When the diagnose becomes unaffordable

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Objectives

- Ms. Franco case study
- Role of health insurance and end of life care
- Preventive screening in illnesses
- Cancer care
- Chronic disease management
- Cardiovascular disease management
- Asthma
- COPD
- Ms. Williams case study

How expensive is healthcare in United States?

- **Cancer** patients
  - Out-of-pocket costs of nearly $12,000 a year for one drug.
  - In 2014, **cancer** patients paid $4 billion out-of-pocket for **cancer treatment.**
  - Newly approved **cancer** drugs cost an average of $10,000 per month, with some as high as $30,000 per month
- CHF
  - Monthly Medication and Supplements: $705
  - Unassisted Costs: $3,112
  - Insurance Premium: $750

Case Study Ms. Franco

- Ms. Franco is a self-employed seamstress with no health insurance. She is a 54- year-old woman who has been in good health, has never smoked, and exercises 3 times a week.
- In September 2017, she began experiencing episodes of chest pain that occurred mostly after meals and in the evenings before going to bed.
- Occasionally, the episodes occurred when she was exercising on a stationary bicycle.
- Initially, she ignored the symptoms, but began to worry as they worsened over time.
- She noticed a loss of appetite, and her trousers became loose. One afternoon, she took the bus with her sister to the walk-in clinic.

Case Study Ms. Franco

- At the desk, she made a $38 prepayment that was required because of her status as uninsured.
- The physician listened to her story and performed a physical exam.
- The doctor thought her symptoms were caused by “heartburn,” which she explained has nothing to do with the heart
- Caused when acid in the stomach regurgitates up into the esophagus, causing pain.

Case Study Ms. Franco

- However, she also emphasized 2 important diagnostic considerations.
  - Cardiac stress test to look for signs of coronary artery disease.
  - Endoscopy to rule out cancer of the stomach or esophagus.
- If these tests were normal, she would simply treat her heartburn with medications and some dietary advice.
- When she asked about the costs of the tests, she said it would be over $1,000.

Case Study Ms. Franco

- One option would be to treat her empirically for heartburn by starting a proton pump inhibitor.
- The risks, of course, were that if her condition were cardiac or if she had a malignancy, the consequences of a delay in diagnosis could compromise care.
- She also thought about ways to reduce the costs, but her hospital had no charity policy
- No way she could affect billings in the cardiology or gastroenterology clinics.

Case Study Ms. Franco

- As they discussed various options, the clinic visit ran overtime. Other patients were waiting.
- The physician realized that if she did not take care of her, she was unlikely to go elsewhere.
- She urged her to undergo the tests at her facility, even if she only paid a portion of the fee.
- The hospital would write off the losses as bad debt and refer her bill to collection.
- However, Ms. Franco did not like the idea of being pursued by a collection agency.

Case Study Ms. Franco

- Ms. Franco looked worried and stared at her feet. “Doctor, I can't pay that much.”
- Physician suggested she go to the public hospital.
- She responded unfavorably, saying that her sister and an aunt had bad experiences trying to obtain services there:
  - “They lose track of you and make you wait all day to be seen; I can't afford to take the time.”
- The doctor urged her to reconsider, but she remained adamant.
- She acknowledged that the hospital's staff were overextended and began to consider other options.

Case Study Ms. Franco

- Although she knew the standard approach for managing such a presentation involved ruling out cardiac disease and a gastrointestinal malignancy, she also recognized that the odds were in her favor that she had neither.
- The history suggested her condition was gastrointestinal and not cardiac.
- She thought her poor appetite and weight loss might be related to anxiety.

Case Study Ms. Franco

- Somewhat reluctantly, she resolved to treat her for heartburn with a $117 per month prescription for a proton pump inhibitor.
- She explained that since they might be missing a serious condition, she would see her again in 2 to 4 weeks.
- She was especially anxious to see if she continued to lose weight, raising the suspicion of a malignancy.

Case study Ms. Franco

- As she was leaving, her nurse was able to provide Ms. Franco with some samples of a proton pump inhibitor supplied by a pharmaceutical representative.
- The doctor reduced the fee of her visit by writing off the professional component of the bill.
- It was not in her power to cancel the clinic portion, but she undercoded the visit as a 15-minute appointment when in fact she had received more than 30 minutes of his time.

