Greenlight
Health Data Solutions

After 100+ years, **It's time to retire the Attending Physician Statement**

Digital health records are now ready to eliminate the inefficiency of the APS

By **Steve Malik**
Founder & CEO – Greenlight Health Data Solutions

We have all experienced the frustration from once again having to re-enter information on various forms that you know already exists somewhere in the same system. Maybe we've experienced this in dealing with a bank where you are an existing customer. If you need to open a secondary account, close one or more accounts or—the most frustrating of all—apply for a mortgage or loan, the replication of information that you need to redisclose is astounding. Or perhaps you are tired of repetitively filling out multiple forms for your kids' school. How many times do they need your emergency contact info anyway? Clearly this is happening because one system or process is fully disconnected from another. Despite existing advancements that should logically replace an outdated approach, they are not always put into place.

Nowhere is this perhaps more true than in the insurance world, where the claims process is complex, frustrating, and just mentally draining, especially on the insured claimant. It's not just the feeling of being stuck on the treadmill with the process, but the loss of control that begins to spiral. When you file a claim, generally it's a given that something challenging has already happened to you or a loved one. To top it off, you must now go through the complex process to try and recover payments from an insurance company to help with the financial loss you are facing.

Of course, it all starts with manual form filing that is now supported by various degrees of online capability but has no real integration throughout the claims process. The form might only serve as an initial input vehicle to the insurer. Once completed, the waiting game continues. You might now have the feeling that you just gave up control, not knowing what your experience will be. Why is this the case and how can it potentially be improved for everyone involved?

In the claims process, an insurer frequently requires medical records and/or an Attending Physician Statement (APS) to review a claim. Disability insurance, initially called accident insurance, was first introduced in the late 1800's. In 1911, Wisconsin became the first state to institute workers' compensation laws, and nine others followed that same year. Around that time, over 100 years ago, the APS was created as a requirement to support the growing number of claims where medical records were required. By 1920, 45 states were supporting workers' compensation coverage, with the remainder participating by 1948. Social Security Disability launched in 1956. So, demand for medical records and the APS steadily grew along with the expansion of workers' compensation and disability income insurance.

Electronic Health Records have not eliminated the APS

Fast forward to the 21st century where technology and legal policy raised the potential to modernize the claims process. By 2010, we saw rapid acceleration in the transition to Electronic Health Records (EHR) systems. The uptake in EHR systems got a huge boost in 2011 from federal legislation called Meaningful Use. It included an incentive payment for hospitals, health systems and physician practices to adopt and use EHRs. The Cures Act, passed in 2016, further supported the use of EHRs and interoperability standards. Finally, the Information Blocking Rule, which became law in October of 2022, essentially removes any hindrances to the access or use of electronic health information, and most importantly, the rule prioritizes giving the patient immediate access to their healthcare data.

Despite the comprehensive advancements, legislative mandates, and wide adoption of EHR systems, the redundant, manual, paper-based insurance forms and requests for an APS are not yet out to pasture. Many insurers are reluctant to embrace the benefits of these significant healthcare technology and policy changes and instead continue to use a method that's been in place for over 100 years. Yes, many insurers still largely prioritize antiquated, paper-based workflows and rely on an APS.

So why is an APS still requested so often, and why are medical records not digitally shared with the insurer to meet their requirements? Common sense tells us that the best perspective on the medical condition of the claimant is determined at the time of each encounter between the patient and the provider which gets documented in the provider's EHR system. The digital record reflects the patient's condition, including vitals, test results, notes, and other plans of care. No one would argue that a paper form from the insurance company requested days or weeks post-encounter will somehow be more accurate than information captured in an electronic medical record at the time of care. Furthermore, an APS fulfilled well after the encounter with the insured patient is rarely completed by the "attending physician." Rather, these forms are often completed by office staff that log into the EHR and pull out hopefully the right nuggets of information required to complete it. One would think that insurers would recognize the obvious inefficiencies in the process which is naturally prone to errors and omissions caused by human intervention, parsing pieces of electronic data into paper or separate PDF forms. This paperwork is burdensome, time-consuming and expensive to the provider. Legally, the provider has up to 60 days to provide requested medical records, so these forms sit in a queue, unprioritized, while the clock ticks. This means weeks can pass before the insurer gets an APS back from a provider to continue reviewing the patient's claim.

Overcoming the roadblocks to health data innovation

Not surprisingly, some of the biggest hindrances to adopting the innovations enabled by EHR technologies are simply related to implementing change. But once the stakeholders across the disability insurance ecosystem embrace the benefits, advances can happen quickly. The claimant can quickly and securely release the records data required and experience a faster resolution of their claim and a shorter path to their rightful compensation.

