

Episode 22: 6 Issues with the U.S. Healthcare System - Repercussions and Options



Note: This is a machine transcription. Please excuse any punctuation or other weirdness:)

Intro:

In the last decade, the U.S. has taken measures to improve healthcare and the consumer experience. However, studies show that only seven percent of Americans are satisfied with the current healthcare system. The desire for change even crosses political lines and from multiple political affiliations...all agree the healthcare system needs changes or a complete overhaul.

The public perception of U.S. healthcare also hasn't changed much since 1994. That's 29 years that options have not changed about our healthcare system. According to a Gallup poll, seven in 10 think the current healthcare system is "in a state of crisis"

And isn't it telling that 47M people are predicted to be uninsured or underinsured in 2023... the confidence in our system is at an all-time low...and people are struggling going without care, not managing chronic illnesses and ending up in the ER or worse...

Get Savvy...Demystifying Healthcare – 30 second commercial

Are you tired of the high cost of healthcare? Are you overwhelmed trying to navigate a complicated healthcare system?

Welcome to Get Savvy...Demystifying Healthcare weekly podcast where we take complicated healthcare topics and make them simple.

Imagine if you could stop feeling paralyzed with fear and frustration and instead be empowered to make smart healthcare decisions for you and your family.

Get Savvy with your host, Sandy Kibling, a healthcare professional changing how healthcare knowledge is shared.

Hello and welcome to Episode 22, 6 Issues with the US healthcare system repercussions and options. I am a firm believer that the best decisions you can make are based on not what it is you assume, but what it is you know.

If you know what is broken in our healthcare system, then you can navigate and find alternative options so you can get the care you need and advocate for positive change.

What we will discuss:

- 1) The 6 issues with our healthcare system.
- 2) Considering the issues, what are the repercussions and what are your options?
- 3) The power of being a Savvy Health Care Consumer.

Let's Get Started:

1) Difficulty Affording Medical Costs – the high cost of healthcare is the primary reason that prevents Americans from accessing health care services.

The cost of care can lead some adults to skip or delay seeking services. One-third of adults say they or another family member living in their household has not gotten a medical test or treatment that was recommended by a doctor in the past year because of the cost, while about four report that they or a family member in their household has put off or postponed needed health care due to cost.

Repercussions:

Skipping an appointment may result in undetected high blood pressure leading to a stroke or not managing asthma can lead to breathing issues or worse landing in the ER due to a severe asthma attack. Putting off those preventative exams like a mammogram or colonoscopy can lead to a diagnosis of breast cancer that if diagnosed earlier could have had better outcomes.

Believe me I understand the cost of care and having to choose between paying for kids activities, school lunches, keeping a family pet or putting gas in the car to get to work.

It's hard and it likely seems every day the system is working against you.

I believe that it is.

Options:

- 1) Leverage your local state resources – that may have programs to help you offset healthcare costs.
- 2) Find a Community Health center that provides low cost or no cost care for you.
- 3) Talk to your provider's office or the facilities billing office and ask for a discount and or a payment plan. Usually, they are willing to work with you.

Episode 19: No Healthcare Insurance, What Are Your Options

2) Prescription Drug Costs - For many U.S. adults, prescription drugs are another component of their routine care. Among those currently taking prescription drugs, one in four say they have difficulty affording their cost, including about one third who take four or more prescription drugs that can cost \$250 - \$450 a month.

Did you know... drug corporations have the monopoly on pricing power, spending billions to get laws passed and regulating terms that benefit them and not you.

The key leveraging point is they use is a law that says Medicare can't bargain directly on prices. You may have seen this on your local ballot where politicians are trying to change this, but thus far no success.

The reason for this is the drug corporations dictate prices to Medicare. Once the price is set for Medicare, it ripples down the whole healthcare system.

To expand on this briefly, provider offices are paid per their contracts with the insurance companies based off that Medicare fee and drug schedule. This results in what they pay to buy the medications for you, what your insurance will allow them to be paid, and what your out of pocket will be.

