DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

Episode 40 - Could chart review be for you?

With guest Dr. Rinku Mehra

SEE THE SHOW NOTES AT: *www.doctorscrossing.com/40*

[0:0:00]

RM: "There were days when my husband would say, why are you doing this? It's $100 or $125 to do this. Why are you doing this?"

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 40. A question that comes up a lot for my clients and listeners is "What can I do while I'm still in practice to test out the waters of a nonclinical area, but not make a big leap?"

Well, today, we're talking about how you can do chart review while you're still seeing patients and get a window into a variety of nonclinical sectors. Even if you're not

considering a career pivot, chart review can be a nice option to use your skills in a different way and make some money on the side.

Chart review is a generic term that can cover reviews related to medical treatment, disability, workers' comp and even legal and billing cases. Our focus today is on the medical reviews, but I wanted to let you know that these other areas exist. And perhaps we'll cover them in a future podcast.
Our expert guest, Dr. Rinku Mehra is going to help us explore this topic. She's a board-certified pediatric endocrinologist who started doing chart review a number of years ago while in practice. Her experience ended up leading her to her current full-time career in utilization management.

HF: We're going to be diving into a lot of the details such as what exactly is chart review. What are the requirements? How do you get started and how can this work lead to further opportunities? There is a great freebie that comes with this episode. It's a listing of over 40 chart review companies you can reach out to. You'll find it at doctorscrossing.com under the free resources tab. I'll also link to it in the show notes.

Now without further ado, I'm very honored to welcome onto the podcast, our lovely guest, Dr. Rinku Mehra. Hi Rinku! So nice to see you.

RM: Hi Heather, how are you?

HF: I'm wonderful, wonderful. I was so happy when I reached out to you and you said you'd be happy to come on the podcast. So, thank you.

RM: You're welcome. Absolutely, I'm delighted to do this.

HF: I'd love it If we start with you sharing a bit of your story of where you were when we first met and then how you started doing chart review and how it led to what you're doing now.

RM: Yeah. I started chart review probably a few years after starting in my second practice. I'm a board-certified pediatric endocrinologist like you said. I started off at a major academic center and then I moved on to a private practice group. And about two to three years after starting in my private practice group, I decided that I just wanted to do something different. I didn't exactly know what I wanted to do but I started thinking about the process. And then I had reached out to you actually during that time to figure out what it was that I wanted to do.

One of the things I remember was that you had to take a personality test at the time because I really had no clue what I wanted to do. And after doing the personality test, it looked like I would enjoy working independently, that I would enjoy using my mind in a different way. And I wanted to make a difference or make an impact in medicine. And I came upon chart review per your suggestion, actually. And I started doing chart review by reaching out to some of the companies that you have on your list to see if it would be something that I wanted to do. So, I was still actively practicing at the time when I reached out to these chart review companies.

HF: Let's just talk a little bit about the broader term of “chart review” and what exactly that means when you're doing this kind of work in the medical area.

RM: Yeah. Most of the chart review companies do like independent reviewers to look at and review charts of patients. So, for example, for myself, I am a pediatric endocrinologist. So, one of the common things that I would review would be medications. Medications for growth hormone, or medications that physicians were requesting for growth or puberty. But if you're an orthopedic surgeon, it would be whether or not a patient needs hip surgery or whether or not the patient needs hip surgery to be done in the hospital.

Or if you are a sleep medicine doctor, whether or not the patient needs to have the sleep study done in the hospital or needs a CPAP machine.

So, there are a lot of physicians who do this type of work while concurrently practicing, because they're up with the latest guidelines. And so, the chart review would basically mean probably taking 10 minutes of your time to review a chart, to review the other physician's review of their patient's information and see whether or not the patient requires the service that's being requested.

And usually, it's not very time-consuming because it's usually what you're doing already. And it's interesting because you can see what other people in your field are doing. Most of the time physicians are following the standard of care, but sometimes they aren't, or sometimes they're doing things that maybe I wouldn't have thought about doing. And so, I think it does help you stay current with the current literature and with your current practice as well, as far as how you're doing things.

HF: Now, let's talk about how this chart review comes about. My understanding is that, if you have health insurance plans that are perhaps denying a certain treatment or a medication, and it happens that they deny it perhaps twice or two, times that it can be appealed and it needs to go to external reviewers such as an external chart reviewer to give an independent opinion.