From patient to provider to insurer, all stakeholders must acknowledge that the APS and its redundant manual processes, slow transmission of records and delayed coverage decisions are highly outdated, inefficient and unnecessary. In some cases, it is the insurers who are holding onto these slow, redundant APS processes, simply because that is the way it has always been done. Instead, if just some of that time and effort were spent on preparing for and implementing the switch to more efficient EHR-driven capabilities and processes, better results would be seen quickly. So, it is the providers and claimants who are best positioned to push the insurers harder to make the change. And then the insurers would need to understand what updates are required to their systems and health data workflows, so that they can invest in implementing those changes across their business processes.

However, in addition to any analysis, budgeting, and programming this will require, insurance companies should also realize the tremendous opportunity before them to become "early adopters" of innovative health data systems. The reputational stakes are high. Companies leading this change will be known as the bold innovators capable of processing health data for insurance claims with greater efficiency, accuracy and lightning speed — *in minutes vs. weeks.* They would be the ones at last enabling the elimination of the antiquated, painful APS processes that burden both patient and provider. They would earn the trust of the patient and the appreciation from the provider who can focus on patient care instead of paperwork. For insurers, this innovation will establish a competitive edge to win new business and increase retention by delivering quicker processing and better disability coverage for policy holders.

Leveraging digital health records in the real world

These advanced health data systems are available today with technology firms like Greenlight driving innovation to improve the timeliness and processing of disability and other insurance claims. This accelerates coverage determination and payments to claimants. The following two real-world examples demonstrate how patients, providers and insurers can take advantage of this better approach leveraging Greenlight technology for patient-controlled, digitally authorized, and secure delivery of EHR data.

Real-world Scenario

Digital health records to **validate a complex claim**

A full-term pregnancy requires an unexpected C-section procedure performed at delivery. The provisions for the disability claims coverage for the birth of the baby need to be extended due to the C-section procedure.

Legacy APS process

The process starts with filing forms directly with the insurance company. This includes several boxes to manually fill in and a signed authorization allowing the insurance company to directly request and receive patient records from the hospital where the birth and C-section occurred. A request for the APS for the medical records will be delivered to the hospital, and then, if nothing is returned in a week or two, the insurer's staff will chase the hospital with written and telephone reminders. Eventually the insurer will receive the records either via fax or as a paper copy via U.S. mail. As time passes, the new mother's disability claim remains in limbo.

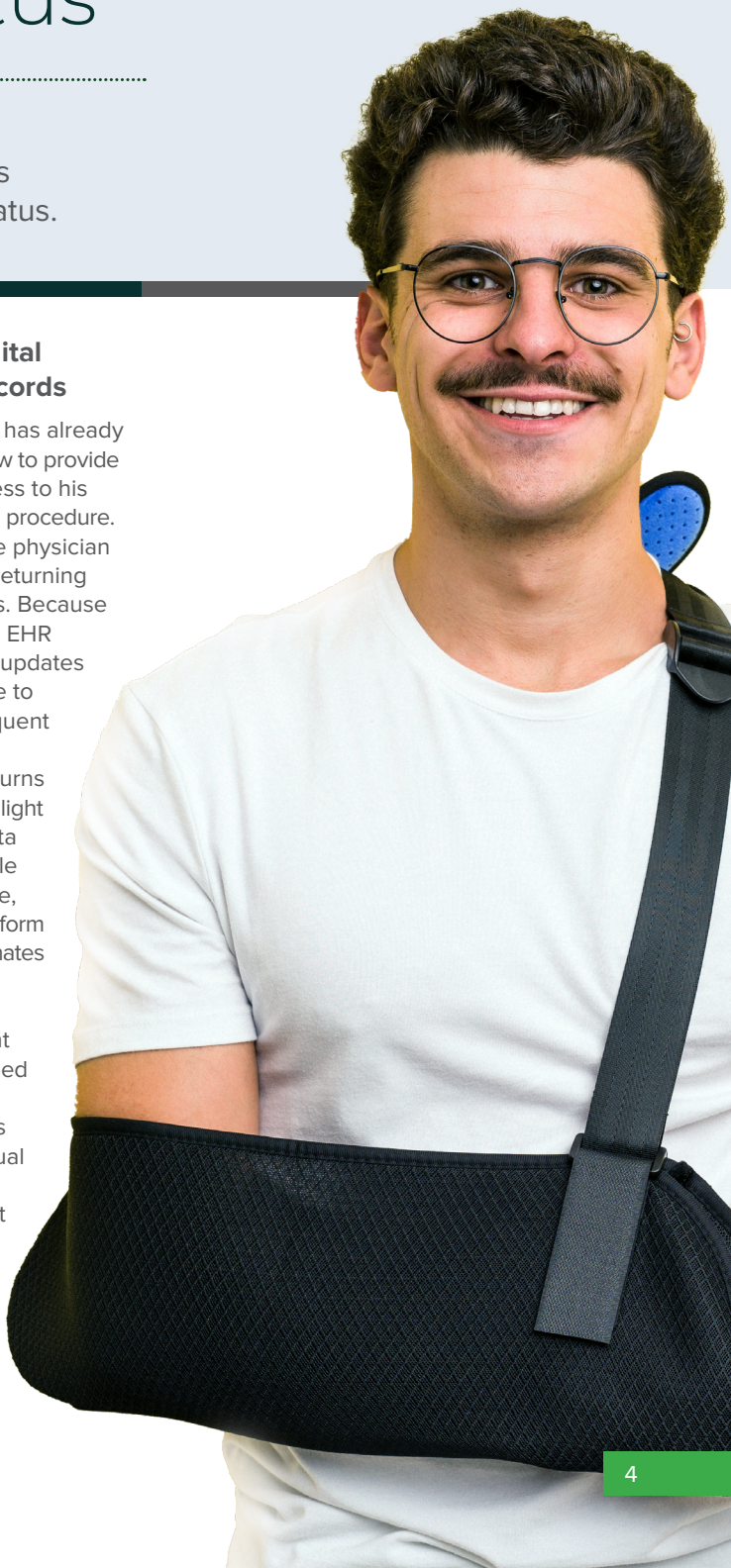
Patient-controlled digital sharing of medical records

