

Kaiser Family Foundation/Harvard University School of Public Health

SURVEY OF PHYSICIANS AND NURSES

***RANDOMLY SELECTED VERBATIM DESCRIPTIONS
FROM PHYSICIANS AND NURSES OF HEALTH PLAN DECISIONS
RESULTING IN DECLINES IN PATIENTS' HEALTH STATUS***

July 1999



Methodology

Doctors and nurses were asked to provide descriptions of the most recent event (if any) where a health plan decision led to a decline in health status of a patient. Specific question text is shown in questionnaires.

Doctors were asked about 5 specific types of health plan decisions:

- denial of an overnight hospital stay
- denial of a prescription drug
- denial of a specific diagnostic test or procedure
- denial of a medical specialist referral
- denial of a mental health or substance abuse referral

Nurses were not asked about specific types of denials—instead they were asked about the most recent instance (if any) where a health plan decision impacted a patient's health.

Both doctors and nurses were asked to judge the severity of the decline in health status.

Verbatim descriptions shown in this document were randomly selected from all the nurses' (365) and doctors' (601) responses within categories of type of denial (MDs only) and reported severity of health decline (RNs and MDs). Verbatims were edited only to provide clarification of abbreviations and to eliminate personal identifying information.

Table of Contents

Doctor Verbatims..... 2

 Diagnostic Test or Procedure..... 3

 Overnight Hospital Stay..... 5

 Mental Health/Substance Abuse Referral..... 7

 Prescription Drug..... 9

 Medical Specialist Referral.....11

Nurse Verbatims..... 13

Doctor Verbatims

DOCTOR VERBATIMS
Diagnostic Test or Procedure Not Approved

REPORTED SEVERITY OF HEALTH DECLINE	VERBATIM
Very serious	Patient seeing me for eight years. Needed to be seen for knee pain. Insurance denied--patient needed surgery. When approved after patients threatening, surgery showed tear in meniscus.
Very serious	A patient with long standing migraine headache experienced a change in the nature and duration of headache. MRI denied, patient had a subarachnoid hemorrhage a few months later.
Very serious	Would not pay for an MRI after a negative CT scan. Ended up having spinal mets [metastases].
Very serious	Someone with severe headache. Possible aneurysm needed to see neurologist and get MRI and MRA [magnetic resonance angiogram].
Very serious	The most serious recent event was a managed care company denying a stereotactic breast biopsy. The insurance plan surgeon didn't think the mammogram looked too bad, no palpable lump, etc, etc. So the repeat mammogram, six months later looked worse. Patient has breast cancer yuck!
Very serious	MRI not approved subsequently done elsewhere abnormal.
Very serious	Medicaid managed care refused to pay for screening colonoscopy. Missed colon Ca [cancer]
Somewhat serious	Neurological consult and MRI. Continued neurological problems subsequently shown to be small CVA [stroke]--no long term change in outcomes.
Somewhat serious	Refused overnight stay--patient billed for hospitalization even though chart was documented, RE: pain control needed meds [medication], failed physical therapy. Could not ambulate NWB [non weight bearing] with walker.
Somewhat serious	An MRI of the spine was not approved for a patient with chronic spine pain.
Somewhat serious	Four year-old girl with obstructive sleep apnea, 4+ adenotonsillar hyperplasia. TA [tonsillectomy] declined/not approved.
Somewhat serious	Request for hysterectomy for severe dysmenorrhea turned down even though patient failed all treatments.
Somewhat serious	Patient with significant knee injury denied MRI scan.
Somewhat serious	A patient with chronic pelvic pain unresponsive to medical therapy was refused a hysterectomy.

DOCTOR VERBATIMS
Diagnostic Test or Procedure Not Approved (cont...)

Not at all serious	One patient came to the office his BP [blood pressure] was good control with medication. Which was not approved by his plan. When I switched him his BP [blood pressure] went up.
Not at all serious	Did not have a vascular surgeon available, allowed diabetic patient to procrastinate care. Leading to leg amputation.
Not at all serious	Requested a repeat pap smear in four months for a high risk patient. The results of the repeat pap smear (when finally done) indicated a more severe status of cervical disease.
Not at all serious	58 year old with CHF [congestive heart failure] refusal by MC [managed care] to provide C Pap machine needed for sleep apnea and heart failure.
Not at all serious	Patient with TIA [transient ischemic attacks] and 65% carotid stenosis ipsilateral to event. Refusal by HMO for neurologist referral or MRI.

