Jessica L. Spruit, DNP, CPNP-AC:

Welcome to Nightintales. This podcast was created during the international year of the nurse and nurse midwife. And what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host, Jessica Spruit and I'm so glad you're here.

Hi, and welcome back to another episode of Nightintales. Thank you guys for tuning in today. And I'd like to thank our special guest. We have Biyyia Lee joining us today. Biyyia is a utilization review nurse, and she is coming to us with this perspective of something that we don't think of often. So think about nurses in their role, actually working for insurance companies rather than at the bedside, caring for those patients.

Instead, thinking about the way that care is delivered to those patients and the way that we obtain authorization and that we are able to deliver certain therapies and interventions to patients. And so Biyyia, thank you so much for making time for us today and sharing your really unique perspective. This is not anything we've talked about on Nightintales so far, and I'm excited to have you here today.

Biyyia Lee:

Absolutely. Jessica, thank you for having me. I'm very, very excited to share my experience. Prior to being in this role in utilization that I'm in now, I had never heard of nurses working for insurance companies. So very excited to share my experience with other nurses who are looking for a little bit of a different avenue.

Jessica L. Spruit, DNP, CPNP-AC:

This will be great. I'm excited to learn how nursing school and your career in nursing led you to this role. So if you don't mind, just start out by telling us a little bit about your early days in nursing, school, what was that first job that you got, and then ultimately, how did you end up where you are?

Biyyia Lee:

Yeah. So I have been a nurse for a little bit over 11 years now. I actually started my nursing journey as a practical nurse. I'm originally from Illinois and my high school had an opportunity for us to participate in the vocational program. And nursing was one of those options. So I started actually my junior year of high school. And from there I began working in the typical settings that you would see your practical nurses. So your long-term care facilities, nursing homes, those types of settings.

And when I graduated high school, I entered into a four years bachelor program at the university of Michigan. So throughout my undergrad, I was actually working as an LPN in ambulatory care at university of Michigan. And once I was done with-. Well, let me back up and say that one of my favorite parts of this practical nursing journey, in particular, the school that I worked with was we did a lot of community work.

We were always doing health fairs and really just being hands on with populations of patients who are a little bit reluctant to trust the healthcare system, if you will. And that was always a part of my schooling journey that really stuck out to me and where I really wanted to be once I was done. So you fast forward into when I was getting my bachelor's where acute care is what we learned through and through.

And I had enough nursing experience under my belt by the time I went to my four year program to know that bedside nursing was not really where I wanted to be. In particular at U of M there's a certain demographic of patient that is seen within that health system. And I really wanted to be more in the community.

Throughout my practical nursing journey, I had a lot of experiences that solidified that I would like to be in the community as opposed to acute care. So that is what I saw after once I finished with my bachelor's degree. I immediately went into home health nursing with an agency and also doing case management with them as well. And that really kind of got me involved in helping the patients navigate with their insurance companies and coordinating their care and making sure they had certain supplies.

And it kind of made me wonder, well, who is this on the other end that I'm talking to and dealing with working with those things. It was actually a friend of mine who is not a healthcare professional at all that came to me and said, "Hey, I work for this insurance company and they're hiring for nurses."

And funny, she told me about the salary and I was, wow, that's much more than they're paying a lot of registered nurses in these fancy hospitals. So it definitely peaked my interest. So I went and applied for a particular company. They told me all about the role and position. And I've been happily doing utilization review for about five years now. Gives me the opportunity to be on the other side of those patients that I worked with doing home health.

Jessica L. Spruit, DNP, CPNP-AC:

Wow. Biyyia, that is so interesting. I think what inspires me so much is that at such an early age, you developed the identity of a nurse and you functioned.

Biyyia Lee:

Yeah.

Jessica L. Spruit, DNP, CPNP-AC:

In the role of a nurse for so long before really even entering your career as a BSN prepared nurse. I'm so impressed by that. Then what I'm hearing is that lead to a lot of clarity as far as what type of nurse you wanted to be and what environment you wanted to work in.

Biyyia Lee:

Absolutely, absolutely. I think starting off as a practical nurse, you're a little bit limited it into where you can work anyway because of our skill set and scope of practice. But it did give me the opportunity to interface with a lot of patients and just organizations in general.

And it was around this time that we were hearing a lot about just nurse burn out and just retention in general. So I decided that to try to set myself on a path of something that I really love in nursing in a population that I really love working with in nursing. And in my role in utilization review, I actually get to work with the Medicaid population. So still being able to touch the group of folks that I'm most passionate about.

Jessica L. Spruit, DNP, CPNP-AC:

Biyyia, I love that story. And I love the insight that you had that despite the fact that so much of our nursing education is really focused in the acute care environment or in... Much less in the community that you still had that insight to know that was the right place for you.

