

POSTS MADE IN NOVEMBER 2011

CHOOSING HEALTH CARE COVERAGE: ISSUES AND OPTIONS

As the year concludes, many of us are tasked with electing our healthcare plan for next year. External factors, not in our control, influence what our healthcare costs are going to be. The overall economic slowdown and rising federal deficit, has placed great strain on the systems that have traditionally financed health care, including private employer-sponsored health insurance coverage and public insurance programs such as Medicare and Medicaid. Since 1999, family premiums for employer-sponsored health coverage have increased by 131%, while real wages are growing at a much slower pace or have even stagnated in many industries.

This is my year to switch from the healthcare plan provided by my husband's law firm to

Medicare Part B and a Medigap program. I am making the change because I will save several thousand dollars, now that I have reached the *magic age* where I qualify for this coverage.

Trying to figure out how to get the best health care benefits from what is available, and

understand the rules and regulations presented in the Medicare Subscriber Handbook, **Medicare and You, 2012** or on the website www.medicare.gov is akin to wading through Chaucer in old English.

So, I asked my friends and colleagues which plan they were using and why. I talked with my

healthcare providers to find out if there were Medigap plans that they would not accept, to

determine which plans were going to allow me to keep the same physicians and hospital that I

have been using for years. I spoke with several health plans and did an extensive comparison of

their benefits and payment process. I read articles on the web and looked at plan ratings. Armed

with all that information, I made a choice that I am comfortable with.

You also need to research your options if you are to get the best plan for you and your family.

Among the questions that you need to ask when choosing your health plan are the following:

- Does the plan provide the specific benefits and services tailored to your needs? Are those services available quickly and efficiently?
- How much is the monthly premium and what does that total for a year?
- What does the policy cover for specific health events? Does it include prescription drugs, out of hospital care, rehabilitation or home care? Does it include lab fees and emergency room visits? Do you have the option to see a specialist and what are the out-of-pocket costs?
- Are there limits on the number of days insurance will pay for hospital or rehab services?
- Are there some medical conditions that are not covered by the plan?
- Are there waiting periods involved with coverage?
- What is the deductible? Can you lower the monthly premiums by raising the deductible?
- Is there a maximum that you must pay out of pocket per year?
- Is there a lifetime maximum cap that the insurance will pay?
- Can you go to the physicians and hospitals best situated for you? How easy is it to see a specialist?
- How is the plan ranked against its competitors and by its subscribers?
- Do members get the therapy treatments they need?
- Does the plan provide preventive/wellness services?
- Is the plan accredited? The National Committee for Quality Assurance (NCQA, www.ncqa.org) evaluates and rates plans on several quality measures as does the Joint Commission on Accreditation of Healthcare Organizations

(JCAHO www.jcaho.org). A visit to the websites of either of these organizations can give you rating information at no charge.

Additionally, you need to make sure that the policy protects you from excessive medical costs that you might face, particularly if you have ongoing medical issues. Read the fine print to make sure there are no contingencies regarding what is covered and what is not. Understand, as an outpatient and inpatient, the benefits and co-payments you are required to make, and whether or not there is an annual deductible before the policy will start to pay. Know exactly what may be excluded from your coverage (certain diseases, therapies, procedures) and understand the added benefits such as membership in a health club or an allowance towards a weight loss program.

(These points and questions and more are discussed in my book: **e-Patients Live Longer, The Complete Guide to Managing Health Care Using Technology.**)

Health care is no longer a given where you sign on the bottom line and are insured for another year. It is a major item in your annual budget, and when those forms come across your desk, take the time to do the research, ask the right questions and read the fine print for a better, more economical and healthier New Year.

PERSONALIZED MEDICINE, THE NEXT FRONTIER

I recently attended the 7th Annual Personalized Medicine conference sponsored by Partners Health Care Center for Genetics and Genomics and was amazed at the progress being made in this field. Since the time that the Human Genome Project was completed in 2003, gene sequencing technology has moved rapidly, becoming less expensive and therefore more available. In the very near future the cost of doing a whole genome sequencing will be under \$1,000 and affordable to many individuals in the mainstream. What this means is that physicians will be able to tailor medical treatment to the individual characteristics of each patient, based on their unique molecular and genetic profile that indicates whether or not they are susceptible to certain diseases.