If the insurer has adopted Greenlight technology, then it can provide the claimant the option to digitally retrieve and deliver from the EHR system the requested record relating to the additional C-section procedure. This would supplement what began from the start as a better claimant experience; the additional data elements confirming the extra C-section procedure would be within the record. With a single check of a box, the claimant would authorize access to data from their patient portal account at the hospital or health system. This allows the current records to be available in minutes to the insurer. Nothing else is needed other than the diagnosis (ICD-10), procedure (CPT) code, date of service, and perhaps doctor notes. The process is secure and removes the burden otherwise placed on the hospital staff to spend time retrieving, compiling and sending records for a legacy process which has zero incremental value for anyone. With timely receipt of the medical records, the insurer can immediately proceed with processing the new mother's disability claim, preventing it from going into limbo.

Real-world Scenario

Timely digital health record updates to determine return-to-work status

A claimant recovering from a major surgery is out on disability and has not returned to work. The insurer is seeking the physician's opinion on return-to-work status.

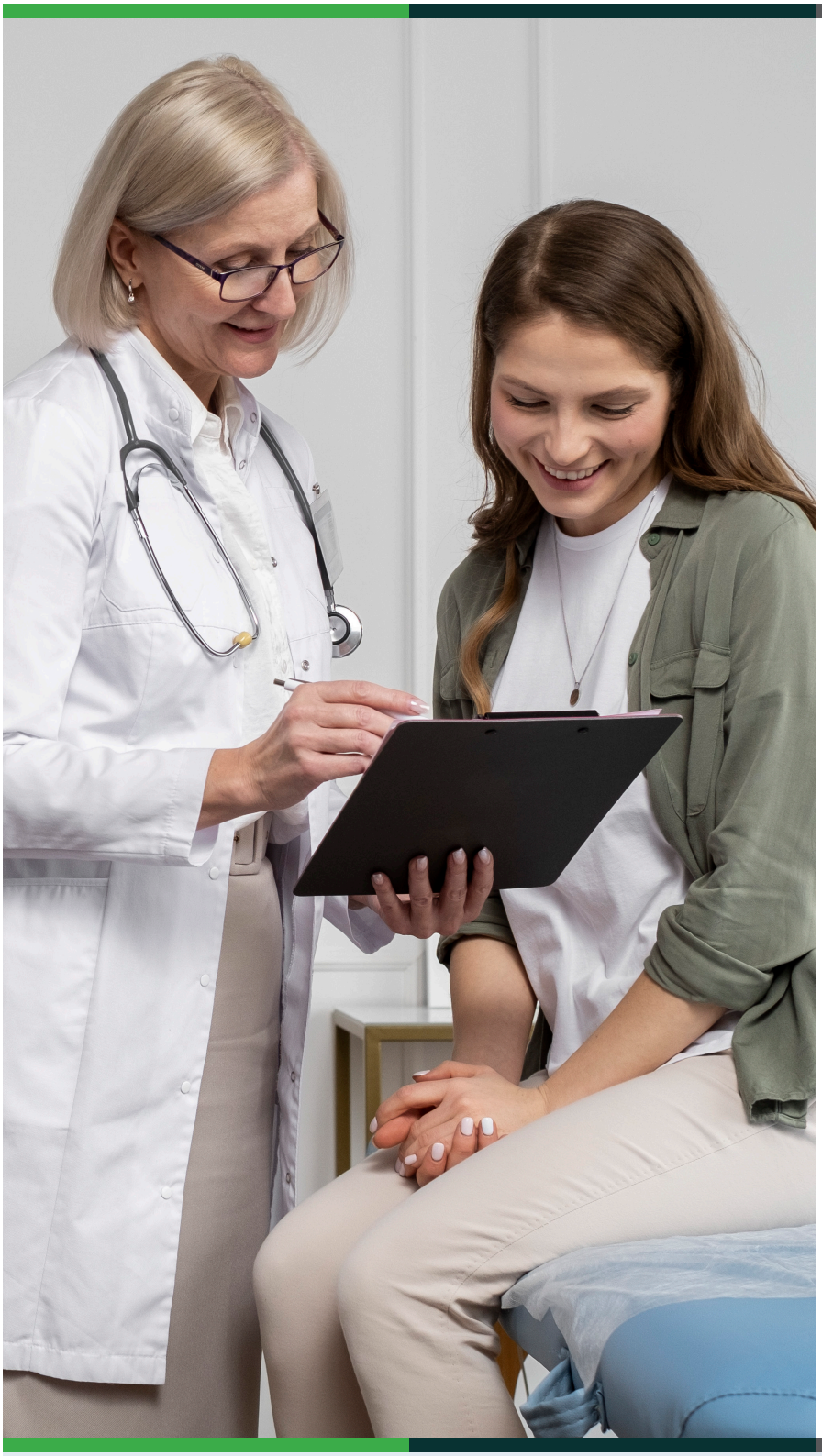


Legacy APS process

The insurer requests that the attending physician fill out a statement with the return-to-work date and perhaps any guidelines for work-related activities based on the patient's current condition. This APS form is completely disconnected from the EHR system that the physician and related team members use to document all pertinent information from their encounters with the patient. The form requires that the provider's office staff log into the patient's chart in the EHR and manually input the information. The notion that a provider might recall required details beyond what is documented in the patient's chart is preposterous when you factor the typical 4 to 8 week lag period from encounter date to the time when the office staff completes the form. The physician is forced to use administrative time to certify that the prepared information is correct. This collective time and effort are a direct debit on the provider and his or her staff. The burden of the APS requirements reduces their time attending to patients and increases the cost of medical care with no benefit to the claimant's health or well-being.

Patient-controlled digital sharing of medical records

