

Z- CH # 16

ON-LINE CONTENT (1H)

Review the You tube video “Why Medical Bills in the US are so expensive” on this website <https://www.youtube.com/watch?v=3NvnOUcG-ZI> and place your answers to the following questions in the Z-CH # 16 drop box by 0800 on March 16, 2023.

In order to receive full credit (1H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed class time.

1. What are the most common ways individuals use to raise money for healthcare costs not covered by insurance? What are your thoughts on using social media to raise money for healthcare costs? What are some of the costs not covered by insurance?
 1. Individuals may raise money on GoFundMe if they need treatment that is not covered under insurance, or they may not be eligible for insurance and this is how they pay for necessary procedures. I think it’s awful that people have to ask their friends and family for help, when that is what healthcare in this free, technologically advanced country should be doing. Costs that are not always entirely covered by insurance are drugs and medical supplies. In the video, the child had a colectomy done, and his box of colostomy bags cost over \$1,000. And his necessary lung transplant cost \$4 million. While the lung transplant may have been covered, the insurance company would not pay for a third transplant, which he likely will need in the future. Drugs have drastically increased in price, some by 700%. The claim for the cost increase is that the money is used towards research to perfect that drug or create new drugs for said disease. However, the truth is many of these companies are the only suppliers of certain drugs so it becomes a supply and demand business. They know people need the drug, so they charge whatever they want.

I know when my mom had her STEMI back in December, one of the drugs she was placed on was Brilinta. For a one month supply, it would cost her \$307 after insurance, and she needs to be on this drug for 12 months. That is \$3,684 out of pocket for a necessary drug to prevent her from having another heart attack and keep her stent patent. Thankfully she called around and was able to get a coupon to cover the cost, but that isn’t the case for everyone, and other necessary drugs like an epi-pen cost way more.
2. Who are all the entities fighting for monetary payment for healthcare services provided?
 1. Physicians, hospitals, pharmaceutical companies, insurance companies, and shareholders are all the entities fighting for monetary payment for healthcare services. And unfortunately, stuck in the middle are the patients.

These companies are all fighting for pay because physicians need to get paid for their services and long hours worked, hospitals need to get paid to be able to pay their employees and fund everything that it takes to be a hospital, pharmaceutical companies want money because they are creating and supplying all of these drugs, insurance companies want money because they are representing those people requiring the health services, and shareholders want paid because truly healthcare in the US is a business.

3. What are the metrics used to judge hospitals and do you think these are the appropriate metrics, explain your answer?
 1. The metrics used to judge hospitals are profit, investments, and efficiency. These aren't appropriate metrics because hospitals can hold this power and feel like they can charge whatever they want because they need the profit, and need people making investments. These hospitals are now making a bunch of money off the doctors that are maybe not being paid adequately, while some CEO's are making millions. Basically, hospitals are using human health as a way of profit. Income in some cases are made public, and the CEO of Firelands Health has the highest income within the hospital.
4. Explain what "unbundling" is?
 1. Unbundling is being charged for a service itself, but there are a lot of extra hidden charges within that payment. It's done through a set of codes, and each code has a different meaning and cost. For example, a laceration has a code and will be charged for the extent of the laceration, the size, the depth, the location, and the complexity of it needing to be sutured. Codes are used to track disease historically, but it's really used now as a billing construct. And bill coders are not in healthcare, they are in a business so they do not care if you are in debt paying for your child's stage 3 cancer, they see it as just another bill that needs to be paid. With these codes, nurses and doctors are documenting a bunch for billing purposes because they have to in order for the hospital to be paid (and so then they can be paid), which means less face to face interaction with their patients because they are trying to be as precise as possible in their documenting. Benefits of documenting data are better results in the long run and doctors may catch things they didn't see before, but according to this video it's not working in the US. Doctors are concerned about malpractice because of less interactions with the patient, so they order more tests for an individual, which may or may not be covered by insurance, so now someone is paying more money,
5. If you had the ability to create a health care system from scratch, what would you do differently?
 1. If I could create a health care system, I would require that all businesses are able to provide insurance to their employees, and there would still be Medicaid for those who cannot, and Medicare for our elders. There would not be an "in-network" clause with the insurance company, so you would be able to receive your care wherever and by whoever you choose, because

you may live in Idaho, but the only place you can receive your heart transplant is Ohio because of the more trained and skilled surgeons. Plus when someone moves, or changes jobs, now they have to find a new physician and have all their data transferred elsewhere, which can be stressful and timely. There would not be an additional co-pay for when you have to visit the doctor, everything would be covered in the (small) percentage you have paid for your insurance. The cost of the insurance would be a very small fraction of what your salary is, so hospital staff could still be paid appropriately for services they provide, but the employee isn't losing half of their income to make sure that them and their family have insurance. There would NOT be a higher cost for "high-risk" individuals with something like cancer or a genetic disease, because some people truly cannot help the fact that they will require more medical help in their lifetime. Once retired at any age, they would be eligible for Medicare, because I see these people, especially in nursing, working into their 60's with back problems and are miserable because they're "too young" for Medicare and need the insurance. And retirement age is increasing so I'm sure Medicare will too. And this insurance company would cover ALL necessary surgeries, drugs, and supplies that are required for life. So my insurance plan would be similar to universal healthcare, which I know I've heard from even the people I work with is bogus and doesn't work, and people will be waiting years for elective surgeries, etc. But clearly what we are doing in this country isn't working either.