POSTS MADE IN MAY 2012

ARE YOU GETTING WHAT YOU PAID FOR AND IS IT WORTH THE MONEY?

Leave a reply

When we go to the supermarket or the store to make a purchase, most of us are quite concerned that we get what we paid for – a quality product for an equitable price. When it comes to our health care, we are increasingly frustrated with a system where we too often get a low quality product at a very high cost.

A recent study, conducted by the Robert Wood Johnson Foundation (RWJF). National Public Radio and the Harvard School of Public Health, concluded that both cost and quality of health care have worsened over the past five years.The study, conducted by telephone, was based on interviews with 1,508 adults who were age 18 and older and were diagnosed with illness. About half of these individuals reported that they were highly satisfied with the quality of medical care they have received but the other half have more divided views.

These individuals reported that in their opinion, the top reasons for the continued rise in the cost of their health care included: excessive charges by the payers and doctors, people not taking proper care of themselves, the obstacles that prevent patients from price comparisons; inequities in charges from different hospitals; government regulation; and the high costs of drugs, set by the drug companies.

Among the quality issues that they experience are: insurance plan restrictions; lack of available services; physicians who do not properly communicate; patients' inability to get medical care when they need it; the number of malpractice lawsuits; people not getting the right diagnosis or treatment; fruad and abuse in the system; and care that is not well coordinated among a health care team.

One quarter of the individuals who were polled said that their treatment was poorly managed. One in eight believe they were given the wrong diagnosis, treatment, or test; one in six believe they did not get the tests they thought they needed;15% said they were tested or treated for something they believed to be unnecessary.

Communication or the lack of it is also a problem. A quarter of the individuals who were interviewed reported that a doctor, nurse or other health professional did not provide all the needed information about their treatment or prescriptions and 25% said they had to see multiple medical professionals and no one doctor understood or kept track of all the different aspects of their medical issues and treatmments. Three in ten said that their doctor or nurse did not spend enough time with them and 14% said they could not get an appointment or a referral to see a specialist they thought they needed.

We know that there are way too many medical errors happening in every facet of health care. We also know that most Americans who have health insurance are underinsured when it comes to a serious illness. More than 52% of the participants in this study indicated that they could not afford the care they needed and a quarter of these individuals said that their insurance plans would not pay for the care needed to resolve their health issue. Then there are the individuals who have no insurance at all. For them, no matter how good the product, it is unattainable.

It is obvious that there is a direct correlation between high cost and low quality of care. The fact that people are either getting too many tests or cannot get the tests that they need is concerning and elevates the cost of care for everyone over the longer term. When people are underinsured and put off treatment, or do not take their medication because they cannot afford the cost of the drugs, incremental, serious problems eventually surface. Then there are the uninsured sick who ultimately land in the ER, which is costly for everyone.

It was in 2001 that the Institute of Medicine issued its famous report, ***Crossing the Quality Chasm*** that recommended that clinicians and patients work together to redesign health care processes to improve quality and bring about the changes that would result in substantial improvements and reductions in medical error. Their much talked about recommendations are still on the drawing boards over a decade later, with only minimal progress achieved.

(Institute of Medicine, **Crossing the Quality Chasm**, National Academy Press, Washington D.C., 2001)

We have the technology to help resolve many of these issues. There are also new approaches where patients and clinicians are working together to reduce costs and improve quality through structural redesign of healthcare delivery systems. For example, the new Pioneer Accountable Care Organizations include teams of healthcare professionals, payers and institutions who are working together to implement comprehensive payment reform to control the cost of healthcare and institute better value for each health care dollar spent. There are also patient centered medical homes spreading throughout the country, where patients and doctors work together to coordinate all of a patient's care in one place and insure that doctors spend more time with their patients to oversee that they are getting the treatments and tests they need to resolve their issues.

These efforts are good and they will pay off. However, as this study proves, we have a long way to go before most consumers of health care can agree that the product that we are paying for is worth the cost.

THE COMMUNICATION DILEMMA

Leave a reply

Does e-health improve doctor – patient communication? This is a question that health professionals, and patient advocates are

grappling with. Let's face it, we have the tools, including: digital health records, email, online resources, smartphones, and patient portals to engage in e-health and foster improved communication. We also know that clear instructions from physicians, pharmacists, nurses and nurse practitioners has proven to be a key factor in improving patient compliance, which positively impacts outcomes.