RM: That's exactly correct. Yes. At the health plan, the medical directors do review the requests and then they can decide to approve or deny it. If they decide to deny it, the request is looked at again by another medical director. And if that medical director also denies that you can request that an independent reviewer of the same specialty review it. Sometimes it can happen before the second person also reviews it so you can have the first denial and then request right away as a practitioner that the same specialty reviewer look at the chart.

And basically, the chart review means that the reviewing physician is looking at the patient chart and writing their opinion. And that's it. It's not really questioned. It's your opinion. You do have to provide some literature, usually literature within five years. And you can look that up on your society guidelines as well to say that, “Yes, this is the reason that I support this or it's based on my clinical judgment”.

HF: These external companies are often called IROs, or Independent Review Organizations. And these will be the companies that are listed on that guide. And because they are not affiliated with a health insurance plan, they're considered to be unbiased. Giving an impartial determination or opinion.

RM: Absolutely. That’s right.

HF: Let's look at the criteria. If a physician wants to do this kind of work, what is usually required to be on the panel of one of these IROs?

RM: Usually you do have to have board certification. That's actually a requirement for most of these companies. That you are board-certified in your specialty or you have multiple board certifications. That's actually more favorable, but one board certification it's enough. That you're licensed. And usually, you're licensed in at least one state. Your multiple state licenses may help you get more cases to review. And usually, they do require that you have some current clinical experience, at least three to five years including residency as well. That you have some experience. And usually that's it for the requirements.

HF: I've heard that there is an eight hours of active (practice a week) requirement is what some of them use as a standard. And that could be if you're working like a week of locums a month, that eight hours could average out over time, (instead of)in daily practice.

RM: That's right. Yes.

HF: I've seen a few companies where they say you just have to be in recent practice, but not current. But a lot of them really want you to be currently seeing patients, which is understandable because you're weighing in on other physician's care.

RM: Yes. Usually, the companies that I worked with did require that I was actively practicing. Some of the companies may require that you were in practice a year ago, but you need to get up to date with the recent guidelines and treat patients on a regular basis. And like you said, eight hours (a week) I think is enough, but you do need to have some experience so that you can weigh in. And so that you're comfortable also with what you're writing.

HF: Can you talk a little bit about the logistics of how this works? Once you sign on with a company, do they send you cases and then you decide whether you have time to do it or not? How does it work?

RM: Yes, absolutely. You don't have to do every case that's assigned to you and you sign up with a company. And for me, I didn't get cases that often. There were some weeks that I had four cases during the week and sometimes I didn't have any at all during the month. So, it's not a big burden at all.

If you're an orthopedic surgeon, maybe you might have more cases to look at, or pain medicine. I think those are the ones that are heavily recruited because there aren't really a lot of orthopedic surgeons, plastic surgeons, or even pain medicine physicians that are in the UM organizations. So, they do look at independent reviewers a lot for the orthopedic surgeons. So, they may be busier.

But you can say yes or no to any case. If you have a very busy weekend in the clinic and you absolutely cannot get to the case, then you can say, no. Usually the turnaround time

is within 24 to 48 hours, but some other companies will give you three to five days to write your opinion.

It is usually because you're already doing the work. And it's just like looking at another chart and writing your opinion. Usually, it's no more than 10 to 15 minutes of your time that it would take to do it. They send you all the information in, there is a HIPAA compliant website that you're looking at and you're trained on how to look at the website and all the documents are in there. So, you can look at it.

And for me, I look at it and I don't have to read every single thing on it. I know what the pertinent positives are like most physicians do as far as reviewing your specialty. So, you can look at it and really turn it around pretty quickly.

I think the most time-consuming is citing the references. You do have to cite some references within your specialty when you do your write-up to say which references you used. And that usually for me involves looking at my pediatric endocrine society guidelines and making sure that they were up to date, which usually they are, and or the endocrine society guidelines and looking at those and citing the references that I used.

But usually, you can turn it around pretty quickly and it's usually a standard fee that they pay for most of the companies. Although sometimes they'll pay you based on your time that you took. But it's usually not that burdensome.

HF: So, there can be an hourly rate or there can be a flat fee for doing the review?

RM: Yes, that's right.

HF: Are you able to talk at all about the compensation, the range of payment for the services?

RM: Usually, it's anywhere in the range of $80 to $125 per case. I would say at least in the companies that I worked at. There may be others that pay you $30 to $40 per case that you do. So, I think it's variable. I don't feel like most of them took me the full hour but if you have a complicated one, which can happen, you can have a complicated case that comes through. It may take you a little bit longer to look at it. But usually, with the companies that I worked at, they give me a flat fee.

HF: And I remember you told me that when you were doing this chart review, your husband said, "Why are you doing this?"

