December 2, 1999

Mr. Guy D'Andrea
American Accreditation Healthcare Commission/URAC
1275 K Street, N.W., Suite 1100
Washington, D.C. 20005

Dear Mr. D'Andrea

The American College of Physicians-American Society of Internal Medicine (ACP-ASIM), representing over 115,000 physicians and medical students of internal medicine, is pleased to submit its comments on URAC's draft standards for External Review Organizations (EROs). We generally support the concept of EROs, with the provisos that they be professionally well equipped to discharge their duties in timely fashion, and do so with efficiency and minimal overhead.

Following are our draft standards-specific comments:

EX 3.5—We would suggest substituting the phrase "the date the determination was made" for "date the case was resolved."

EX 4—For those referring entities, health benefits plans, enrollees, and attending providers calling the ERO's toll free phone line, we would suggest establishing an ERO response time standard if the calling party requests a return call. Also, we would recommend a minimum of 12 hours per day of "live" phone coverage during the weekdays, and at least some "live" coverage on the weekends. We would also recommend adding a standard **EX 4.3**—"including capacity to return calls within one business day with physician-to-physician communication when needed."

EX 6—The quality and credibility of the external review decision will rely not only on a reviewer having experience with similar cases, but also the availability of objective medical evidence and the reviewer's demonstrated skill and ability to apply such evidence in rendering ERO decisions. Regarding cost and overhead of ERO activities, we are concerned that EROs could become another costly burden in an American healthcare system already overburdened in administrative cost; there is nothing in the draft standards which sets limits on how much ERO cost would be considered acceptable relative to the benefit it provides. It is our opinion that the quality of an ERO review would not necessarily be enhanced by having more than one reviewer, and this would be one way of keeping ERO operating costs down.

EX 6.1—We feel that "board certification" of M.D./D.O. reviewers should be by a professionally recognized certifying body, such as the Accreditation Council of Graduate Medical Education and the American Board of Medical Specialties.

EX 6.4—This draft standard appears redundant and unnecessary after EX 6.1-6.3.

EX 10—We would recommend a 20 business day limit on ERO rendering of a determination, rather than the 30 business days in the draft standard.

EX 11.2—We would recommend adding the phrase "including the criteria utilized for the determination" to the end of this draft standard. The clinical rationale should be evidence based and not just the opinion of the reviewer. If there is no evidence to justify the reviewer's opinion, it should carry no more weight that that of the treating physician. In fact, the treating physician's care should be deemed correct unless evidence suggests otherwise.

EX 12.2—In situations where a decision needs to be made quickly, there should be a 24/48 hour turnaround time frame, rather than the five days permitted in the draft standard.

EX 13.4.1—We feel that, if subcontracting is allowed, then URAC accreditation should be mandatory for the subcontractor, that the draft standard's language "substantially in compliance with applicable URAC Standards" is not sufficient. This recommendation would eliminate the need for draft standard EX 13.4.2.

We hope our foregoing comments are helpful and look forward to URAC's issuance of its final ERO standards.

Sincerely,

Cecil B. Wilson, M.D., F.A.C.P.
Chair
Medical Services Committee