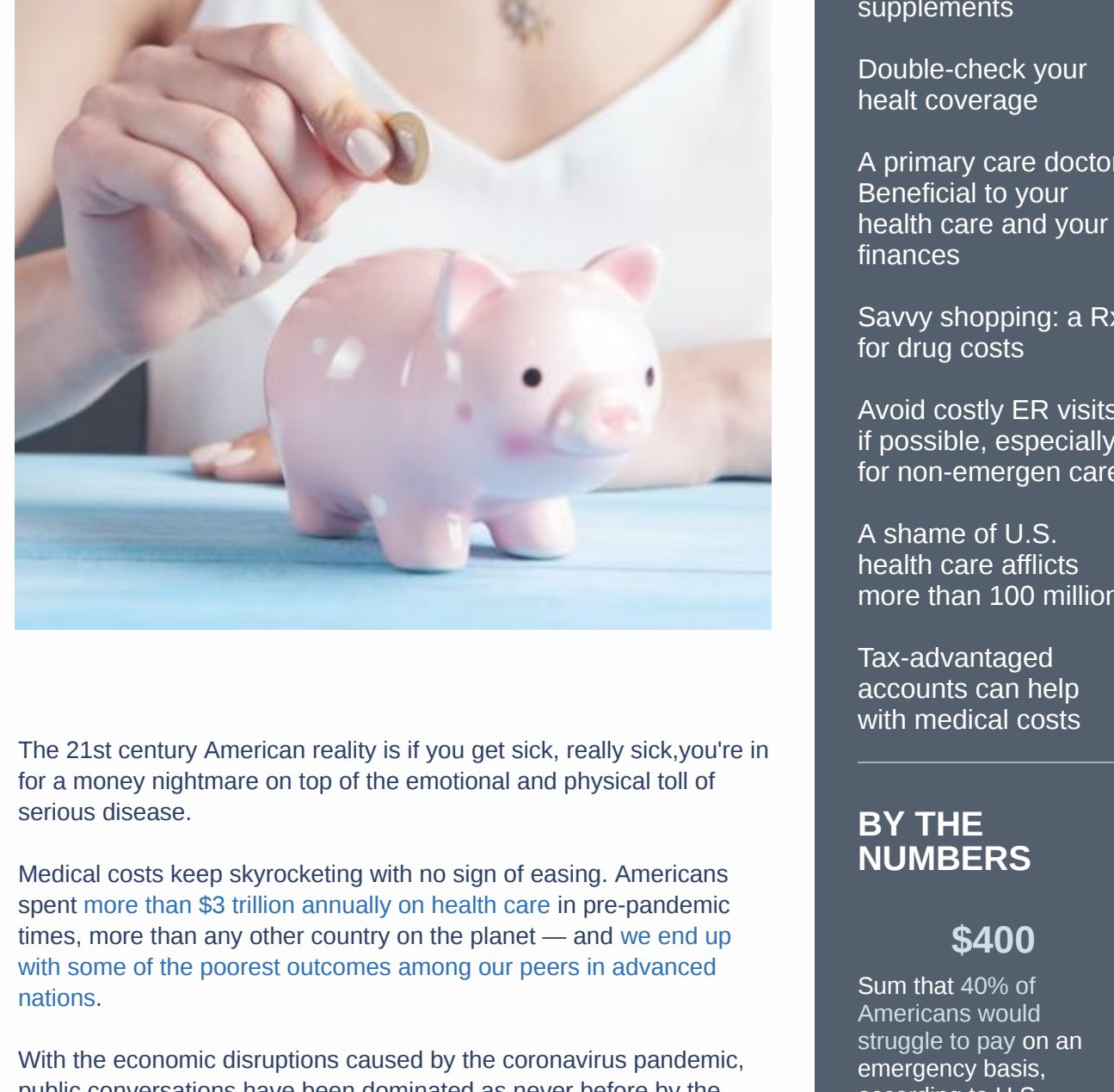


PATRICK MALONE

Better Healthcare Newsletter from Patrick Malone



The 21st century American really has to pay get sick, really sick, with in for a money nightmare on top of the emotional and physical toll of serious illness.

Medical costs keep skyrocketing with no sign of easing. Americans spent more than \$1 trillion annually on health care in pre-pandemic times, more than any other country in the planet — and an end in sight with the onset of the pandemic.

With the economic dislocations caused by the coronavirus pandemic, public conversations have been dominated as never before by the issue of how health care costs play in our lives. The discussion has become even more painful with recent news stories detailing a collapse of the system: medical debt that tortures more than 100 million Americans — 43% of all adults — and drives them relentlessly into economic peril.