DOCTOR VERBATIMS
Overnight Hospital Stay Not Approved

REPORTED SEVERITY OF HEALTH DECLINE	VERBATIM
Very serious	Patient was a 60 year old female who was suffering from a new onset stroke with right side weakness and expressive aphasia and swallowing problems, needed a comprehensive rehab [rehabilitation] program, patient denied rehab by HMO because it had contracts to place patient in a nursing home. After 20-day stay, patient was sent to intermediate care with no therapy and no hope of improving mobility and ADL [activities of daily living] status, ending effectively any hope of independent or assisted living.
Very serious	Patient needed hospitalization for pain control. Patient with end-stage cancer.
Very serious	Patient required ERCP [endoscopic test], had severe pulmonary problem and diabetic. Procedure, one night overnight hospitalization denied. (patient paid out of pocket)
Very serious	Acute myocardial infarction with shock and pulmonary edema. I fought to [get a] stay and finally with a lot of hours of time I succeeded to keep this patient
Somewhat serious	Patient admitted to ICU [intensive care unit] in septic shock. Patient needing ventilator support and HMO denied care in ICU [intensive care unit].
Somewhat serious	Insurance company initially refused approval overnight stay for status epilepticus.
Somewhat serious	Preterm—cerclage, dilated. Had to go home on strict bed rest. Required home aid. Delivered preterm.
Somewhat serious	Frail patient needing to stay overnight after cardiac catheterization.
Somewhat serious	Patient needing iliac angioplasty and toe amputation.
Somewhat serious	I had a patient who is a Type I diabetic with glucose of 400 and dehydration with nausea and vomiting his insurance only covered one day in the hospital.
Somewhat serious	Patient was not allowed to stay more than 23 hours in hospital, resulting in failure of her skin graft (unable to be at bed rest).
Somewhat serious	For bowel prep for exploratory laparotomy procedure.
Not at all serious	Patient to be admitted for pain control declined.
Not at all serious	Patient had cellulitis of the leg. I recommended inpatient IV antibiotics. This denied, company did not provide home program. Patient given PO [by mouth] drugs was readmitted two days later.

DOCTOR VERBATIMS
Overnight Hospital Stay Not Approved (cont...)

Not at all serious	The insurance plan retrospectively refused the overnight hospitalizations or days at the end of a hospitalization.
Not at all serious	Patient required a blood transfusion and required an overnight stay because of a concurrent cardiac problem.
Not at all serious	Request for overnight stay for a barium enema prep due to patients physical disability and lack of home help to adequately prepare/cleanse patients colon for the barium enema at home.

DOCTOR VERBATIMS
Mental Health/Substance Abuse Referral Not Approved

REPORTED SEVERITY OF HEALTH DECLINE	VERBATIM
Very serious	Patient could not receive counseling for depression related to their cancer.
Very serious	Alcoholic with DTs [delirium temens]. I could not get admitted for detox/alcohol rehab. We admitted him for hyponatremia, health plan allowed one day only.
Very serious	Alcoholic with IDDM [insulin dependent diabetes mellitus]who needed in-house monitoring of blood sugar, detox and referral to AA to help manage his problem in a secure but confined setting.
Very serious	Patient required further stabilization past 72 hours of inpatient detox for ETOH [alcoholism]. Patient kicked out of hospital and told to go to AA. Patient killed self later same day.
Very serious	Since the patient was not approved, they had to go to the state facility and did not receive a full detox and rehab, just detox care for drug abuse.
Very serious	Patient needed impatient substance abuse treatment--insurance refused.
Somewhat serious	Failure of an HMO to allow more than 2 sessions of family counseling in a very stressed situation resulting in divorce and dislocation of children.
Somewhat serious	Did not approve concentrated impatient psychiatric care for patient with serious eating disorder.
Somewhat serious	Plan would not accept a patient for alcohol detox until patient went into significant withdrawal, then he could be admitted. Patient of course refused to wait without treatment until his symptoms became bad enough.
Somewhat serious	Days are routinely denied for inpatient psych care by both PH [sic] and public insurers. LOS [length of stay] so short it is hard to believe anything really helping the children.
Somewhat serious	Patient with ADHD [attention deficit hyperactivity disorder] who also had oppositional defiant disorder behaviors but mental health coverage was denied. Patient continues to fail in school.
Somewhat serious	Requested inpatient treatment for depression request denied. Patients condition worsened later requiring hospitalization.
Somewhat serious	Patient admitted with alcohol abuse. His insurance (Medicaid) did not cover treatment because he was in different state (we live on the state border, many patients out-of-state) treatment available in his home state was 60 miles away and patient had no transportation, thus did not get treatment needed.