RM: Exactly.

HF: What did you say to him?

RM: Usually for me, I would work a full day in the clinic and then I would do everything in the evening with my kids, whatever activities they had and put them to bed. And then afterwards, after the kids were asleep, I would look up the charts. And there were days when my husband would say, "Why are you doing this? It's $100 or $125 to do this. Why are you doing this?"

And I think for me, like I said in the beginning, I really wasn't sure what I wanted to do outside of clinical practice, or if I wanted to leave clinical practice at all, because it is a big decision. And for me, looking at the charts, I did enjoy it. I enjoy looking at the charts and seeing what other people are doing. So, for me, it was for educational purposes. And also, just to see if this was something I could do full time. Because it is a big decision to leave clinical practice and to work for a health insurance company, which I think the more I got into it, the more I realized that was my end result of my end goal. But I think it was good for me to have peace of mind that this is something I could do over the long-term.

HF: We're going to still dive into some more details of how to get started doing chart review, but I want to continue on for a minute with this thread of how this work led you to working for a health insurance company. So, what was it about doing the chart review that made you decide that this was a compelling direction for you Rinku?

RM: Well, like I said, I did enjoy working independently. And I think for me it really fit my personality and it also helped me utilize my brain in medicine and utilize my skills in medicine as well. The health insurance companies, sometimes it's a hard place to get to if you don't have experience. They obviously do hire physicians sometimes out of residency, usually 3 to 5 years, preferably 10 years out in clinical practice. So, they do hire people with no UM experience at all.

But the more you UM experience you have, and for some of these cases, I think I did them for like four or five years probably before I actually got a position with a health organization. But the more experience you have, the more likely they are to look at it favorably to say, "Well, this is somebody who actually can do this work, wants to do this work. And once we hire them, they won't return to clinical practice". Because that may happen. If you don't know what you're going to do and you just jump in and then you're sitting all day looking at charts, not to say, that's the only thing I do, but that's the majority of the work in the beginning when you're working for a health insurance company, you are doing UM. So, they want to make sure that you're going to like the work. And so, I think it is looked at favorably to put it on your CV.

HF: That is a fabulous point because a lot of physicians have a negative perspective of health insurance organizations and understandably, because they're having to make these calls to medical directors that interrupt their time. They feel like their judgment is being questioned. So, there's a lot of resistance even to this idea of working for a company. But doing chart reviews starts to give you that experience of, "Well, what is this work actually like? Do I enjoy it? Is this something I'd like to dive into more deeply?"

Then when you do an interview, if the hiring manager knows that you've tried it out and you want to do more, that's a confidence builder for them that you're not a high flight risk.

RM: Right.

HF: And then it also gives you more assurance that you can potentially leave a clinical career to do something completely different and not be like going to Vegas and it's like a crap shoot.

RM: Right, right. Exactly.

HF: If we're going back into more of the nuts and bolts, what are some of the things a physician might do when they're reaching out to a company to help increase the chance that they would get a return call or an email from a recruiter? Anything you can think of?

RM: I don't think it's actually that difficult from what I remember, but usually you could send an email out and the list that you're going to provide, I think is helpful. So, sending an email out, doing a follow-up phone call I think is fine to do. But just sending an email saying, "Hey, I'm Dr. Smith. I am interested in doing chart review for your organization. I'm board-certified in XYZ, I have a state license, and I've worked this many years in clinical practice and I'm interested in helping you out".

Usually that's enough. And if they have a need, they usually will say yes. And if they don't respond right away, it may just be that they don't have a need for your specialty right now, but they may in the future. They may just be on a hiring freeze. Sometimes these organizations don't have the capability to hire right away.

But I would reach out to as many as you feel like you can. They usually do have to have you fill out paperwork. And so, it is burdensome if you're doing more than three or four

of them, because it does take your time to fill out paperwork as far as what your credentials are and where you're licensed and all that information.

But once they say yes, then they have an onboarding process and they train you fully on how to do the chart reviews and train you on their platform. And then there was one organization that I worked with that read how I did the write-ups and made some corrections and made some suggestions as far as how they should be written up.

And I think that's great because it definitely helps the medical directors of the UM organizations, if the message is written clearly, and then it helps the patients as well. Because if you say medication should be approved and you don't write it succinctly then the other person doesn't know exactly what you're thinking. So, I would say it's a pretty easy process, but the question of whether or not they need your specialty is more of a question.

