What's Behind That Medical Referral ?

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What's Behind That Medical Referral ?

Understanding *why* a specialist is recommended -- can [i.e. "MAY"] help you determine if the doctor is right for you.

By Michael O. Schroeder, Staff Writer | April 7, 2016, at 4:29 p.m. **THANK YOU, Mr.. SCHROEDER !** - Susan Mike's Email: mschroeder@usnews.com

[What *EXACTLY* is "behind" That "Medical Referral" ? - see article (link)] ... 1) *"convenience" to whom? 2)* patient's insurance network, **3) *the proliferation of narrow networks* , *4)*** Anti-kickback provisions have been watered down **5) *referral development consultants* *6) "*** **...** primary physicians' familiarity with specialists' prowess may be decreasing, ..." **7)** "...factors complicating the referral process are particularly pronounced in the U.S ..." **8)** "...patients have a right to know the reasons why they're being referred to a particular provider..." **9)** "... follow-up with their primary doctor after returning from the specialist..." [This Susan has done.]

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" While anti-kickback laws prevent doctors from paying their colleagues directly for referrals, ***convenience*** is a major factor that drives the referral process.

Your primary care doctor refers you to see a specialist. You get a name – or, ideally, multiple names – of doctors recommended to you. Understandably, you assume these are the best possible doctors to follow-up on medical questions your doctor couldn't answer, and perhaps to perform a procedure that could significantly affect your health.

That may well be the case. However, experts say the reality is often convoluted by ***many underlying factors*** and ***fractured forces*** that dictate how 21st century American medicine is practiced.

First, explains Alan Sager, a health economist and professor of health law, policy and management at Boston University, numerous factors influence the probability of receiving a referral. One is where you live, given that a shortage of primary care doctors is more pronounced in certain areas of the country. Doctors who must see more patients in less time have less time to manage individual cases, and may be more likely to send patients to a specialist. Similarly, doctors who are capitated – making a fixed amount of revenue, rather than being paid based on the number of patients or services they render – may be more likely to recommend patients see a specialist as well. "I think the overall shortage and geographic maldistribution of primaries is a bigger factor than the financial," Sager says. "We may have only half or two-thirds as many primaries per thousand people as the average rich democracy."

[See: Which Practitioner Do I See, and When?]

Once you do receive that referral, to whom or where you're referred is governed by many other potential factors apart from simply what's necessarily best for the patient.

"What affects referral patterns? I'll just be blunt: In some ways – convenience," says Dr. William Andereck, who is in private practice in internal medicine, and director of the Program in Medicine and Human Values at Sutter Health's California Pacific Medical Center in San Francisco. In the most ideal sense, doctors refer to other physicians they've gotten to know over the years, who they trust. But experts say referring out of convenience may also simply involve selecting from a list of names, such as doctors covered by a particular ***patient's insurance network***, which hardly guarantees quality.

"I ran an HMO for a while, which got me to see how nefarious it was," Andereck says. He says a patient with an HMO, or health care maintenance organization, plan

may be referred to a surgeon because that doctor, who is under contract with that patient's plan, performs a procedure at a lower cost – "no longer making the distinction based on skill, but based on price," he says. Of course, cost cutting isn't limited to HMOs, as patients and providers alike are incentivized to stay in preferred provider organization, or PPO, health plan networks to avoid paying higher out-of-pocket costs. And as hospitals and other health care organizations increasingly buy up physician practices, referrals are also increasingly dictated by who's "in-house."

"The biggest phenomenon in our country is ***the proliferation of narrow networks,*** including networks that own doctors' practices. So we have more and more doctors giving up private practice, and selling out even to a large multispecialty group, a single specialty group or to a hospital that controls dozens, hundreds or even thousands of doctors," Sager says. "If you're part of a group that either pays your salary, or in which you have an ownership share, you may have compelling institutional, managerial or even financial reasons to refer inside the group."

Anti-kickback laws keep doctors from paying other doctors directly for referrals. But in an effort to ensure hospitals, doctors' groups and other health providers better coordinate patient care, the Affordable Care Act makes allowances for keeping it in the medical family, so to speak. "***Anti-kickback provisions have been watered down*** in some ways by the ACA, in advancing accountable care organizations," Sager says. "The general principal is the individual doctor might not receive money for a referral, but if the primary and the specialist are part of the same network – say an insurer-covered network under ACA to cover people newly insured through the subsidized individual mandate – the marketplaces – it may well be that the patient wouldn't be covered, or would face enormous out of pockets, if the doctor referred out of network." In addition, doctors whose practices are owned by a hospital, per se, might prefer to keep referrals internal since care is typically paid for on a fee-for-service basis. "You keep the fees inside the system," Sager says.

[See: When to Fire Your Doctor.]

Another unseen force – and a niche business built around influencing referrals – are so-called ***referral development consultants***. For a fee paid by the specialist, these consultants will essentially pitch the specialist to other doctors in the area, as an option to refer, whether it be for an orthopedic surgery or a heart procedure. However, in the grand scheme, it's unclear what kind of an impact such consultants may have, given the still small nature of the niche. "Doctors have other ways of boosting referrals, such as associating with a group or selling their practices, which bring other benefits in the form of often higher fees – because you now have a larger group negotiating on your behalf, exerting more leverage over private insurance companies – and also being in a network that would channel referrals to you," Sager says.

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By and large – and whether in-house or not – physicians refer to others in their local area who they know either personally or by reputation, says Dr. Eli Adashi, a professor of medical science and former dean of medicine at Brown University in Providence, Rhode Island. He says it's a good idea for patients to seek multiple referrals, particularly for more pressing medical matters – like a heart issue – and get a second opinion as needed.

However, ***primary physicians' familiarity with specialists' prowess may be decreasing,*** some experts say, as care is segregated and primary care doctors are less likely to round, or even have privileges, at hospitals, or work with specialists there. "Primary care doctors vary enormously in their knowledge of specialists' competence, and that knowledge has probably diminished over the years, as more and more primary care doctors cease to admit [patients to] hospitals," Sager says. "So there's reason to fear a kind of disintegration – reduced integration – of primaries with specialists, which impairs their ability to refer."

He adds that ***factors complicating the referral process are particularly pronounced in the U.S.***: "Artificial restrictions or incentives or pressures to refer – financial or nonfinancial – of the kind I've mentioned are far more numerous in the U.S. than they are in any other rich democracy I'm familiar with."

Andereck says given all that goes into a referral, ***patients have a right to know the reasons why they're being referred to a particular provider*** – and that they should inquire about that if it's not made clear, including insisting on transparency about any financial or cost-related reasons for a referral. He says this helps build doctor-patient trust. In referring, Andereck says he takes cues from what nurses and other doctors say about the skills of a particular surgeon, for example, as well as what he hears back from patients about specialists – and he passes that information along to patients he refers.

[See: How to Find the Best Mental Health Professional for You.]

To close the loop, he adds, patients should generally expect to ***follow-up with their primary doctor after returning from the specialist***. "Blind consultations – go see the surgeon and don't come back – are worthless, unless it's to pop a cyst or something," to some extent, Andereck says, patients should have "the right to have some consultation with your primary doctor to talk about, 'OK, what did we get out of that?"

[Article END]

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