'll pass."

"Better watch out, you've got the makings of a health care economist," I said, quickly writing the case data onto my work sheet, so I'd receive credit when tabulations were done on the 4th floor. "Call UR for info on the fifth day to see what's going on."

The monitor screen showed twenty assigned cases, six of which were LOI denials being appealed. The top case on my list was a fourteen year-old boy in Georgia, who had been admitted in sickle cell crisis barely three weeks after discharge from another hospital. The first six days had been approved, based on clinical information from call-outs. He remained on a Demerol PCA pump, IV hydration and IV Heparin, having sustained a pulmonary infarction shortly after admission. The case was referred from the insurer because of "long length of stay," and "need to know a plan of care." A recent 4th floor directive had cited length-of-stay problems in patients with sickle cell disease, noting a propensity for narcotic dependence — *blaming the patient?* and questioned whether many could be cared for in a "lower level of care." "Dr. Graham here, what can I do for you?"

"Dr. Graham, thanks for coming to the phone. I read the disclaimer taped to my desk. I'm calling regarding the present hospitalization of James Waters. Can I have a moment of your time?"

"Well, obviously you don't realize it, but it's a very busy office day and I don't have time to talk. Don't you insurance people have all the clinical information from UR? Why are you guys always bothering me?"

"His hospitalization has been approved up until today. I'm required to know the plan of care and prospective date of discharge."

"Date of discharge! My God, man, the kid just bled into his lung. I've been up all night with him. He's in the ICU now. Why'n the hell are you hassling me?"

"I'm sorry Dr. Graham. I'll approve him for 4 additional days, and we'll check back then, I . . ." Click. *Why wasn't I told in advance? Makes me sound like a fool!*

I opened the next case on my list: "47 y/o man with colon cancer, s/p elective partial colectomy and diverting colostomy, no nodes. 5 days approved. D/C'd after sixth day. Ambulatory with assistance, full liquids, no IV meds. Please call." I telephoned the surgeon's office. The secretary said that he would be in the operating room all day. I read the required company script, identified myself as an internist, and stated that the question of the acute medical necessity of the sixth hospital day was the reason for my call.

I noticed my telephone's blinking light, indicating voice mail activation. Two messages from physicians, both irate, calling back several days late on cases denied for LOI. I would have to call their offices, when time allowed, and give the insurer's appeal phone number.

My phone rang. "This is Dr. Garrison, I've just scrubbed in," he said in clipped tones. "My secretary paged me. Let me get to the point. Mr. Martin had had no bowel movement, even flatus, until midnight that night. Are you suggesting, Doctor, that he should have been discharged at midnight?... In Memphis we call you people insurance company whores... Doctor, have you ever practiced medicine?" I heard laughter in the background.

"Doctor Garrison, I agree with your decision," I replied, chagrined and embarrassed. "I'll put through an approval recommendation. Sorry to bother you. I..." Click. *That abusive clown!*

My monitor screen went dark. The computers were down again, the third time this week. The usual hush and soft murmur of voices replaced by groans and laughter from the programmers, nurses and physicians on our floor. The complicated system had the information technology people befuddled, and took the medical staff a year to master.

No one knew how long the computers would be down. I slowly thumbed through the pile of charts and office notes. Chiropractors requesting additional office visits for pediatric patients with allergies and chronic ear infections. *Manipulation on kids? Allergies! Otitis! The alien, confusing terminology; subluxation appearing in every other sentence.* There were several thick charts of frail elderly patients awaiting nursing home placement. *Not covered.* An office chart from a "Wellness Institute" physician, billing \$500 for each weekly patient visit to his office laboratory. *Lab tests no medical textbook had indexed.* A chart of a premature infant in the NICU for four months — the attached note said: "Could this be at a lower level of care for the last three weeks? Please inform." *Impossible.* A chart of a terminal cancer patient, DNR, on a morphine drip and comfort measures until her death. The referral note said: "Her last two days could have been hospice care at home. Denial? Please inform." *My God, let it be.* The full spectrum of American medical practice, its complex problems, unsolvable dilemmas, and technological triumphs came to us daily, for judgment.

My mind wandered, remembering that meeting with Blofeld, when smilingly he said, "Every day of acute care denied is \$1500 saved." *Aggressive reviewing = bonuses, evidently.* The level-of-care decisions we made, often arbitrary and difficult to defend, resulted in many denials and appeals. I thought of children with diabetic ketoacidosis once stabilized, needing an extra day for teaching the family to administer the insulin. *Was the extra day medically necessary?* I thought of the many patients with unstable angina, after an M.I. had been ruled-out, still on a cardiac monitor, waiting a day for cardiac catheterization. *Was the extra hospital day medically unnecessary?* When I read newspaper articles proclaiming that patients were being discharged "quicker and sicker," I felt responsible, by proxy.

The UMS administration side-stepped the issue of who would pay for the hospital days we denied. "It was contractually our job only to advise," Blofeld had said, "the insurers were responsible for the decisions." *They invariably followed our recommendations.*

I remembered what had happened after Blofeld left our meeting. We sat stunned, then Al, a gastroenterologist in his fifties, got up, calmly walked to the door, locked it and turned facing us. "I'm sick of this, I'm outta here. I've had my fill of this business crap." He shrugged his shoulders extending his arms plaintively, palms up. "Look what's happened to medicine. Maybe it's been a goddam business all along. Guys like Blofeld run the whole show now. Insurance men not doctors. Don't get their hands dirty practicing. Just juggle the numbers and have 3-martini lunches." He waived his hand, smiled faintly, then walked out slamming the door.