Case Study Ms. Franco

- 5 weeks later Ms. Franco was admitted to the ED with vomiting blood with significant weight loss.
- She required emergency intubation protecting airway
- Admitted to the ICU and ran full diagnostics
- Stage IIIA stomach cancer
- The five-year survival rate for stage IIIA stomach cancer is 20%.
- Now what?

Role of health insurance and survival from disease?

- New study finds 45,000 deaths annually linked to lack of health coverage
- Uninsured, working-age Americans have 40 percent higher death risk than privately insured counterparts
- In several specific conditions, the uninsured have worse survival
- Lack of coverage is associated with lower use of recommended preventive services.
- At present, about 28 million Americans are uninsured.

How Does the U.S. Compare with Other Countries?

- We provide the same medical care
- We use the same medical technology

But…

- We have large numbers of uninsured
- We spend much more
- **We remain the only major country that builds its health care system around private for-profit insurance companies.**

Impact on services with no health insurance

- Primary prevention and screening services
- Cancer care and outcomes
- Chronic disease management, with specific discussions of diabetes, hypertension, end-stage renal disease (ESRD), HIV disease, and mental illness
- Hospital-based care (emergency services, traumatic injury, cardiovascular disease)
- Overall mortality and general measures of health status

Cultural disparities in medical screening with or without insurance

- Cervical cancer and PAP smear with Asian women
  - Asian women have higher rates
- Korean American women who had mammograms
- African American patient barriers to colorectal cancer screening
  - Higher rates of colorectal cancer
  - Should be done at age 45

Primary prevention and screening services

- Several large population surveys conducted within the past decade, adults without health insurance are less likely to receive recommended preventive and screening services
- Mammography screening
- Colorectal screening
- Diabetes screening and management
- Cholesterol screening
- Hypertension

CANCER CARE AND OUTCOMES

- Finding: Uninsured cancer patients generally have poorer outcomes and are more likely to die prematurely than persons with insurance, largely because of delayed diagnosis. This finding is supported by population-based studies of breast, cervical, colorectal, and prostate cancer and melanoma.
- Breast cancer kills 40,000 women each year
- Colorectal cancer is the second leading cause (after lung cancer)
  - 57,000 deaths each year
- Prostate Cancer
  - Men who are uninsured or underinsured get advanced prostate cancer at nearly four times the national average
  - Advanced disease mortality is higher with uninsured

CHRONIC CARE – CARDIOVASCULAR DISEASE

- Cardiovascular Disease
  - Harvard study: 10 million adults with cardiovascular disease gained coverage under ACA, but twice that still uninsured
  - The prevalence of hypertension and elevated LDL cholesterol was similar for the insured and uninsured
  - Proportion of those who obtained treatment and achieved control of these risk factors was lower among the uninsured.
  - Medicaid expansion under the Affordable Care Act (ACA) was associated with a decline in the proportion of uninsured hospitalizations for major cardiovascular events such as heart attack, stroke and heart failure

CHRONIC CARE FOR DIABETES

- Diabetes
  - Two million American adults <65 years of age are reported to have diabetes and no health insurance coverage
  - Significant public health and economic ramifications
  - Compared to their insured counterparts, uninsured people with diabetes have
    - 60% fewer physician office visits
    - Prescribed 52% fewer medications
    - 168% more emergency department visits
  - Cost of medications without insurance $1700.00 for 3-month supply

CHRONIC CARE FOR END STAGE RENAL DISEASE

- End stage renal disease
  - In the United States, public health insurance is available for nearly all persons with end-stage renal disease (ESRD).
  - Little is known about the extent of health insurance coverage for persons with non-dialysis dependent chronic kidney disease (CKD).
  - More than 10,000 uninsured patients sought care at Texas emergency departments for life-saving kidney dialysis in 2017, incurring more than $21.8 million in hospital costs
  - Medicare spends approximately $35 billion annually on care for beneficiaries with end-stage renal disease, or kidney failure
  - Preventative medicine is key to managing these cost

