

## Are patients tired of spending too much?

Written by Trudy Lieberman

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### Rural Health News Service

The conversation around health care and what we pay for it is beginning to change. The realization that we pay way more than other countries for the same services is beginning to sink in. Why do Americans on average pay \$8,143 for hospital and physician services for cataract surgery while the Swiss pay \$2,566 and the French only \$1,938? By all accounts, outcomes are similar.

For too long Americans have accepted these high price tags for medical care without asking questions. Politicians have justified them saying American quality is better. But studies by many organizations have shown that justification doesn't necessarily hold up, and in the last year or so I've detected a pushback from the public.

Last spring came the expose of hospital and pharmaceutical prices in Time magazine by journalist entrepreneur Steven Brill. One piece I wrote about Brill's 36-page story got more than 13,000 hits on one website that reprinted my post. Brill told me that was indicative of interest from the public he received. People want to know why medical care cost so much.

At the end of last year a 20-year-old Californian named Nick Gonzales had his appendix removed at Sutter General Hospital in Sacramento. The bill for a 24-hour stay: \$55,029.31. His family's insurance policy covered a good chunk of it, but he still was left with \$11,119 to pay out of pocket.

At the end of last year he posted his bill on the link-sharing community Reddit, saying "I never truly understood how much healthcare in the U.S. costs until I got appendicitis in October. I'm a 20-year-old guy. Thought other people should see this to get a real idea of how much an unpreventable illness costs in the U.S." His \$55,000 bill went viral much to the chagrin of the hospital.

Two weeks ago Dr. Rita Redberg, a prominent cardiologist at the University of California, San Francisco Medical Center, and a colleague penned an op-ed in the New York Times with the catchy title "We are Giving Ourselves Cancer." Her piece was about the overuse of CT scans in

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the U.S. “CTs, once rare, are now routine,” she wrote. One in 10 Americans undergo a CT scan every year, and many of them get more than one.”

Not only are many unnecessary, and add to the country’s national health care tab, but they also deliver high doses of radiation Redberg writes. She reports that the use of medical imaging with high dose radiation, particularly CT scans, has soared in the last 20 years resulting in exposure to medical radiation that has increased “more than six-fold between the 1980s and 2006 according to the National Council on Radiation Protection & Measurements.”

CT scans are becoming common in emergency rooms where patients are getting scans at rates that are five times higher than in the mid 1990s, Kaiser Health News reported in 2011. While some use surely saves lives, Kaiser noted that doctors’ fears of malpractice suits, patients’ demands for the tests and the presence of more machines and the financial pressure on hospitals to use them boost their use.

Patient demand? Hummm! Redberg had a suggestion, which I agree with. Since patients are becoming more aware of the high costs they must pay out-of-pocket, they must ask if a recommended test, whether a CT scan or something else, is really needed. Clearly Nick Gonzales needed his appendix removed. But for many patients there’s time to weigh the benefits, safety, and costs of what physicians recommend.

Redberg suggested patients consult a website called <http://www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx> Choosing Wisely, sponsored by the ABIM Foundation which furthers medical professionalism. Working with the medical specialty societies, Consumer Reports, the AARP, and other organizations the foundation has created the website to help patients make smarter decisions about medical tests especially those commonly overused.

When it comes to CT scans Redberg advises asking: Will the scan lead to better treatment and outcome? Can you get the recommended therapy without the scan? Is there an alternative that doesn’t involve radiation such as ultrasound or an M.R.I.? Can radiation exposure be minimized if a scan is necessary?

Come to think of it, these questions can be adapted for other tests too. I’ll add another. Because

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of the Great Cost Shift from insurance companies to patients, you might want to ask how much of the bill you'll have to pay yourself. And if you feel inclined to use social media, there's always a way to alert others to the high cost of medical care.