Mark was first to break the silence. "If there weren't some form of medical review, a hell of a lot of sub-standard, really shoddy care would go unchecked. You all know that." He looked around the room. We nodded in agreement.

The monitor screen lit up. More groans from the staff. The telephone rang. A young woman's voice.

"This is Dr. Denton from Milwaukee, calling back about Deirdre Watts."

I found the case on the monitor screen and read the spare clinical information. A two year-old child with gastroenteritis and dehydration. Nausea, vomiting, diarrhea. First day approved. "Why the additional two days? Were they necessary?" the insurer had questioned. "What about oral rehydration treatment at home?"

"Doctor, thank you for returning yesterday's call." I identified myself, read the disclaimer, then began. "At issue is the acute medical necessity of the last two hospital days. Can you give me some of the clinical details?"

"Well, sure, if I can remember it well. It was last week, I think," she said. I heard her beeper go off. "Deirdre was very dehydrated, a sodium of 150 on admission, and we had to keep her on IV's up to the third day. The child kept vomiting. On the last day she was weak and just beginning to take clear liquids and hold them down. Both parents work. I couldn't send her home."

"Dr. Denton, based on the clinical information, I can only recommend approval of the second day, and will have to recommend denial of the third as not requiring acute level of care."

"She was still weak and sick. What's a hospital for anyway? She'd be in the ER the next day, a bounce-back, just as dry as on admission if I'd discharged her any earlier. That'd be an even bigger bill for her insurance company, wouldn't it?"

"But, she was no longer acute on the third day, Dr. Denton, and I'm required to draw the line there." I stated the insurer's phone number for appeals. Her beeper went off again. She sighed wearily.

"You know, this happens all the time," she said. "I spend too much of my time on the phone haggling with reviewers. It's getting too hard to practice, I mean practice good medicine. I'm really tired of all the hassles: the paperwork, the calls, the second-guessing. I've been thinking of cutting back on my hours. I never get home to see my kids." Another sigh. "I suppose you're just doing your job. Does your company have a branch in Milwaukee? Tell me, do you like the work? It must be easier, isn't it?"

"It's very different, not what you're used to," I said guardedly. *Be careful.* "How long have you been in practice?"

"Ten years. It's all changed, gotten worse, it seems." I heard the hospital overhead pager. "I used to look forward to seeing patients. You know what I mean." *I did.*

"Dr. Denton, stick with practicing. This is tough work. But, . . . it's better to be a doctor." *I had said enough, probably too much. The phone call was being recorded.* Every day doctors asked the same questions. My answers were always vague and evasive. Now, my words betrayed how I felt. I hung up the phone and thought for a moment. *Time to follow my own advice?*

I checked my case list and e-mails. Jack Latimer requested a meeting at 5:15 PM I wondered if this was it — The UMS guillotine.

By 5 PM all of my cases were completed. I turned off the computer and sat for a while staring at my desk. The afternoon had been busy, so I hadn't thought much about the meeting. I walked into Jack's office. When I saw the Director of UMS Human Resources sitting stiffly at the conference table, I knew what was going to happen. HR staff were utilized to bear witness to a firing; legal liability issues were paramount.

Jack grimly placed a typed sheet of paper in front of me on the table. He opened my personnel folder, spread it in front of him, folded his hands and began. "Several insurers have been doing audits of our work over the past six months," he said, adjusting his thick glasses and glancing at his HR colleague. "The reports showed that your rate of denials was significantly lower than the other internists. Your written rationales for case approvals have been too brief and not convincing to the insurers. You continue to use an excessive amount of abbreviations. I mentioned this to you six months ago," he said, nodding. "Monitoring of the telephone tapes revealed that you are not consistent in giving the full disclaimer on every call, and that you have made three non-business calls in the past six weeks. Your lateness is another matter. We discussed that this morning." Another nod. "You have been warned before on all of these issues. There is no excuse for your persistent marked variance from company standards." He paused a few seconds. I saw drops of sweat on his forehead.

"We are offering a two week probation period, during which an administrator will sit with you every day, monitor all telephone conversations, your computer documentations, adherence to UMS policies, productivity and punctuality. An IT staff member will then test you on your facility and accuracy using the computer system." He paused, wiping his eyeglasses with a handkerchief. "If you do not agree to undergo the probation, UMS is asking for your resignation, effective today. Do you need a few minutes to think this over?"

I reached for the paper, read the two lines, then signed.

"That's what I thought you would do," he said, frowning. "A security guard is clearing your desk and file drawers at this minute, and will escort you out of the building, if necessary. Everything will be boxed for you to pick up on your way out. May I have your ID card? Of course, your parking sticker will be invalidated. Company protocol," he said, smiling nervously, shrugging his shoulders.

Protocol, company protocol. Five minutes to get out. No good-byes. Clean, neat, no traces left. No contamination, no morale problems for loyal employees. Prevent industrial sabotage, protect UMS computer data. Protocol.

"You have been granted 2 weeks severance pay," the HR director said, smirking. "Do you have any questions? The Human Resources Department is at your disposal for job counseling assistance." *Granted! After five goddam years. Imperial arrogance. When will his time come?*

I forced a smile. "No thanks, I don't need your assistance," I said, handing the paper to Jack. He nodded solemnly. *Poor Jack . . . like water.*

I walked briskly from the office, picked up my box, and made a mock gesture of tipping my hat to the empty cubicles. A small celebration tonight, and do the worrying tomorrow.

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