HF: Absolutely. And I'm glad you made that point because if you're reaching out and you're not getting a response, I would suggest to keep reaching out to more companies, following up on the ones that you didn't hear from because you really only need one to get started, and that can be a game-changer. So, don't give up, be persistent and don't take a “no” as a rejection, just take it as a new opportunity to keep reaching out.

RM: Yeah. And it may be “No, not now, but maybe later”. So, I think that's worth just asking. But I do know that orthopedics, gastroenterology, dermatology, and plastics are higher in demand than other specialties.

HF: And you had mentioned pain medicine.

RM: And pain medicine, yeah.

HF: Now you did mention that there's an onboarding process. They do give you some training and they can even potentially give you some feedback because that can be a concern for physicians. “I've never done this before, how do I know how to do it?”

RM: Yeah. They want you for your clinical skills and your clinical knowledge and you already have that. And so on, you have a lot of it. I think giving it a shot and not worrying about how they're going to train you because they know that if someone hasn't done that, they will train you on all of it. And it's not hard. Physicians are smart people, so they get it pretty quickly.

HF: One thing I wanted to mention here is that we're talking right now about the utilization management, medical reviews. However, there are these other areas such as doing disability reviews, workers' comp reviews, or even medical-legal reviews that can come even before the expert witness work. These can be ways to go into other fields such as working for different companies that can even be a way into doing work as a physician advisor, working in life insurance, working in the medical-legal field.

So, if you think, “Well, I don't really want to work for health insurance. Why should I do a chart review?” There are these different kinds of chart reviews that can help you go into other nonclinical directions. So, I just wanted to make that point here that there are different funnels that this could lead to.

RM: Right, absolutely. Trying one of these other reviews I think is helpful. And I think if not for anything else, whether to say do I like it or not, and there's not a big commitment. If you decide you don't like it, then you just stop and you're done.

HF: All right. So, you didn't risk a whole lot. It wasn't like signing up for an MBA. Another question that comes up is, “Am I going to get pressured to just deny everything?”

RM: If you're working for an independent review organization, there is no pressure at all to approve or deny. It's basically based on your clinical knowledge, clinical guidelines and what you think. So, you do not get paid more or less, you get paid no matter what. So, if you decide, no, this patient doesn't need this hip surgery, then that's what you write. There isn't really any pressure to approve or deny.

And for the health organizations that I worked for, the health insurance company, there is not any incentive to approve or deny more or less cases. So, I can always speak for the organizations that I work for, but there's not that pressure at all.

HF: Some physicians think there are these quotas that you have. And if you're an outlier, and approving too many things, or maybe even denying too many things, they come and talk to you or address your work.

RM: That has not been the case for me at all.

HF: Do you find that sometimes they come back and ask you about your determination, what was your thinking? Or did you see this or consider that?

RM: Never. I've never had that happen.

HF: Okay. And how about peer-to-peer calls? Is that something that's a part of doing this chart review?

RM: I did not do any peer-to-peers as part of the chart review for the independent review organizations. There may be some specialties that that's required. And that basically means getting on the phone with the other physician to say what they were thinking and what their thought process is. And usually there may be information that's not in the chart, but they could provide for you. And I think that's the reason for it. So, it's informational, but yes, there may be organizations that require peer-to-peer phone calls.

And usually, it's a pretty quick turnaround. If they say you need to do a peer-to-peer for this, it's usually within 24 to 48 hours and at least two attempts need to be made. But it's usually for informational purposes.

HF: Okay.

RM: The only caveat to that I'll say is that if you happen to know that physician, for example, on pediatric endocrinology, we're a very small sub-specialty. And so, if there's another pediatric endocrinologist, I may know them, like I may have trained with them or I worked with them. And so, it's a conflict of interest for me. So, it's okay to say, "This is a conflict of interest for me. I cannot do a peer-to-peer with this physician or review this patient's chart because this was someone who trained me or this was my program director".

HF: Right, that makes sense. All right. What would you say is the thing you enjoyed the most about doing this work?

RM: As far as the UM work, if that's what you're referring to, or are you referring to the chart review?

HF: Well, let's talk about the chart view, and then we could look at the work that you're doing now full time.

RM: Yeah. I think as far as the chart review is concerned I really liked the work because I could work independently. I could learn also and can keep up to date with guidelines. Because as you know, in a busy clinical practice, it's actually really hard to sit down and have five minutes to think sometimes. And to know if what you're doing is current practice or best practice. And so, I think for me, it was helpful just to make sure that I had attended conferences but there was a year that I couldn't attend my pediatric

endocrine society or any other guidelines just because of coverage issues. And so just to make sure that I wasn't missing anything.