DOCTOR VERBATIMS
Mental Health/Substance Abuse Referral Not Approved (cont...)

Somewhat serious	Patient with severe depression and suicidal tendencies.
Not at all serious	Substance abuse clinic dictated specific length of stay denied by carrier.
Not at all serious	Already used limits of inpatient rehab benefits.
Not serious at all	Corporate client heroin addict. Insurance denied inpatient benefit. Only contracted program not accessible for patient. Resulting in job loss and criminal offense committed to maintain habit and jailing.

DOCTOR VERBATIMS
Prescription Drug Not Covered

REPORTED SEVERITY OF HEALTH DECLINE	VERBATIM
Very serious	Patient with severe asthma secondary to allergies was declined Accolate or Singulair. Patient did not know that this could be appealed so she never filled the medicine and her asthma flared up severely without the adequate maintenance control.
Very serious	I was unable to get approval for a patient to take Calcitriol and this lead to worse metabolic bone disease from renal failure.
Somewhat serious	Patient was cut off his asthma inhalers because he was in too soon for his prescription refill. Could not afford the drug so went without them for a week, went into status asthmaticus requiring several office visits to get him under control was almost hospitalized.
Somewhat serious	I was on call for my group. A pharmacy called to say that the drug prescribed by one of my partners is not covered by patients HMO. I am not familiar with patient nor diagnosis nor treatment planned by my partner and therefore unable to advise pharmacist about alternative prescription. Therefore patient was advised to present to nearest ER (at great expense) for repeat evaluation and treatment.
Somewhat serious	Patient with trouble tolerating a medication class but not allowed to switch to similar drug without this problem in same category.
Somewhat serious	The plan did not cover any of a class of anti-inflammatory medications routinely used pre- and post-operatively to reduce post operative inflammation.
Somewhat serious	HMO declined to pay for anti-hyperlipidemic, causing elevation in cholesterol.
Somewhat serious	Substitution for a less effective generic medication.
Somewhat serious	Patient with history of peptic ulcer disease needed NSAIA [non-steroidal anti-inflammatory agent] to treat arthrosis. Lodine or other NSAIA [non-steroidal anti-inflammatory agent] with Zantac or a Celebrex not approved.
Somewhat serious	Poorly controlled hypertension. I prescribed Accupril – insurance refused so I had to settle for a less effective ACE [angiotension converting enzyme].
Somewhat serious	The company declined treatment with chemotherapy for a patient with recurrent cancer.
Somewhat serious	Combination therapy for treatment of HIV in a plan with very limited prescription drug coverage.
Not at all serious	Patient with severe degenerative joint disease and intolerance to NSAIDs [non-steroidal anti-inflammatory drugs] was not allowed to obtain Celebrex. Patient had to pay.

DOCTOR VERBATIMS
Prescription Drug Not Covered (cont...)

