The 30-Second Narrative Control Technique

Step 1

Ask Permission to Summarize the Case

Start the conversation with:

"Before we get into the specifics of the denial, would it be okay if I briefly summarize the clinical scenario so we are discussing the same case?"

This sets a collaborative tone and gives you the opportunity to **frame the clinical context first**.

Step 2

Deliver a Structured 20–30 Second Summary

Focus on three elements:

1. The clinical problem
2. The risk to the patient
3. The intensity of treatment required

Example structure:

"This patient presented with severe abdominal pain and hematochezia while anticoagulated for prior pulmonary embolism. He developed significant leukocytosis with bandemia concerning for infection and required NPO status, IV fluids, and broad-spectrum IV antibiotics. During hospitalization he was found to have gram-negative bacteremia requiring escalation of care."

This keeps the conversation centered on:

• clinical risk
• physician decision-making
• treatment intensity

Step 3

Invite the Reviewer's Perspective

After presenting the summary ask:

“Based on that clinical picture, can you help me understand the reasoning behind the observation determination?”

This keeps the discussion **professional and collaborative** while maintaining the clinical framework you established.

A Common Reality in P2P Reviews

During many Peer-to-Peer discussions you may hear:

“I only reviewed the admission documentation or the first day of the hospitalization.”

While this can be frustrating, it often represents an opportunity.

Many initial denials are based on **limited early information**.

Important developments such as:

• culture results
• consultant recommendations
• complications
• escalation of care
• transfer to higher levels of care

may not have been reviewed.

A simple response can redirect the discussion:

“Since the determination was based on the admission documentation, it may help to review how the patient’s clinical course evolved during the hospitalization.”

Remember the Key Difference

Payers often review a snapshot.
Physicians must evaluate the trajectory.

Hospital admission decisions are based on:

• risk of deterioration
• anticipated complications
• need for monitoring and treatment
• the likely course of illness

Explaining the **clinical trajectory** helps reviewers understand why the admission decision was medically appropriate.

Practical Rule for Physician Advisors

Control the first 30 seconds, control the conversation.

If the payer defines the patient as:

“stable with mild symptoms”

the rest of the discussion becomes an effort to reverse that narrative.

When the Physician Advisor defines the case first, the conversation remains focused on **clinical judgment and patient safety**.

Key Takeaways

• The first 30 seconds set the tone of a P2P discussion
• Establish the clinical narrative early
• Focus on **risk, trajectory, and treatment intensity**
• Use the full clinical course to explain medical necessity
• Keep the discussion professional and collaborative

Physician Advisor Training

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Want to learn the full strategy experienced Physician Advisors use during Peer-to-Peer discussions?

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