

Managed care quo vadis

The negative impact that “managed care” can have on individuals was recently and sharply brought into focus for me, and I must say, it left me disturbed.

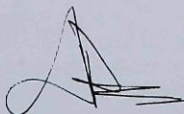
A former patient called from her new city seeking my assistance. Her original therapy was covered by the medical side of her insurance. After completion of treatment, her insurance company had been purchased by another. She was assured that there would be continuance of coverage should problems arise. Recently one occurred, and she contacted her new carrier to get a list of area dentists with the necessary expertise. The representatives of her new company at first assured her that all was well and help was just around the corner. Several weeks later she was still waiting for that corner to be turned. As her request moved up the corporate ladder she encountered increasing resistance. Frustrated, she sought my assistance.

When she moved, I had given her the name of a trusted friend in her new city who has extensive experience with cases like hers. At her request, I had transferred records, called my friend to inform him of the situation, and asked her to check in shortly after she got settled. As often happens, time had passed quickly after her move and since she was having no problems, she failed to see the new dentist. Now to everyone’s chagrin, she needed assistance quickly.

I called her insurance company and spoke with their representative, who seemed willing to help. I was told that we should be able to solve the problem with a few simple strokes of the computer. Several weeks and multiple telephone calls later I was still waiting, and the patient was still having a problem. Ultimately, I reached a staff physician, who was very kind, but said that he disagreed with the decision of the original insurer to cover the case under medical. This in spite of the fact that the patient was told when her original company had been

sold that she would be covered. He said that the patient and I would need to contact the dental side of the company. This we did, assisted by my able staff and the patient’s husband. We were told that the solution was incredibly simple (Am I beginning to sound redundant?) and that help was on the way. Help this time turned out to be a list of approved providers in her new city. Unfortunately, none of these practitioners had expertise in her area of need. So, back to the company. The original contact person, still nice, still understanding, said that it was simply too bad and that the company had done everything they could (or would) do to help. At this point, I called the dentist whom I had originally suggested she contact and asked him to help this lady, as a favor, which he did posthaste.

I know that companies—and indeed, nations—have reached the conclusion that they cannot afford to provide optimal care for everyone, but this was the first time that I had a patient who was refused help for an acute problem. If insurers make decisions based on policy limits and not on needs, this can place their policyholders at risk. To add insult to injury, at present, companies are not held responsible for the consequences of these decisions, but therapists are—a fact that the legal community has been quick to recognize. It is my view that those who make decisions should accept responsibility for the consequences of those decisions. In addition, when less than optimal care is all that is covered, it is the company’s responsibility to inform their insured before problems arise.



Thomas G. Wilson, DDS
Editor in chief