If Medicare can't negotiate for lower rates, the drug corporations control the cost that don't benefit you, your provider, or the insurance company.

Repercussions:

The rising and unpredictable costs of prescription drugs also leads some people to cut back on their medications in various ways such as cutting their pills in half, taking a daily dose but spreading it out by taking every other day reducing the effects it may have to treat a chronic illness, potentially doing more harm than good or in some cases people try to obtain medications outside of a clinical setting.

Options:

There are options versus going without prescriptions. You can price shop using drug discount programs like GoodRx, Single Care and Mark Cuban's Cost-Plus Drugs.

I appreciate that Mark Cuban and team are investing dollars to interrupt the pharmaceutical industry and providing options for consumers to get the prescriptions medications needed to manage their healthcare needs.

I personally use some eye drops that I need daily, twice a day to keep my pressures down due to ocular hypertension. The drops retail at \$75 but purchasing Cost Plus Drugs I was able to get for \$16, a \$59 savings.

Episode 3: Cost Plus Drugs...Get Your Medications at Manufacturers Cost.

3) Healthcare Debt – in June 2022, KFF released an analysis of the [KFF Health Care Debt Survey](#), a companion report to the investigative journalism project on health care debt conducted by KHN and NPR, Diagnosis Debt.

This project found that health care debt is a wide-reaching problem in the United States and that 41% of U.S. adults currently have some type of debt due to medical or dental bills from their own or someone else's care, including about a quarter of adults who say they have medical or dental bills that are past due or that they are unable to pay.

There are many who have bills they are paying off over time directly to a provider and some report debt owed to a bank, collection agency, or other lender from loans taken out to pay for medical or dental bills, while others say they have health care debt from bills they put on a credit card and are paying off over time with high interest rates.

Repercussions:

The stress of the added monthly payments or guilt of owing a family member is an added layer of stress that is just not needed.

Also, sometimes you don't know what options you have or you are desperate to get the care you need but can't and forced to live in fear of a suspicious mole or lump that you can't get checked out or living with chronic and debilitating pain or both.

Options:

One big mistake made if you have medical debt is ignoring medical bills until they get sent to collections. It's best to work out how you can pay your medical debt (or determine if you can't pay your debt) before it gets to the point of going to collections.

Also don't be afraid to advocate for yourself and ask for options. Remember providers want to be paid, don't settle for the billed amount ask about options. I cover some key tips in:

Episode 11: Pricing Your Procedure & Tips for Reducing Medical Costs

4) Lack of Insurance Coverage - The majority of U.S. citizens have health insurance; however, the premiums are rising, and the quality of the insurance policies is falling.

In addition, average annual premiums for family coverage have increased, outpacing inflation and workers' earnings.

Also, health insurance coverage is not equitable; minorities and deprived families lack insurance coverage. As a result, they face more health hardships than other insured Americans. Sadly, the uninsured may not seek medical care due to high costs and avoid regular health screenings. They are also unlikely to access preventive health services as well.

Repercussions:

Lack of health insurance is associated with increased mortality, ranging from 30-90 thousand deaths per year. The number of people without health insurance coverage in the United States is one of the primary concerns raised by advocates of health care reforms and policymakers. In 2023 42M are predicted to be uninsured or have no healthcare insurance...what are your options?

Options:

Leveraging the options mentioned earlier with community centers and local resources. Also, physicians are rising up against the standards of care and healthcare insurance companies.

They are choosing to provide alternative options for care that may allow you to get access to care you need and more affordably with monthly payments often lower than a monthly healthcare insurance premium.

Episode 20: Direct Primary Care Model – Is This The Model For You?

Episode 9: Patient Care Equity or Inequity

5) Lack of Transparency and inflated costs - Fraud and cover-ups are widespread in the U.S. healthcare system. For example, a significant problem in upcoding between providers and insurance providers.

The providers “upcode” a procedure to get more money from insurance companies, but insurance charges higher premiums from employers.