As consumers from coast to coast also are getting stymied by soaring inflation, can regular folks really get the best outcomes for their health care dollars, and most importantly, is that even possible?

They can, as the fact examples in this newsletter suggest. It may take a little effort to optimize your spending, avoiding wasteful expenditures, right-checking what your expensive medicine costs, and not only finding good doctors and pharmacists but also getting them to help you with your primary financial issues that affect your medical care.

Of course, here's hoping that you and yours stay healthy in the year ahead and beyond, so you do not need to fret about health care costs.

1. Ditch the shelf full of supplements

Big Pharma and other profit-seeking purveyors of health-related nutraceuticals have shown the world that Americans love taking pills. Far too many of them.

Medical scientists long have criticized the Federal Food and Drug Administration for failing to control the booming nutraceutical industry on doctor or pharmacist. Consumers are misled by the claims annually, or about \$100 per person. Despite claims manufacturers make, the scientific evidence says the supplements are ineffective, unproven, and often harmful.

The respected U.S. Academic Societies Task Force, an elite and independent group advocating the federal government on screening, testing, and other medical services, has just recommended more than 100 scientific studies on pills popped to improve users' health and prevent disease. The group gave a D rating to taking beta-carotene (vitamin E) to prevent cancer or heart disease, saying it should not be done. The experts also said, "The current evidence is insufficient to assess the balance of benefits and risks for providing patients with nutraceutical supplements for the prevention of cardiovascular disease or cancer."

Some, in specific cases, doctors may advise patients to take supplements to deal with deficiencies or specific health conditions. But even a cursory scan for rigorous evaluations will show the extreme and overwhelming evidence for bogus supplements — say, for Warming Up, a supplement that claims to boost metabolism, or for Warming Up, a supplement that claims to boost metabolism, or for Warming Up, a supplement that claims to boost metabolism.

2. Double-check your health coverage

While health insurance can be a major way to protect yourself from bankrupting medical costs, don't throw away hard-earned dollars on policies that promise a lot but fail to deliver.

The former presidential administration, which never produced its own alternative to the Affordable Care Act that it loathed, did its best to make its own policies as attractive as possible. Health policy pushed them "Savvy" plans. The problems with these policies, and the other major health insurance plans, are that they don't offer the same level of financial protection as the ACA requirements. Many plans offer more health insurance than the ACA requirements. Many plans offer more health insurance than the ACA requirements. Many plans offer more health insurance than the ACA requirements.

Buyers also should be wary of another kind of ACA-uncompliant coverage — so-called "enhanced" policies offered by those of faith, religious groups, parishes, or assistive health care providers. These high health care costs, have essentially pooled members' money and created plans that, effectively, sell insurance or "share" participation health care costs. But patients with major illnesses and their loved ones have had themselves broke and out in the cold when the plans have declined to cover the medical bills. The major reason: as the Kaiser Health News service has reported, aren't considered by most states to be a valid health insurance policy. This also means it's hard for regular folks to get a plan that is not considered by most states to be a valid health insurance policy.

By the way, take time to examine the information package your health insurance provider sends you annually. Your insurer will want to be a good friend. But companies that promise services and coverage that you might overlook and that could save you money, for example, where on the border about calling your doctor about a non-emergency issue, your insurer may offer telehealth services with a salaried nurse or pharmacist instead of your doctor. You may be able to get a second opinion under the ACA, that you're entitled with medical services deemed to be preventive — including blood pressure testing and colonoscopies — and women's reproductive health care.

Pro tip: Be aware that "out-of-network" services can turn into a costly surprise if you don't pay for them. Be especially careful with dental and vision services.

3. A primary care doctor: Inexpensive and your health care and your finances

It can't take time and energy to do so. But finding a good primary care doctor (for money) and an excellent practitioner for the kids can benefit patients' health — and hold down medical expenses — research shows.

Primary care doctors are critical, undervalued, and badly needed part of our health care system. Every patient who sees a primary care doctor should be told that the doctor is a primary care doctor. The academic discipline themselves as "family" medicine physicians that provide expert advice on some of the most pressing challenges facing the nation and world. "As medicine has become expensive, specialized, and fragmented, patients need a primary doctor to provide them with holistic care. They can help steer them through a thicket of options if they have chronic, acute conditions or injuries, the academics provide. Patients take the time to find and build a relationship with their primary care doctor — especially if they have a chronic condition — can help them deal with their medical needs without changing them in a way of specialists, often resulting in costly tests and exams as well as invasive, invasive health. Patients, especially as they age, may turn increasingly to specialists like cardiologists and pain firms into their primary care doctors. This can mean higher costs and less continuity in their care, though.