Science Daily in 2007, reported that a systematic review of studies published over four decades confirmed, without doubt, that good doctor-patient communication makes a difference not only in patient satisfaction but in patient outcomes, including resolution of chronic headaches, changes in emotional states, lower blood sugar values in diabetics, improved blood pressure readings in hypertensives and other important health indicators.

Furthermore, most patient complaints about doctors deal not with their technical competence or diagnostic skills, but with their communication skills and the fact that their doctors do not listen to them. Most patients want more and better information about their problems and outcomes, more openness about the side effects of treatment, relief of pain and emotional distress and advice about what they can do for themselves.

So why are there so many barriers to open communication between doctors and patients? There are many reasons including:

(1)There are many doctors who still believe that withholding information from patients does not undermine veracity or violate the truth principle but actually protects the patient from unnecessary anguish and stress. As a result these physicians continue to practice 20th century medicine, ignoring the fact that today's more educated patient has access to all sorts of health information resources.

(2)There are many patients who ask their doctor not to provide full information as they simply do not want to know all of the unpleasant details. The question here is whether physicians have an obligation to tell patients the full story and how they do that in an appropriate way. Research indicates that the majority of patients (in one study over 55 percent of elderly frail patients) whose doctors did not discuss their prognosis, wanted to have that discussion so that they could make appropriate life choices, put financial affaris in order and know what to expect.

(3)In Pennsylvania there is legislation that prohibits doctors from sharing information in certain circumstances. This has to do with the requirement that companies disclose the indentity and amount of chemicals in fracking fluids to physicians who may be treating patients exposed to these chemically packed fluids. According to the law, the physicians must sign confidentiality agreements stating that they will not disclose that information to anyone else – not even the patient they are treating for a related illness.
http://www.readersupportednews.org/news-section2/312-16/10573-pennsylvania-fracking-law-gags-physicians

There are also many patients who genuinely believe that they do not need to tell their physicians or other caretakers the whole story about their health issues because they consider this information to be private.

While the Communication dilemma does not resolve itself with a simple solution that will result in universal agreement, the answers are quite clear. Physicians need communication skills training, including mentoring in how to talk to patients, how to make eye contact and how to listen to patients so that their interactions are more collaborative and less confrontational. This training should be tied to their continuing education credits that they are required to fulfill.

Patients who typically want to be engaged with their providers, must provide full disclosure about their health issues and indicate their views. These patients need to seek appropriate information resources, filter that information and become contributing members of their health care team. Given the e-health tools that are available all of this is achievable.

HEALTH 2.0 SPRING FLING, ANYTHING BUT

Leave a reply

Over the past couple of days some of the brightest entrepreneurs gathered in Boston for the Health 2.0 Spring Fling, a conference unlike any other. Health 2.0 brings together health technology developers, venture capitalists, corporate executives, and incubators, in a unique deal-making/partnering forum. The purpose is to advance technology by fostering connections that result in products focused on meeting some of the hugest challenges that health care faces today, among them: communication, information sharing, community, big data management, useful and powerful, mobile applications and personal health information.

The Health 2.0 conference represents the creative genius of Matthew Holt, a health care researcher and strategist and Indu Subaiya, and MD MBA, who started these forums in 2007 and have expanded them

around the world, much to the benefit of all of the health care stakeholders.

Wikipedia defines healthcare 2.0 as the use of a specific set of web tools: e.g. blogs, podcasts, tagging, search, wikis among stakeholders in health care, using the principles of open source in generation of content. and based on a philosophy of unfettered use of computing source code including redistribution and access to products' design and implementation. http://en.wikipedia.org/wiki/Health_2.0

This is closely related to Web 2.0, a loosely defined intersection of web application features that facilitate participatory information sharing, interoperability, user-centered design and collaboration on the World Wide Web. http://en.wikipedia.org/wiki/Web_2.0

The question is why should patients and health care consumers care about a gathering that would appear to be for the techies? The answer is because Health 2.0 above and beyond other gatherings is at the grass-roots of the most important product developments that are taking place in health care today. The result will be the roll out of technology and devices that will make a significant difference in cost of care and patient outcomes.

WHAT DOES IT TAKE TO BE AN E-PATIENT?