I'm would love to learn a little bit more about what it means to be a utilization review registered nurse. Please, if you could tell me what are your responsibilities? What does a day look like for you?

Biyyia Lee:

Oh my goodness. So there are a couple different ways I could describe my job. I will talk to you a little bit about what I absolutely do every day. And pretty much that's reviewing cases. So my function for the insurance company is to ensure that hospitals and providers are providing a certain standard of care in order to meet the criteria for their reimbursements and are ultimately being paid for their services.

And as an insurance provider, they want to make sure that they're doing their due diligence to review the claims and records that are sent over by hospitals to make sure that they are billing for the services that they say that they're billing for. So in my role every day, I'm reviewing records that come over from emergency rooms, from various facilities across the state of Michigan.

And I am comparing what the doctors did in thinking about the acuity of the patient, making sure that they met certain criteria for treatment, in order for us to pay out for them. So I'll review the records, I'm typing up a review that includes the demographic information about the patient or member as we like to call them in the insurance world. Reviewing their past medical history, their vital signs, any imaging that was done, any treatment they received in the emergency room.

And then they're admitting orders. I'm organizing that in a fashion, according to the diagnosis that they entered the facility for. And I'm sending that information over to a medical provider, a doctor on our end of things at the insurance world to again, do that point of checks and balance if you will, to see if the providers did their due diligence. And then we're issuing out approvals or denials based on what we received.

So a lot of times, I'm not sure if you've gotten anything from your insurance that says, "We're not going to cover this, or it's not a covered benefit." There's a, likely a nurse on the other end of things who's reviewing all of the records from top to bottom to say exactly how we're going to do things. So that's just one part of it.

And another part that we have been focusing on heavily for throughout the past two or three years, is just that element of discharge planning. So one, I'm always communicating with the nurse or case manager at a hospital to say, "Hey, Ms. Smith is ready to go home. Does she have, she's diabetic, does she have all of her supplies? Does she have her insulin? Does she have her glucometer?"

There are folks that are in for surgeries, "Okay. Do they have the proper wound supplies, pain management? Has their follow up been set up?" And we're doing this extra discharge planning to avoid readmission. When a person experiences that acute event in the hospital, we want to make sure that they don't end back up there.

Those acute stays definitely take a hit on folks' overall wellbeing. So we're kind of the middle mans between the acute care and you going home to get you what you need. Then there is another layer of nurses that I'm not on this team in particular, but I've worked very closely with them who are case managers.

So while I am reviewing the clinical, making these recommendations, there are nurses who actually go out into the field to make sure that we're hitting all of those steps. And they do work on behalf of the insurance company. So a couple different things. And I feel like I'm missing a few as well, because who knew that there were so many places for nurses to be involved in insurance, right?

Jessica L. Spruit, DNP, CPNP-AC:

Oh my gosh. So many opportunities. And I think how nice that is for someone who ends up as you suggested, getting hospitalized for a surgery or who has an acute event, and ends up being hospitalized, how nice that there's an added layer of support from the insurance company, thinking about what can we do to set them up for success? So that there's one extra.

Biyyia Lee:

Absolutely.

Jessica L. Spruit, DNP, CPNP-AC:

Set of eyes on that chart thinking about how do we get them home safely, how can we empower them to care for themselves? And what a valuable resource that is. When you were describing, Biyyia, your review of charts and thinking about what diagnostic imaging was required and what interventions were performed, how did you learn all of that? Because that's certainly nothing that we learned in nursing school. So how was it that you learned to do that?

Biyyia Lee:

Well, the beautiful thing about a lot of these insurance companies is they have a really intensive training program. So in starting my job before I ever even looked at official records, I spent two full weeks of in training, just learning the system, learning the various criteria that we apply. And then after that two week training period I entered into, I believe another 60 or 90 day period where I was basically being... I had a preceptor, if you will, that a nurse that had already been on the team already doing reviews.

And this person would sit with me while I do my reviews. We had a training environment that we could practice in as though we were working on live cases. And they really helped. They held your hand, if you will, in learning everything that you need to know to perform the role. And then I would say you also have to not sell yourself short.

Because you're definitely bringing in some of the expertise that you learned in your program about being in acute care. If you've ever worked in acute care, even your clinical you're bringing over that information and that knowledge to put into the review. So we have the training, we have the templates that are provided, everything is done in a very systematic way. And then you bring in what you already know as a nurse to kind of seal the deal and make it happen.

Jessica L. Spruit, DNP, CPNP-AC:

That's great. I love your identity as a nurse and the way that you've kind of really taken advantage of this opportunity to care for patients or members, as you say, in such a nontraditional way, but in a way that we all know. All of us who are working.