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IS THAT CT SCAN REALLY NECESSARY? BENEFITS VS RISKS

Can you imagine a 100-year-old woman experiencing her first mammogram? Or a healthy 80-year-old man who was left incontinent and impotent by radiation treatments for prostate cancer, a disease that typically grows so slowly that many men die with, but not of it. Every year, like clockwork, there are thousands of women in their eighties, who still get their annual mammogram and undergo screening colonoscopies at three- or five-year intervals whether they have had cancerous polyps that would warrant such frequent testing. Every year there are thousands of men in their eighties who faithfully get regular PSA tests to check for prostate cancer and routine cholesterol screenings, which can lead to the prescription of statin drugs that require regular blood tests to check liver function. (Typically, cholesterol plaque takes years to accumulate, and statins confer only a modest benefit in the elderly.)

The New England Journal of Medicine reported in March 2010, that too many angiograms were administered to patients who do not really need them. Angiograms which are invasive imaging tests for heart disease carry a slight risk for stroke or heart attack during the procedure.

The Journal also reported in an article in September 2010, *Lessons from the*

Mammography Wars, © 2010 Massachusetts Medical Society, that there is a disagreement

among physicians regarding the age at which to begin, and end as well as how often

administer mammograms. It had been assumed that for all women over the age of 40,

breast cancer screening with mammography should be a once-a-year routine. The

discussion continues to this day.

One must wonder about these routine screenings for cancer and other ailments for people in their 70s, 80s and 90s, even at one hundred! Many medical experts say there is little evidence of benefit, and considerable risk, from common tests for colon, breast, and prostate cancer, because these tests often trigger a cascade of expensive, anxiety-producing diagnostic procedures and invasive treatments leaving patients worse off.

What is the cause of perpetual over-testing that has little benefit to the health of patients and increases the cost of healthcare by an order of magnitude for all of us? Are these tests ordered by doctors who are trying to be cautious and avoid malpractice lawsuits? Or are they demanded by patients who are becoming more educated about what is available, and fueled by an attitude among US patients that, if a screening is available, it should be done whether or not it is needed? A 2010 study in the Journal of the American Medical Association of more than 87,000 Medicare patients found that a “sizeable proportion” with advanced cancers continued to be screened for other malignancies. We must ask whether this is good medical practice.

The New York Times reported in June 2011, that long after research indicated that CT scans can expose people to dangerous radiation levels if done too frequently, Medicare was making payment for scores of elderly patients in hospitals throughout the country who were given two

scans in succession on the same day – one using contrast to check blood flow and one that did not. This practice has been stopped, but many forms of over testing still occur every day.

<https://www.nytimes.com/section/well>

. Why do doctors continue to screen elderly, ill patients? What can patients do about it? The Foundation for Informed Medical Decision Making offers some guidelines for e-patients who want to control their own destiny, avoid unnecessary, often painful tests, and be mindful of the cost of their care as follows:

1. For all tests, ask two questions. What is this test for? And what do you expect to find?
 2. For tests the doctor runs in the office (blood work, EKGs, MRIs), ask the questions above, and then ask what that test will answer that another test, already ordered, may not. Or ask if there is a less expensive test, available that will supply enough information but not more than is needed.
 3. For all tests, ask when the results will be available, and ask that copies of the test results and records be supplied to you directly as well as to your doctor.
 4. Finally, ask the doctor about scheduling a time, whether by phone, email, an e-visit or in person, to discuss test results and treatment options before you agree to further tests and procedures.
- Only you can assure that for every test or procedure you undergo, the benefit outweighs the risk.

HEALTHCARE REFORM IS COMING WITH OR WITHOUT LEGISLATION

Let's assume for a moment that the healthcare reform bill currently before the United States Congress becomes permanently deadlocked and does not become law. That does not mean the issues raised are going away, nor does it presume that our healthcare institutions, including health plans, healthcare provider organizations, and most important healthcare consumers should forget about the healthcare crisis and merely move on.

