Community-Based Approaches to Utilization Review

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Medicare's Effects on Medical Care

PROGRAMS TO REVIEW the use of health facilities must be perceived as a response to a variety of forces which have changed the content and the context of professional health practice. These forces have been at work for a long time, and their impact has accumulated almost imperceptibly. Sometimes their visible and dramatic effect may appear to emanate from a single person, a political party, or a group of discerning professional practitioners. However, these forces are impersonal and operate with the same disregard of individual persons or groups as do forces of Einstein's theory of relativity, despite their deceptively personalized expression.

Delineation of Forces

Two of these forces, science and technology, have expanded the potential of the health care system to help people; they have also expanded the potential to hurt them. Now, more than ever before, it is important not only that one receives health services, it is important also that the services be adequate, timely, and competent.

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However, while science and technology have been expanding the power to help and to hurt, another set of forces has been undermining the social structure which controlled the use of power by members of the health professions. Specialization, population growth, transportation, and urban development have affected the health care system just as they have affected other aspects of society. Expansion of individual freedom and increased mobility have been accompanied by a loss of social control of behavior through less rigid application of morals, ethics, and standards of professional practice. The impersonalism of specialized professional practice of medicine in modern, urban America requires a formal system of controls which was neither important nor necessary in earlier times.

As the power to help expands, the cost of health services increases. As a nation, we are happy with the power; we are unhappy about the cost. There is an underlying negative psychology toward health services. Most persons are born relatively healthy and take good health for granted. We don't want to be ill—illness disrupts lives, and treatment is frequently uncomfortable and painful. In addition, we are forced to spend money to regain our health when we might have spent it for additional comforts and pleasures. From these roots grows, in part, our increasing concern for economy, efficiency, and control of the costs of operation of the health services system.

A third set of forces has changed our expectation that health services will be secured as a personal responsibility to the expectation that they will be supplied as a human right. If health services are to be a human right, society must implement that right. There must be social organization to make available the expanding professional power and to protect people from the abuse of that power. There must be organization to collect the necessary funds and spend them so that health care will be accessible to all. In addition, an integrated community system of services and facilities must be developed which will provide an optimal balance of economy and effectiveness.

Organized Response to Forces

Subsequent papers in this special section illustrate that utilization review activities represent a response to these long term, impersonal forces which have been affecting the health care system and the general society. The authors describe specific operational examples of these forces at the national, State, and community levels; for example, experience with Medicare and Medicaid and dialogues between physicians and organized consumers which initiated the development of their programs.

These utilization review projects represent the response by organized medicine to these forces, sometimes independently and sometimes involving other organizations. Initially, organized medicine responded by applying the traditional clinical review of records, patients, or both on an individual basis. The sheer weight of numbers, however, brought about various efforts to adapt mass data processing methods to the review process. Glimpses are presented of the kinds of perceived threats and defensive postures adopted by individual practitioners and organizations as these utilization review projects were developed.

Current utilization review efforts represented by these projects are only a beginning step toward formalized evaluation of professional health practice and the provision of health services. The goal of efficiency in the use of resources seems dominant over the goal of the provision of high-quality services.

The methods of review are relatively cumbersome and may contain elements of bias which prevent appropriate application. In addition, the methods seem to accept the conventional standards of professional practice in each community without reference to the best available standards within the medical profession.

Finally, physicians alone may not be the best judges of the total professional service needs of patients or even of the dimensions of medical practice. Other professional groups may need to participate in the evaluation of medical practice if it is to achieve its most complete and effective application.

The results of most utilization reviews reveal patients' need for some type of health service. The questions, it seems, evolve around the most appropriate location in which to provide the needed service. The problem lies partly in the functional definitions of hospitals, nursing homes, extended care facilities, and home health service agencies. For example, a contradiction exists between the functions expected to be performed by a hospital and the efforts to develop hospital services. Despite declarations that a hospital should offer all stages of progressive patient care, most activity appears to focus on extending the intensive care services offered to acutely ill persons.

However, judgments of the appropriateness of institutional care made in utilization reviews reinforce current uses of the institutions and programs. Therefore, the broader issues of needed changes in the scope of institutional and service programs may be overlooked.

Community Aspects of Utilization Review

The programs reported subsequently in this special section are primarily the creations of organized medicine in their respective communities. Involvement of other organizations seems limited largely to formal endorsement and financing. Actual operation of the programs is almost exclusively the province of organized medicine.

This sponsorship and operation obviously has both positive and negative features. The authors of the following papers emphasize some of the positive aspects. The negative aspects stem primarily from the vested interest of the medical profession in the form, substance, payment, and control of its current mode of practice.

I say this analytically and not critically.

Everyone is conditioned in his thought and activity patterns by the professional, organizational, and societal structures which immediately surround him. Medicine is no exception; neither, however, is it unique.

I doubt whether a community-oriented review of the utilization of health services can be accomplished when it is operated by any single interest group. Representation of various professions on the policymaking units of utilization review projects is essential. A community orientation of the operating staff is crucial. In addition, while loyalty cannot be bought, the source of one's income obviously has an impact on one's identification.

Information produced by the utilization review process could be invaluable at the community level. Such data could transform the random mass of scattered clinical experiences into a cumulative ordered pattern of the health service needs of the population. It also could summarize the collective use of personnel and facilities and suggest needed adjustments in the community's system of health resources. However, the utilization review process has not yet been integrated with the process of community health planning. The clinical orientation of the administrators of these projects remains to be melded with the community orientation of the planners in their respective areas.

Conclusion

This evaluation has been in the form of a critique. However, I do not want either the authors or the readers to misunderstand. These projects and others like them are in the vanguard of the response to forces which have produced pressures for change. There is little experience which can guide the transition from the informal controls of ethics and close personal relations of the past to the formal controls of organized activities in an impersonalized present and future. The answers will develop only out of the application of imaginative efforts such as those discussed in this special section.

Eight of the nine reports are based on papers given at the 95th annual meeting of the American Public Health Association in Miami, Fla., October 22–27, 1967.

Registry of Accident Pathology

A Registry of Accident Pathology has been formed at the Armed Forces Institute of Pathology to begin correlating, on a nationwide scale, all human and mechanical aspects of traffic accidents.

With the cooperation of the National Highway Safety Bureau of the Department of Transportation, the Institute has established the registry in the hope of gathering accurate and sufficient information to provide a thorough correlation of the factors bearing on vehicle accidents.

This correlation will include human elements—psychological state of drivers, preexisting physical conditions such as heart disease, and the effects of alcohol and drugs, in addition to injuries received. It will also consider mechanical aspects such as structural design of automobiles, the influence of the environment, design of highways, and the placement and readability of the highway signs.

In collecting data, cooperating pathologists, military and civilian, in all parts of the country will be asked to provide full information on fatal accidents. Also, a project is planned for the Washington, D.C., area in cooperation with other groups to study a limited number of accidents involving as many factors as possible in each case.