An example of upcoding may be say a dermatologist who bills for the removal of 12 skin tags versus the 6 that actually required removal. In this situation healthcare consumers get stuck in the middle without any control over health outcomes and pricing. In our current system sadly, physicians are paid on quantity and not quality.

Repercussions:

You pay more money for a procedure and or spend painful hours calling your insurance company, or providers office trying to resolve the issue. Finally exhausted at being on hold for hours or getting different answers depending on who you talk to, you just pay the bill to be rid of the situation and your medical costs continues to rise.

Options:

Trust but verify. Understand the patient estimate you receive from the provider and how to compare it with the Explanation of Benefits (EOB) you receive from your healthcare insurance company. Know the questions you need to ask and be assertive.

Episode 12: Breaking Down The Mystery of the Medical Bill

6) Difficulty Finding a Physician or Specialist - With a lack of accessible doctor credentials and accomplishments, healthcare consumers cannot easily find a good doctor.

Instead, consumers rely on uninformed online reviews that can help with assessing traits like staff friendliness and wait times. But, these platforms do not evaluate a physician’s skill level in helping people with their health disorders.

In addition, a new study projects a shortfall of up to 139,000 physicians by 2033. According to the study, more physicians are reaching retirement age. More than 2 of 5 active physicians will be 65 or older within the next decade. Each doctor’s retirement plans affect the health system.

The growing concerns about specialists' burnout are also rising. The shortage of medical specialists has also affected America's healthcare workforce, leading to a range of problems, from limited patient access to poorer outcomes.

The increasing lack of physicians and medical experts over the last two decades has demonstrated that the medical system needs to increase the number of physicians to ensure safe and quality health care services. Unfortunately, despite ongoing efforts by many healthcare leaders and academics to find long-term solutions, there doesn't seem to be a solution in sight.

In my own physician consulting business, I have had recently 3 of my practices close their office doors due to the administrative burden the healthcare insurances makes for them whether it is appealing claims paid incorrectly or the prior authorization process. They also cannot get market rate reimbursement and unfortunately write off services provided leaving them no option but to close their practice.

Repercussions:

You cannot find the provider that meets your needs, or it is more challenging, or you have to wait for months to see your provider or post pone a surgery for a period of time to have the surgery performed by your preferred surgeon.

There is also the issue of the rushed visit from your provider and you feeling like you are not getting the care you deserve.

Options:

Be your own advocate. While we can't change the predicted shortage, getting the best care is dependent on a provider and patient shared relationship. A provider and patient working in partnership and proactively to allow you to live your best life.

There are options you can take to better manage that provider visit to address your needs.

[Episode 12: Shared Decision Making The Provider and Patient Relationship](#)

The Power of Being a Savvy Healthcare Consumer is:

Knowledge

I know that sounds boring and I wish that our healthcare system was not so broken and expensive and that there were options for you to navigate the healthcare system and get the care you need for you or your loved ones.

The sad truth is that there is no healthcare reform in sight and state mandates for care like capping insulin costs are helpful but truly a bandaided fix for a broken system.

I would also add that all the healthcare dollars you spend on your monthly premiums does not mean they your healthcare insurance company is working for you. Sadly the administrative fat at the healthcare insurance companies and lack of accountability and efficiencies only means rising healthcare premiums for you and no reimbursement relief for the providers that care for you.

On a positive note there are many companies, individuals and or technology creating healthcare disruptors – which provide options for you to get care more efficiently and affordably.

Episode 4: Healthcare Disruptors...Changing How You Access and Afford Healthcare Needs

My point in sharing all of this is really my end goal of this podcast is to make sure you have the knowledge you need to not be paralyzed with fear and frustration but knowledgeable and empowered to make smart healthcare choices.

In our next episode we will start our guest series where we will bring in guests who share their own healthcare stories and how they navigated the healthcare system to get the help they need. Make sure you follow so you don't miss an episode.

Until next time...Get Savvy