As long as healthcare dollars continue to consume such a large percentage of the GDP (now at 18% of GDP likely to grow to 25% in the next few years) the public, various interest groups and those directly working in the healthcare system will continue to discuss, debate, and examine the issues that have been raised. Our political leaders in both parties have brought the need for healthcare reform to our attention. Somehow, they cannot get over themselves, work together and get the job done.

We need healthcare reform in this country, and we need it now. The average American citizen cannot continue to assume rising healthcare costs that do not cover a catastrophic event and potentially could leave many bankrupts. Furthermore, we have a moral and ethical obligation to cover the uninsured and we owe it to ourselves financially to give them basic preventive care

so that their health issues do not precipitate into complex conditions that land them in the ER which raises costs for everyone and benefits no one.

Healthcare reform is not a Democrat or a Republican issue. It is an American issue. There are so many ways that payers, providers and consumers can impact the finances of the healthcare system, starting with the implementation of digital health records, e-prescribing and evidenced-based medicine, so that repeat and excess tests are avoided; medications are not prescribed and paid for only to be tossed because they do not work; and patients are not shuffled from one procedure to another or from one provider to another to find a cure. The time to reform healthcare payment and practice is now and we cannot let the stalemate in Washington rule the way the system moves ahead.

PERSONALIZED MEDICINE RAISES ISSUES OF COST AND EFFICACY

The seventh annual Personalized Medicine Conference was held this week at Harvard Medical School in Boston, hosted by the Partners Center for Personalized Genetic Medicine. Personalized medicine is founded on the principle of providing customized tailored health care to individuals based on their genetic makeup. This is achieved by sequencing the genome. This conference focused on the state of personalized medicine and the challenges and obstacles ahead concerning whole human genome sequencing.

Everyone agrees that whole genome sequencing could potentially solve many complex medical issues, particularly in the field of oncology, and in many other areas as well. As one would guess, the main obstacle to whole human genome sequencing is cost. Keynote speaker Ezekiel Emanuel, Chair of the department of Medical Ethics and Health Policy at the University of Pennsylvania, lead with a spirited discussion on whether the cost of gene sequencing will ever be affordable and justified.

Certainly, everything we do today in health care must be mindful of the cost of care. The very first Human Genome Project took 10 years and cost \$3 billion USD (US Dollars). The next project took two years and cost just \$300 million USD. Both projects were concluded by 2000 or

2001. Gene sequencing costs have dropped exponentially since then, to the point where today we are discussing the *\$1,000 genome*. Many predict the cost will, within several years, drop to a level of a few hundred dollars. That will make it totally affordable for many, particularly those individuals faced with a disease for which there is no known cure.

The second challenge to whole human genome sequencing is the issue of data analysis. The cost of sequencing pales in comparison to the cost of establishing the infrastructure and crunching the massive volumes of data needed to make sense of all of the variants in a genome profile.

A third issue is what to do with this information. Extensive physician education will be required to help providers make intelligent medical decisions using this information. And finally, there is the question of what consumers will do with their personal genetic data once it is available.

Although the naysayers may place obstacles and objections along the path, the train is out of the station and personalized medicine is moving forward. In my book, **e-Patients Live Longer** I project that in Health Care 2050 a digital health record will be issued for every newborn that will follow that individual throughout his or her life. After listening to the speakers at this conference, I contend, as well, that whole human genome sequencing by 2050 will become as standard for newborns as the PKU test is today and that it will benefit all of us.

The painful, costly investments that we must make now for digital health IT and for radical advances in diagnostics brought about the sequencing of the human genome will ultimately bring down the cost of healthcare and radically improve our opportunity to address a whole array of

difficult health issues. We just have to have the foresight to see beyond the present and think long term.

CYBERCITIZEN 2011, AMERICAN CONSUMERS MANAGING THEIR HEALTHCARE ONLINE

A study released last month from Manhattan Research, “*Cybercitizen Health* ® U.S. 2011,”

[http://manhattanresearch.com/News-and-Events/Media-Fact-Sheets/Cybercitizen-Health-US-](http://manhattanresearch.com/News-and-Events/Media-Fact-Sheets/Cybercitizen-Health-US-2011-Study-Highlights)

[2011-Study-Highlights](http://manhattanresearch.com/News-and-Events/Media-Fact-Sheets/Cybercitizen-Health-US-2011-Study-Highlights) which explores digital health trends among U.S. consumers, reaffirms that American consumers are managing their personal health using a variety of online health resources. The study is based on a randomized poll, conducted on the telephone and online, of 8,745 adults aged 18 and over. Findings reveal that millions of consumers of all ages are now using the Internet to research health and medical information, many as their first option for health information, even before talking with their physicians.