So, I enjoyed the educational aspect of it, seeing what my peers were doing. And most of the time they were doing the same thing as I was. So, it wasn't an issue at all. And then it was just a way to use my brain in a different way and just to sit down and think. And then I also felt like I was making a difference because the health insurance companies are saying, "Well, no, we can't approve this", but I felt like the patient needed it. And so, the health insurance company then usually has to go by the expert reviewer's opinion. And so, it does make a difference.

HF: That's nice. You are helping yourself in a way by getting additional education in your field, but you also felt like you were helping patients, even if they weren't your patients and helping physicians.

RM: And there are some physicians that are doing things that are not best practice. That sometimes causes harm to the patient. And so, you do want to have an independent review and sometimes look at that and say, "Hey, this patient doesn't need growth hormone. Why would they need it? Or why would this physician push for this patient who's not growing anymore to get growth hormone?" So, it was sort of eye-opening sometimes to see that there were some physicians doing things that are not best practice.

HF: Yeah. And in terms of the full-time UM work that you're doing, what do you enjoy most about that?

RM: I think what I enjoy the most is just wearing different hats. I do have time to do the independent review, but I'm involved in policy, things in policy, I'm involved in advocacy. And so, there are a lot of different things that when we're in clinical practice, that we're not aware of that's happening in medicine or that needs to happen in medicine. And so,

I feel like it's just endless as far as how much I'm learning every day and what initiatives I can be involved in. For people who think about working for health insurance companies as physicians, we're basically denying cases all day, that's not the case. That's a part of what we do.

HF: Making determinations.

RM: Yes, exactly. But that's not all that I do. And I feel very comfortable with the work that I'm doing. I actually feel more comfortable with the work that I'm doing now than I was 12 years in clinical practice. Just because I feel like I'm making a big impact on the lives of patients, not just in my field, but in many different fields. So, I think it's very rewarding for me.

HF: A lot of physicians wonder if when they go into health insurance, can they have some impact on policy or guidelines or population health and access to care.

RM: Yeah. So that's pretty much what I do. All those things. So, yes, the answer would be yes to all those.

HF: Wonderful. This has been a really fun interview. It's a topic that a lot of people are interested in. I can't thank you enough. But before we go, are there any last thoughts you'd like to share for our listeners?

RM: Yeah. I would say looking at where I was when I started this journey and it has been now, I feel like at least five years. But looking at where I was and where I've come, looking in the past, I did think that it was daunting at first to try to figure out what I wanted to do or whether I should stay in practice or whether I should go, should I do something different?

It's a process and we in medicine are just so used to having a path and a direction that we go in. But sometimes it's worth just following a different process to start to get to the end goal. And you may not know where you're going to end up, but I think at least for the chart reviews, it's really low risk. If you want to consider trying it, I think it's an easy thing to get into, relatively low risk. And then if you don't want to do it, you're done and you can look at something else. But if you do want to do it, it can lead you to a good path and a good career.

HF: And it worked out for you. I love these calls because it takes me back to the time when I first spoke with you or spoke with one of my other guests. And I can remember those feelings of when you're really not sure. You're a great clinician. Your patients loved you. You have so much respect in your field. You're a top doctor. So that's a lot to question.

So, I am not going to minimize what it is to be at the crossroads, but you're a wonderful example of taking little steps that don't jeopardize your career. You can keep gaining information. So, trust the process, trust yourself and find your way. Thank you so much. I'm really happy to have you. And I'd love to have you back sometime and hear more about the work that you're doing now.

RM: You're welcome. I enjoyed it and I would be happy to talk to you again at some point.

HF: All right. Wonderful. Well, thanks again, Rinku. All right, guys. Thanks so much for listening. **As I mentioned, there is a freebie for you. You can find it at doctorscrossing.com under the free resources at the top. Just scroll down and you'll see the chart review guide. Lots of companies are there for you. There is even a template email that you can send out to these companies.** And I wish you all the best. Until next week, don't forget to carpe that diem. See you in the next episode. Bye for now.

You've been listening to the Doctor's Crossing Carpe Diem podcast. If you've enjoyed what you've heard, I'd love it if you'd take a moment to rate and review this podcast and hit the subscribe button below so you don't miss an episode. If you'd like some additional resources, head on over to my website at doctorscrossing.com and check out the free resources tab. You can also go to doctorscrossing.com/free-resources. And if you want to find more podcast episodes, you can also find them on the website under the podcast tab. And I hope to see you back in the next episode. Bye for now.

[00:32:15]

Podcast details

END OF TRANSCRIPT