In this scenario, the patient has already used the Greenlight workflow to provide the insurer with digital access to his records relating to a surgical procedure. Each follow-up visit with the physician includes discussion about returning to work and any restrictions. Because Greenlight maintains active EHR connections, digital record updates will continue to be available to the insurer for each subsequent encounter until the claim is closed and the claimant returns to work. Furthermore, Greenlight organizes health record data in a uniform format, available as a PDF or an XML data file, regardless of which EHR platform the provider uses. This eliminates all the extra administrative effort and guesswork from the provider. The Greenlight approach eliminates the need to complete an APS which is at the center of a process disconnected from any actual encounter with the patient and an extremely inefficient use of scarce healthcare resources.



Key takeaways:

Retire the APS

After over a century of use as the only viable method to determine disability coverage, it's time to retire the APS. The evolution of digital healthcare data and EHR systems means that the APS and its duplicative processes are obsolete, costly and inefficient. The use of humans in clerical roles to fill in paper forms with information from digital systems increases the incidence of errors and omission, and is reason enough to explore a method of greater efficiency and lower cost. Worst of all, the APS process leads to delays in payments for patients who are stuck waiting for confirmation of their disability insurance coverage. Today, technology can now fully automate the secure transmission of medical records from provider to insurer, reducing the time from weeks to mere minutes, while putting the patient in control of their medical records. The opportunity for the insurers is to embrace the benefits of this new technology and elevate their reputations as innovators in healthcare coverage and disability claims.

At Greenlight, we are ready to support insurance firms through this transition. We act as the agent of the patient / claimant as defined and codified by the Information Blocking Rule which became law in October of 2022. While the capability was already in place prior to this rule, it further clarifies that health records are owned by the patient, and they can be supported by an agent such as Greenlight to move records quickly to where they are needed. The future is here now!

Greenlight
Health Data Solutions

For more information: Learn more about how you can help your company retire the APS, once and for all, and take advantage of the efficiencies and benefits of direct digital medical records.

Contact us at gogreenlight@greenlighthealth.com.
www.greenlighthealth.com