CHRONIC CARE FOR HIV PATIENTS

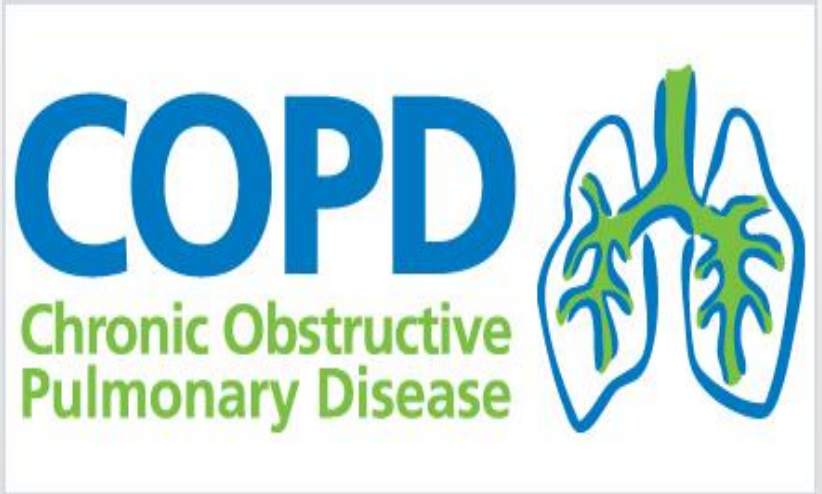
- HIV
  - Health insurance and access to care improve health outcomes, including viral suppression, for people with HIV in the United States
  - People living with HIV/AIDS in the United States have historically had limited access to insurance coverage.
  - Medicaid represents the most common source of coverage for people living with HIV/AIDS
  - Main factor driving increased coverage for people with HIV has been the ACA's Medicaid expansion which is in jeopardy
  - Ryan White HIV/AIDS Program plays a major role in providing outpatient care and support services to people with HIV

CHRONIC CARE AND MENTAL ILLNESS

- Mental illness
  - The 2015 National Survey on Drug Use and Health (NSDUH) found that about 43.4 million adults (17.9%) in the United States had mental illness
  - More prevalent among women (21.2%) than men (14.3%)
  - 20% of adults ages 18 to 25
  - 20% of adults ages 26 to 49
  - People with mental illness are less likely to have health insurance than those without mental health problems
  - 37 percent of working-age adults with severe mental illness were uninsured for at least part of the year

CHRONIC CARE AND COPD

- COPD
  - Symptoms and smoking history are insufficient to diagnose COPD.
  - Prevalence of COPD over diagnosis among uninsured patient populations may be higher than previously reported.
  - Uninsured patients are being treated with anticholinergic medications unnecessarily
  - COPD diagnosis with spirometry is essential to avoid unnecessary and potentially harmful treatment.
  - Advair, which costs on average $286 a month; Combivent, an emergency inhaler that costs $243; and Spiriva, which costs $286.
  - Without insurance, you would have to pay $815 a month for these medications.



CHRONIC CARE AND ASTHMA

- Asthma
  - National estimates show that Americans with asthma are more likely to have health insurance than those without asthma.
  - Many people with no insurance use the ER as their primary care
  - Many patients have multiple admissions into hospital due to poor management control