Leave a reply

Patients can no longer afford to be passive about their health care, leaving it to their physician to take responsibility for treatment choices, medication adherence, how often to see a doctor and how to manage a chronic condition. In this era when patients have a twenty minute window to see their primary care physician, during which they must: cover all the health issues that have come up, get all of their questions answered, and figure out the best ways to address health problems, it is critical that patients become engaged, empowered individuals who take an active collaborative role in their health care. In a recent article in **Healthcare IT News,** by Diane Manos, Senior Editor**,** I outline the

six ways that, with little effort and a small amount of advance preparation, patients can become involved, active participants in their care for a better outcome.

http://www.healthcareitnews.com/news/top-6-tips-e-patients.

Please add your comments regarding **Top *6 tips for e-patients.***

MEDICAL DEVICE SAFETY: PATIENT'S BEWARE!

Leave a reply

Millions of Americans have medical devices implanted in their bodies, including artificial joints such as hip replacements, heart defibrillators, and surgical mesh. When these patients with severe arthritis, cardiac, gynecologic, and other problems were told that they needed surgery they trusted their physician/specialist and generally opted for the surgery without question.

Medical devices are currently subject to review as outlined in the Food, Drug, and Cosmetic Act Medical Device Amendments of 1976. The process which includes a provision that enables manufacturers to grandfather certain products into the market without advance safety testing is less rigorous than the process for approving drugs.

In 2011, a panel from the Institute of Medicine, (IOM) that reviewed the process of bringing medical devices to the market, found that with nearly 95% of current moderate and high risk medical devices there was not enough oversight and testing to insure the safety of these devices. What is needed, according to the IOM panel, is a complete overhaul of the FDA's medical device regulatory system because "the current system does not protect patients from being harmed."

A more recent study by Consumer Reports, confirms that many medical devices including internal defibrillators artificial joints, and surgical mesh have been routinely cleared for use without undergoing the safety testing that we, as patients, assume the FDA would oversee.Consumer Reports looked at three product categories: surgical mesh used for vaginal repairs, gastric lap-bands used for weight reduction and metal hips used in hip replacements. In all three situations certain brands of these products caused serious problems that resulted in extensive life-altering health issues for patients.

If there is a problem who is at fault? Often your doctor is as uninformed about the specifics of product testing by the FDA, as you are.

So what is a patient to do when confronted with surgery that requires medical devices?

Patients need to become engaged in these issues and not blindly accept that a medical device implant is the answer to their problems.

Patients need to educate themselves about medical devices that may be recommended to them: This means asking the doctor the tough questions which they often do not expect, including:

- What specific implant will be used?
- How much do you know about this product?
- What is your reason for choosing the particular brand?
- Has it ever been recalled?
- Do you, or does this hospital have a financial investment in the company that produces the device?

Patients need to check all of the resources available to them so they can gather information on a device. Despite their failure to properly test these products, or perhaps because of it, the FDA publishes a wealth of information about device safety warnings, complaints, and recalls, available at www.fda.gov. Additionally, a Google search will

bring up articles and reports on devices and manufacturers who have had problems.

Patients should question their physicians on alternatives to surgery to see if there is a way to avoid devices altogether and choose a different treatment.

Patients should seek out social networks where communities of other individuals may have had experiences with a particular brand of device and find out if they had any issues.

The Consumers Union (CU) is an expert independent, nonprofit organization whose mission is to work for a fair just and safe marketplace for all consumers and to empower consumers to protect themselves. The CU has come out with a list of recommendations for strengthening medical device safety oversight. These include:

Insure that all permanent implants and all life-sustaining devices do not go through the 510(k) process. Instead, these devices should go through the Pre-Market Approval (PMA) process, which requires more rigorous testing for safety and effectiveness.

Once a device is found to be unsafe which means it has either been recalled by the FDA or the FDA has issued a warning about it, that device should no longer be allowed to be used until and unless it goes through the recommended rigorous safety testing process.

Congress needs to give the FDA the authority and the resources for the increasing the numbers and complexity of medical device applications to insure that the appropriate safety testing is completed before the device is used for treatment.

The standard for devices going through Pre-Market Approval (PMA) needs to be revised from “reasonable assurance” of safety to “substantial evidence” of safety, bringing it in line with the standard used for prescription drugs.5.

A national system for tracking devices needs to be instituted so that patients and health care providers can be contacted when problems with a particular device are identified. Currently, there is no universal way to find out which devices went into which patients.

There need to be safeguard to ensure that the FDA is fully implementing existing patient protection programs for monitoring and reporting problems such as MedWatch, MAUDE and the Sentinel Initiative. Used effectively, these programs can create an early warning system to help the FDA identify medical devices that are causing harm to patients.