

Opinion

Does It Seem Too Slick? It Could Be Health Insurance Jargon.

One of the smoking guns of evidence in the government's case against General Motors (GM) for delayed auto recalls was a 2008 GM PowerPoint presentation outlining 69 words or phrases never to be used by employees while discussing potential recalls. Some were obvious candidates, like “decapitating,” “deathtrap,” and “mangling,” while others required a little more thought: “big time,” “sarcophagus,” and “you're toast.” Alternatives were provided for particularly toxic terms. Instead of “bad,” the appropriate spin was “below specification”; in place of “defective,” GM people were to say “does not perform to design.” “Problem” had three suggested options: “issue,” “condition,” or “matter.” Now that GM is enjoined in the settlement from “diluting the safety message” with such employee training, where can all the spinmeisters find work? In the health insurance industry, of course.

Before the Affordable Care Act (ACA) took effect this year, the names that companies gave to their insurance products seemed to have minimal relationship to the benefits package, but they were always snappy. My wife's individual policy was “Breakthru [*sic*] 70” in 2010 and “Evolve Plus” in 2012-2013. Now, the ACA-mandated scoring system for insurance plans is based on metal, from bronze through platinum—the more valuable the metal, the higher the premium. Thus, bronze

is the cheapest, then silver and gold, and platinum is the most expensive. Of course, by analogy to the Olympics, patients interpret these names as indicators of quality, not cost. So bronze is assumed to be the lowest level of care, and gold/platinum the highest. Because of this misunderstanding that drives purchasers to higher-cost plans, I predict it won't be long before metal is out. Maybe replaced by carats.

Being a spinmeister myself, I've assembled a short list of health insurance euphemisms and my interpretation of their meaning. I'm betting you can add to the list from your own experience.

Accountable: *Count* is the operative root; if you can't count it, you can't control it.

Accountable care organization (ACO): An entity by which money flows through the hospital, where it is laundered and shrunk before distribution to physicians.

Alignment of value-based incentives: The rationale for lower payments; fee-for-service medicine is toast.

Bending the cost curve: The equivalent of orthodontia for health care. Guess who's tightening the wires?

Drug formulary: The teaser for the bait and switch. Once open enrollment ends and patients are locked in, the “preferred” lists are whittled down.

Medical home: Where the game of “Mother, may I?” is played out with gatekeepers.

Patient-centered care: And as a

physician, what the heck have I been doing before this?

Practice transformation: In other words, do what we tell you and you might get paid. Maybe.

Provider behavior change management: Personality transplants.

Provider disenrollment: The doctor is kicked out of the network and reassigned to Tier 3—akin to unfriending on Facebook.

Provider list: See “Drug formulary” above.

Tier 3 drug: Like a Ferrari, if you have to ask how much it is, you can't afford it.

Transparency: Light passes through unimpeded. Truth? Not so much.



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