Biyyia Lee:

Absolutely.

Jessica L. Spruit, DNP, CPNP-AC:

In healthcare absolutely can appreciate how critical this is.

Biyyia Lee:

Absolutely. I was just, I was thinking of other ways because I do work a lot with the acute and transition to home, but we also have enough their team of nurses that are responsible for just post-acute care in other settings. So let's say a member is not ready to go home, instead of sending them into the home environment where they may decline, we send them to a skilled nursing facility or a rehab facility, that lower level of care before going home.

And we have nurses who review on that end as well. Sort of similar to what I do on the acute side of things, but they're really looking at the progress the member has made in the acute setting and how likely they are to progress after discharge. So there's another just avenue of nurses that's interwoven into the whole insurance process.

And then one thing I forgot to mention, we use a certain kind of software that pretty much will give us all the criteria points that need to be hit under a certain diagnosis. So let's say a person is going in for diabetic ketoacidosis, right? We're going to open up this criteria, and it lives online, we're going to open up this criteria and say, "Hey, was there their glucose over a certain amount? Do they have ketones in their urine or evidence of ketonaemia?"

And we used that criteria to ultimately put into our review to help the doctors make a decision. And what I found was interest thing is that there's another layer of nurses being involved. There are actually nurses who work with those software developers to even put the criteria together in the first place. So there's so many opportunity for nurses to be involved.

I like to think of it as if there is a healthcare component involved in anything, whether it be a spreadsheet, there was likely a nurse or another healthcare professional who gave insight and input on developing those materials. And I'd just like to put that out there as well. Looking at the insurance company, but also looking at those third party folks that the insurance companies work with. There's plenty of opportunity hidden within the nursing world.

Jessica L. Spruit, DNP, CPNP-AC:

I love what a thorough explanation you've given us and all the opportunities that you've recognized where we really do need a nurse at the table, right?

Biyyia Lee:

Absolutely.

Jessica L. Spruit, DNP, CPNP-AC:

Nursing possess is such a unique and special skillset, such our own perspective and how incredibly valuable it is to have a nurse involved in every step of that process. I love that you highlighted that for us. Biyyia, as we wrap up today.

Biyyia Lee:

Yeah, no problem.

Jessica L. Spruit, DNP, CPNP-AC:

I'm curious, is there anything else that you would like to share with listeners, or is there something that you learned along the way that you think would really benefit someone who was entering nursing or considering a change in this profession?

Biyyia Lee:

The journey that I'm on now, I would like to just put out the fact that the, we hear this all the time, but the opportunities in nursing truly are boundless. Because patients, people, we're all people. We need someone always in our corner advocating for our health and wellness and to champion that for us. And I think that once you find something or a group of folks that you're passionate about, you can always apply your nursing skillset to that.

So think beyond the bounds of what we've learned in nursing school and just follow what you're passionate about, and you'll always be able to apply your nursing skills to that. It's so interesting. Even within insurance, I know of a lot of my other nurse buddies who have almost transitioned into something that's still healthcare related, but not using our traditional nursing skills, if you will.

But it was made possible by all of the things that we learned in the gyms that we picked up along our careers. We all know that as nurses, we wear so many hats. We could be a nurse, we could be a mentor, a therapist, a teacher. So I think that it's important for us to really hone in on all those different skills and figure out how to best put them into practice. It's not always at the bedside and that's okay.

Jessica L. Spruit, DNP, CPNP-AC:

Biyyia, you have so beautifully captured what it means to be a nurse. You talked about being a teacher, a mentor, a support, and I love how holistically you talk about this and how holistically it sounds like you approach your own role. So I just want to thank you so much.

Thank you for your time today. Thanks for delivering such an inspiring message and helping all of us learn so much more about all of the other layers that are happening in delivering great care to people, as you say. So.

Biyyia Lee:

Absolutely.

Jessica L. Spruit, DNP, CPNP-AC:

Biyyia Lee, a utilization review, registered nurse. Thank you so much for joining us today.

Biyyia Lee:

Absolutely. No problem. And I would just suggest after this conversation, just go look up the health plans that we already know about Blue Cross, Blue Shield is a big one. Molina is here. We have Meridian Health Plan. I advise you to just go on there into their job search and just type in nurse and see what returns. You'd be really surprised at all the different avenues and departments in which they could really use our expertise. Just humor yourself.

Jessica L. Spruit, DNP, CPNP-AC:

Thank you so much for that, Biyyia. We really appreciate you.

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The view shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer or the professional organization that they're active in.

The stories of their career path and progression are not intended to suggest that there's a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.