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Doctors, insurers should cooperate on health care

Local deal on imaging contrasts with Congress' approach

There are a couple of ways to find the balance between preserving a medically sound doctor-patient relationship and controlling spiraling health costs. One, do as Congress does and act only when a crisis looms. Or, two, create structures of collaboration and communication that work for the present and future.

This region has seen examples of both in recent days. Last week, the House acted in haste to delay a 10 percent cut in Medicare reimbursements to doctors, due to take effect today. The Senate wasn't going to be able to act in time, so the Bush administration chose to postpone the change until after the July 4 holiday. This is how major health care decisions are made in Washington: at the last minute, with partisanship and special-interest lobbying at the helm.

In contrast, state Attorney General Andrew Cuomo last week announced that a potential landmark deal had been struck with the region's leading insurer, Excellus BlueCross BlueShield, on prior authorization for radiology exams such as CAT and PET scans and MRIs. Cuomo had come in as a mediator after doctors complained that new rules on authorization were too restrictive.

The doctor-insurer relationship here, as elsewhere, isn't cozy — Cuomo wouldn't have been asked to mediate if it were. But the result was a needed compromise.

Doctors ordering CAT scans for cancer patients were freed from the authorization rule. Doctors who stick to the agreement will get fast-track status on preapproval. Criteria used by the vendor Excellus hired to handle authorizations will be released.

The deal in this case was on imaging, but there will be other pressure points down the road on authorization, reimbursements, pharmaceuticals and others.

Doctors and insurers must be able to talk these things through before a crisis affects both care and costs.

It was good Cuomo was in on this one. Ideally, though, insurers and doctors, using the imaging experience as a model, will be able to tackle future care-cost conflicts without mediation.

And, if localities set the pace, perhaps Congress will realize that health care policy is about careful forethought, not crisis management.