Not at all serious	Denial of topical steroid or of choice to less potent with different base. Less prompt improvement and longer duration of symptoms.
Not at all serious	An HMO without notifying me or the patient, abruptly removed the patients antihypertensive drug from their formulary. This patient had been on that drug out two years with excellent control, no ill-effects and 100 percent compliance. Because the patient can't afford to pay for the drug, I was forced to change the drug to several other drugs, one at a time, each one of which was either inadequately effective or caused side-effects requiring discontinuation. This actually markedly increased costs because the patient had to be seen more than eight times in the subsequent six months and pay co-pays for each one, as well as co-pays for each new prescription. This doesn't make sense!
Not at all serious	Insurance denied immunoglobulin therapy for a 40 year old with multifocal motor neuropathy. He is weak and would likely improve with treatment. He hired a lawyer to fight it.
Not at all serious	Did not cover for Viagra!
Not at all serious	Declined use of an activating type SSRI [depression medication] required Paxil or TCA first. Patient tolerated Paxil poorly, eventually got Zoloft with good effect.
Not at all serious	Patient was prescribed Prevacid, not allowed. Zantac replaced not as effective.
Not at all serious	Not approving an antibiotic that was necessary for a bacteria that required this (culture proven).

DOCTOR VERBATIMS
Medical Specialist Referral Not Approved

REPORTED SEVERITY OF HEALTH DECLINE	VERBATIM
Very serious	Young woman (25) with malignant carcinoid [cancerous tumor], had surgery, and needed post-op radiation; this was denied, then ultimately approved, but the delay was unacceptably long, compromising the Rx [treatment] outcome.
Very serious	A more competent specialist in my opinion was not on the managed care panel. If I had the ability to directly access the referral the patient I believed would have received better care.
Very serious	Flexor tendon surgery by hand specialist denied.
Very serious	Patient needed neurologist, experienced diagnostic delay, added cost from testing as family doctor floundered.
Somewhat serious	A 35 year old patient made multiple trips to the clinic and emergency room of his HMO complaining of increasing back pain and neurological symptoms progressive over six months. He wasn't referred to the neurosurgeon by his HMO until he presented to the ER again, this time paraparetic (likely paralyzed) from the chest down from a large spinal tumor.
Somewhat serious	Patient required subspecialist consultation. Only one subspecialist in metropolitan area approved, resulting in weeks of delay.
Somewhat serious	Premature babies who are at risk for developmental delays or neurological delays are not being referred to a developmental specialist or neurologist in a timely fashion. Preemies are being discharged early even with feedings where moms are not very comfortable and results in an aspiration or admission for acute life-threatening events.
Somewhat serious	Request that a patient with significant orthopedic problems be referred to a pediatric orthopedic hospital wanted him to see a general orthopedic MD [doctor].
Somewhat serious	An HMO dialysis patients anemia did not respond to Rhepo. Stool was positive for occult blood. 5 1/2 months wait was required before upper GI [gastrointestinal] endoscopy revealed gastritis as the cause.
Somewhat serious	Health plan did not have a local medical specialist on their scrolls necessitating a referral to a specialist some distance away.
Not at all serious	Synagis (Palivizimbo) for RSV [blood product] prophylaxis in premature newborns.
Not at all serious	Patient with foot pain not approved to see a podiatrist as she didn't have diabetes.
Not at all serious	A patient pursued treatment for impotence by self-referral to a non-provider which delayed appropriate treatment. I could have provided (his fault).

DOCTOR VERBATIMS
Medical Specialist Referral Not Approved (cont...)

Not at all serious	The patient did not get proper evaluation or treatment of an abnormal pap smear.
Not at all serious	A patient with endometrial carcinoma was not allowed to see an out-of-network oncologist and this significantly delayed her time to treatment.
Not at all serious	A patient with an intraocular melanoma was denied referral out-of-state to a specialist in surgical resection of melanoma of the eye.

