

Managed Care

Access to second medical opinions is determined in part by sociocultural factors and type of insurance

Second medical opinions (SMOs) are at the center of the tug of war between consumers' demands for medical choice and health plans' need to control costs, especially in managed care systems. In prepaid or capitated systems, SMOs do not generate revenue, so providers try to maintain control over when and how they are used. Six States have passed laws requiring health plans to provide or authorize SMOs to preserve consumer choice, improve the flow of information, and improve health outcomes. Cultural norms and sociocultural factors may partially determine who benefits from SMO legislation, according to a review of the topic supported in part by the Agency for Healthcare Research and Quality (HS09997).

For instance, if people in Medicare and Medicaid managed care plans want but are unable to obtain SMOs—as was indicated in this study—then legislation might have a positive effect, according to study authors Todd H. Wagner, Ph.D., of the Veterans Affairs Health System in Menlo Park, CA, and Lisa Smith Wagner, Ph.D., of the University of San Francisco. They used nationally representative 1994 data from the Commonwealth Fund Survey of Minority Health (which oversampled minorities) to assess the prevalence of second opinions and the factors associated with getting them. They found that about one of every five people who visited a health professional in the past year had also sought a second opinion. Use of SMOs varied by sociocultural factors, insurance type, health need, and perceptions of the healthcare system.

For example, white non-Hispanic patients sought the most SMOs (20 percent) and Hispanic patients sought the least (14 percent). Respondents who felt they would have received better care if they were of a different race were more likely to get an SMO. Also, patients who thought they were treated badly were 1.6 times more apt to get a second opinion than those who didn't feel this way. HMO enrollees with private insurance were three times as likely to get an SMO as HMO enrollees with public insurance (Medicaid or Medicare managed care). Among those with public health insurance, the odds of getting an SMO were 2.3 times greater for patients who were not in an HMO than for HMO enrollees, perhaps indicating barriers to care for HMO enrollees.

See "Who gets second opinions?" by Drs. Wagner and Wagner, in the September 1999 *Health Affairs* 18 (5), pp. 137-145.

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