HOSPITAL-BASED CARE

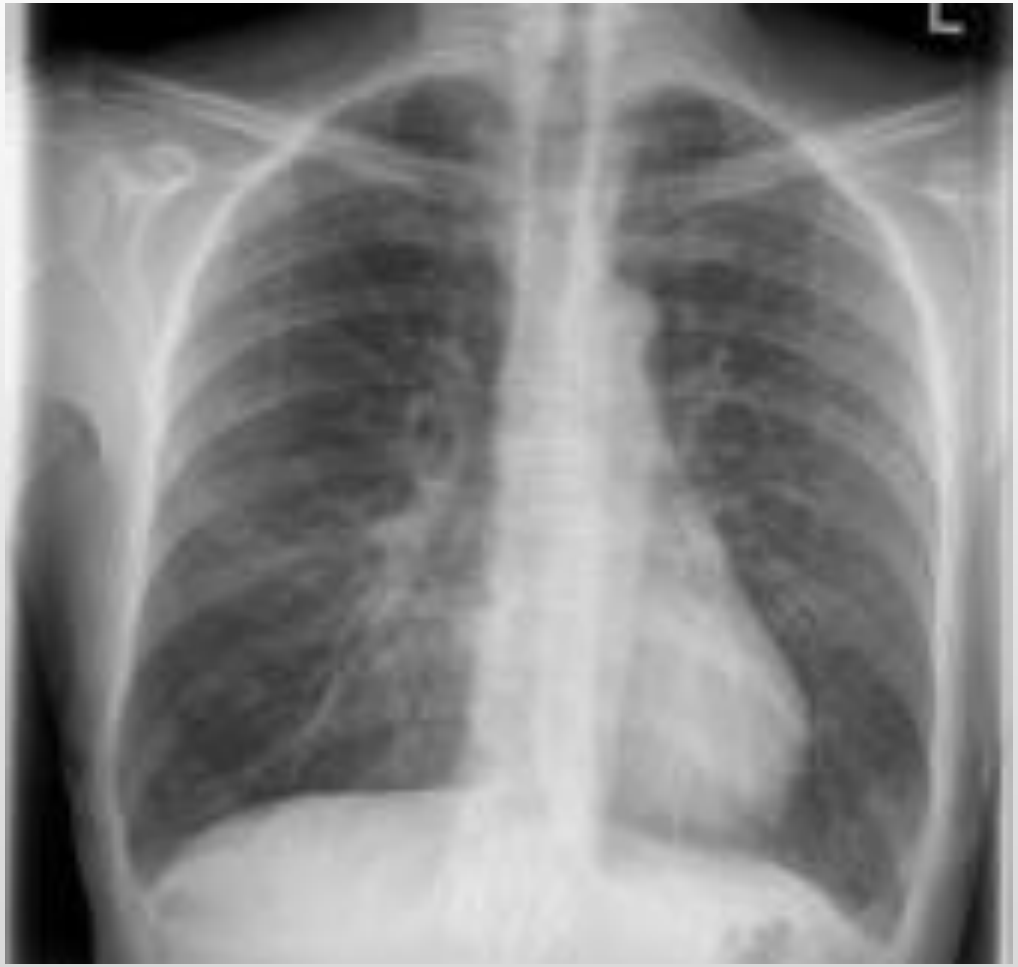
- Finding: Uninsured patients who are hospitalized for a range of conditions:
  - Experience higher rates of death in the hospital
  - Receive fewer services
  - More likely to experience an adverse medical event due to negligence than are insured patients.
- Emergency Care
  - New research adds to a growing body of evidence suggesting that the expansion of Medicaid under the Affordable Care Act (ACA) helped low-income families rely less on emergency department visits for medical care.