Important to note in the findings is the marked increase in the number of individuals using wireless devices to access health information. This year Cybercitizen health ® U.S. 2011 revealed that 26 percent of U.S. adults use their mobile phones for health information and health aids. This compares with 12% in 2010 and 9% in 2009 and indicates that wireless devices are a major tool for finding and using health resources. As more mobile health solutions are developed to help people, not only access information, but manage and monitor health issues, these numbers will markedly increase. For example, the study revealed that 8% of consumers used prescription drug refill or reminder services on their mobile phones in 2011, up from 3% in 2010.

Cybercitizen Health® U.S. 2011 also found that 56 million consumers accessed their medical information on an electronic health record maintained by their physician and 41 million expressed interests in doing so in the future. There are still a large number of people who are ambivalent toward electronic health records – 140 million consumers, according to this study, have not used and are not interested in accessing medical information on an electronic record. However, the growing numbers of people who are now interested in this access to their electronic record, along with an increased interest and usage among physicians, indicates a sea change in care delivery and patient engagement. Reinforcing the cyber health movement is the fact that increasing numbers of caregivers are using online health information and tools as well. This significant and comprehensive annual study by Manhattan Research demonstrates the importance of online technology and wireless devices in helping American healthcare consumers become empowered and engaged in their health care and more personally involved in the day-to-day tasks that will keep them healthy.

SMARTPHONE HEALTH CARE APPS, AN E-PATIENT'S MOST VALUED TOOL

The Pew Internet & American Life Project conducted a national telephone survey of 2,277 adults in May 2011 and found that 83% own some kind of cell phone. One-third of these cell phone users (35%) own a smartphone (iPhone, Android, Blackberry, Palm). These smartphone users utilize their mobile devices in new ways, incorporating them into their lives, accessing the Internet, sending photos and videos to others, going to twitter and engaging in video calls and chats.

Many of these smartphone owners have also downloaded one or more of the 17,000 health care apps currently available. Twenty-five percent of these apps are free. Research2Guidance, a consulting firm predicts that as many as 500 million people will be using healthcare mobile apps by 2015. Assuming that this prediction is correct, it means that people resonate to owning smartphones and empowering themselves as healthcare consumers with these interactive apps. Among the individuals polled for this research, 33% indicated that they want to manage their health records online and 32 percent said they want to have telehealth visits with their doctors.

<https://research2guidance.com/500m-people-will-be-using-healthcare-mobile-applications-in-2015-2/>

Another study, by the consumer electronics Association, polled patients on their willingness to communicate with their providers using a smartphone or smart pad. In *The New Role of Technology in Consumer Health and Wellness study*, 36% of consumers say they want to be able to send information to their doctor wirelessly; 33% want to manage their health records online; and 32% want to have telehealth visits with their doctors for remotely based procedures and surgeries such as angiograms, head scans, CT scans, and skin cancer examinations.

Right now, consumers indicate that their favorite smartphone applications include body weight scales, vital sign meters and gauges, devices that record and track fitness programs and nutrition. Some of the newest popular apps are *cancer.net mobile* for the iPhone, iPad and iPod Touch which patients can use to manage their cancer treatments. (This app covers 120 cancer types); Asthma which is used to record asthma attacks, track medications and note triggers; pocket *first aid* which provides education and instructions on CPR, choking, burns, diabetic emergencies. It can also track family medical information, and emergency contacts. There are apps for testing visibility; apps that provide clinical data and check medication interactions, and apps that provide explanations of medical terms.

More than any other single device or tool, the smartphone with its audio, video, built in cameras and access to the Internet right at your fingertips, has the capability to help patients take charge of health issues, engage more effectively with providers, and become educated, empowered, and interactive in healthcare. So, Power Up. Doing so could save your life.