Nurses Verbatims

NURSES VERBATIMS

REPORTED SEVERITY OF HEALTH DECLINE	VERBATIM
Very serious	Patient did not meet admission criteria because his symptoms were too vague. The patient was finally admitted with a cold, pulseless leg which had to be amputated.
Very serious	Patient had a bowel obstruction and the physician did not want a colonoscopy because it was expensive. The patient ended up having surgery when it was too late. Expired.
Very serious	NIDDM [non-insulin dependent diabetes mellitus] patient status post CABG [coronary artery bypass graft], CVA [stroke] & PE [pulmonary embolus] released home. Managed care refused to allow physical therapy, occupational therapy or procurement of diabetic monitoring supplies. As a result patient uncontrolled blood sugar & increasing obesity resolving to immobility resulted in transfer to IDDM [insulin dependent diabetes mellitus], with decubitus ulcers etc.
Very serious	Patient with unstable C2 [cervical spine] fracture status post [after] fall. Doctor told to send to a non-trauma hospital because ours wasn't on their list.
Very serious	While awaiting appropriate referrals & tests, patient expired.
Very serious	Patients access was poor for weeks while awaiting for PCP[primary care provider]/Insurance to give an okay for new access. . . meanwhile poor dialysis treatments caused patient to become very ill. . . also needed nutritional supplements that patient could not afford. Patient over time died. . .
Very serious	What immediately comes to mind is a patient who was admitted with dual diagnosis to a psychiatric hospital and was discharged because his detox days were up, in spite of the fact that he was depressed & suicidal. The insurance company said he was in for detox. To treat this depression would be a separate admission post discharge
Very serious	Patient needed a liver transplant. Insurance would not cover. Finally transferred. . .too late. 36 year old white female died as situation deteriorated drastically in two weeks it took to straighten out the paper-work, then finally get her on the transplant list.
Very serious	Breast cancer patient unable to get stem-cell treatment due to insurance company.

NURSES VERBATIMS (cont...)

Very serious	A 25 year old male with large ASD[atrial septal defect] being followed by general practitioner only until symptomatic. SOB [short of breath], heart enlargement--had murmur--was told needed follow-up with echos [echocardiogram], but health plan needed general practitioner first who didn't refer him to cardiologist til hard to breathe.
Somewhat serious	Patient sent home too early, and not receiving Home Health follow up
Somewhat serious	Early discharge of elderly patient into care of elderly family member, only to be re-admitted within a few days with dehydration, weakness.
Somewhat serious	The frequency in which insurance companies disregard the importance of health care in the home environment and the frustration at knowing a person would do better in the home with adequate nursing care.
Somewhat serious	Specified time limit for hospital stay. Readmitted with complications a week later and declined health from then on.
Somewhat serious	A patient with cancer had to change their oncologist to a different provider to stay in plan with their new insurance company.
Somewhat serious	Number of Home Health SN [skilled nursing] visits covered, resulting in wound infection.
Somewhat serious	I work in a pre-operative holding area so my patient contact is 5-15 min. on the low end and an hour at the other end.
Somewhat serious	Patient needed to stay in hospital longer than insurance allowed. Patient was billed for excess days.
Somewhat serious	50 year old COPD [chronic obstructive pulmonary disease] patient did not meet criteria to remain in hospital longer. Patient was sent home, but returned within 1-2 weeks with repeat exacerbation.
Somewhat serious	Insurance plan would not pay for patients in-home IV antibiotic. Patient went home without needed antibiotic, although patient has chronic infections.
Somewhat serious	A patient had hip surgery which developed a secondary infection. Due to her insurance the agency had 3 days to admit the patient and teach her how to change her own dressings and administer her own antibiotics by PICC line [type of intravenous line]. This has only resulted in multiple trips to the doctor and delayed healing of infection.
Not at all serious	Decline of necessary procedures non covered service.
Not at all serious	47 year old male unable to get prescription filled HMO filled with Tylenol #3 not effective drug for patient.

NURSES VERBATIMS (cont...)

Not at all serious .	Patient needed antibiotics therapy. Patient was discharged home for home care. Patient was unteachable, no willing caregiver to provide services. Response from insurance company was “He is only 26 years old. Why can’t he learn? We will not authorize any further visits. He needs to learn how.” My company (home infusion) and the nursing agency split the loss of money and donated the skilled nursing to complete therapy.
Not at all serious.	I am a nurse practitioner & get very frustrated that patients can’t see a specialist they need or get certain medicines due to the stipulation of their insurance company. It is difficult to keep up with all the changes in formularies!



The Henry J. Kaiser Family Foundation

2400 Sand Hill Road
Menlo Park, CA 94025

650-854-9400 Facsimile: 650-854-4800

Washington Office:
1450 G Street N.W., Suite 250
Washington, DC 20005

202-347-5270 Facsimile: 202-347-5274

<http://www.kff.org>

Additional free copies of this publication (#1504)
are available by calling the Kaiser Family Foundation's
publication request line at 1-800-656-4533