Case Study Ms. Williams

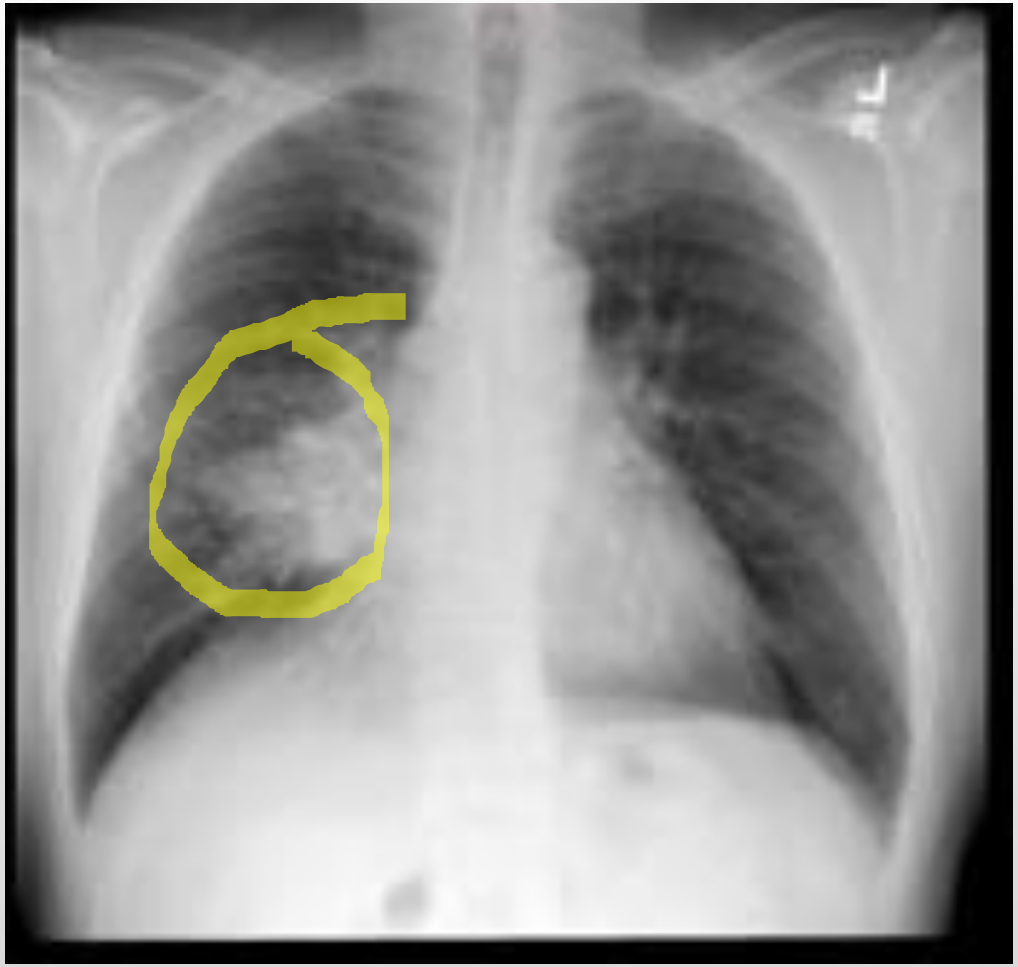
- Mrs. Williams looks older than the 50 years and is gaunt and pale she appears.
- Mrs. Williams reports that she has had no serious illnesses or surgeries but admits that she has been a 2-packs-per-day smoker for the past 30 years.
- After performing a physician exam, Dr. Garrison tells Mrs. Williams that she would like to order a chest x-ray and a complete blood count because she is concerned about the possibility of pneumonia.
- "Pneumonia? Again? I've had that 2 times in the last year." Mrs. Williams exclaims.

Case Study Ms. Williams

- Mrs. Williams was treated for pneumonia 4 months ago.
- Dr. Garrison orders the chest x-ray
- She sees an abnormal area in the right middle lobe.
- In the previous film it had been read as "anatomic variant, likely related to pectus excavatum," with an infiltrate distally.



Case Study Ms. Williams



- Distal infiltrate is gone, but the area originally read as "anatomic variant" appears larger and more defined.
- Dr. Garrison is concerned about the possibility of a mass.
- Could this be lung cancer or is it just another pneumonia?

Case Study Ms. Williams

- "Mrs. Williams, I was just comparing your chest x-ray to the one you had before in our office. I am concerned about an area that just doesn't look right to me.
- It could be that you have pneumonia again in an area of your lung that is a little abnormal and prone to getting infections.
- I'm going to treat you with antibiotics, but, given your smoking history,
- I'm also worried, honestly, about the possibility of a cancer. I'd like to do a CT scan of your chest, so we can get a better idea of what's there."

Case Study Ms. Williams

- Mrs. Williams is silent for about a minute. "Dr. Garrison, I've thought about lung cancer because my cousin just died of that, and he smoked a lot too.
- But I don't have any health insurance. I just started a new job and I'll be eligible for health insurance in 90 days.
- I really cannot afford the cat-scan now. So, can we wait to get the CT scan until after I have insurance?
- My cousin didn't have insurance and their family went bankrupt paying for his treatments. Now he's dead and his wife and kids got nothing.

Case Study Ms. Williams

- What are Ms. Williams options?
- Is this case unique?
- What role does charity care play into this scenario?
- What would you do?
- Is this an example of delayed treatment?

Summary

- Consider that preventive care is better than acute care
- Know your resources in seeking out free coverage
- Manage chronic illness

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