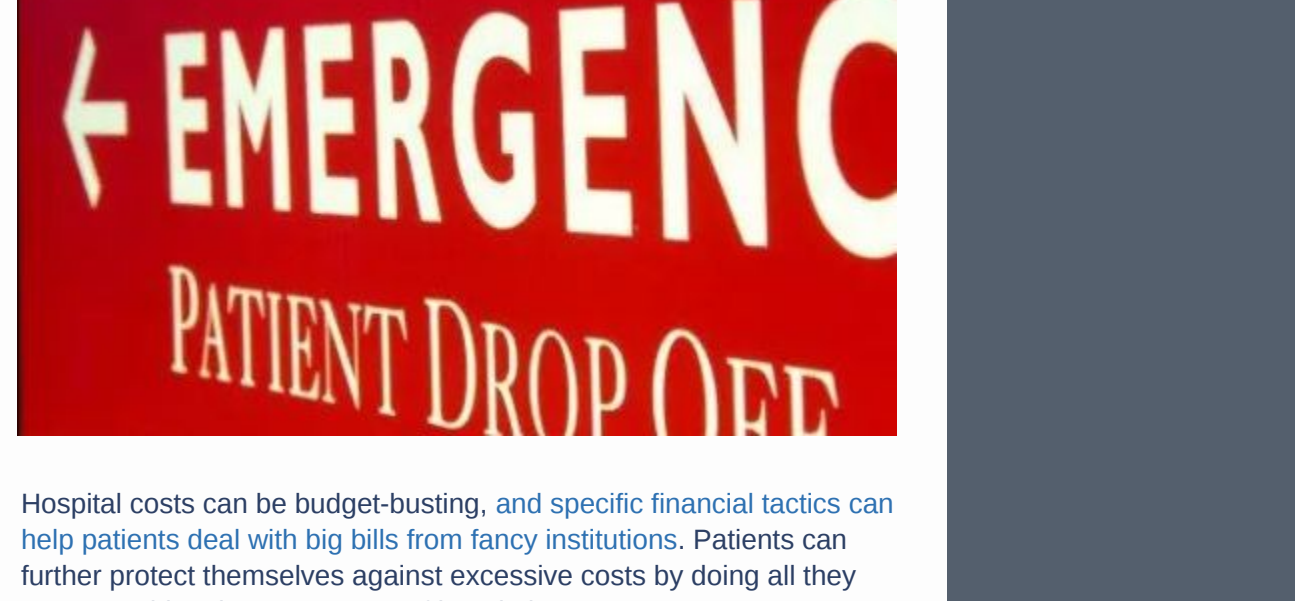
"Greater use of primary care is associated with lower costs, higher patient satisfaction, lower hospitalizations and emergency department visits, and lower medication use." According to the non-profit, independent Primary Care Collaborative, it is a concentration of medical specialists, group, insurers, pharmaceutical companies, major corporations, patient advocacy organizations, and other parties deeply involved in the health care system.

Simply put, patients find it daunting enough to make important, private medical concerns with doctors, especially if patients barely know them, much less trust them, and the prospect of routine doctor visits limits the time spent with patients. This also means it's hard for regular folks to talk to doctors about what they need to do to improve their health. The more and the cost of major health care. Patients should not hesitate to discuss finding a primary care doctor who can help them deal with their medical needs without changing them in a way of specialists, often resulting in costly tests and exams as well as invasive, invasive health. Patients, especially as they age, may turn increasingly to specialists like cardiologists and pain firms into their primary care doctors. This can mean higher costs and less continuity in their care, though.

Patients will be surprised to learn that paying cash out of pocket can be cheaper than relying on their health insurance coverage for drugs. They can try online resources, including the popular GoodRx website to compare prices between pharmacies. The site also provides information on generic medicines. It is a good idea to get a prescription discount card as well as the American Cancer Society's Prescription Discount Card. The site also provides information on generic medicines. It is a good idea to get a prescription discount card as well as the American Cancer Society's Prescription Discount Card.

Patients with serious diseases can talk with their specialist about the possibility of participating in clinical trials. Drug makers and investigators, in exchange for vital information they gather from patients in these test programs, often provide novel or innovative medications, substantially underwriting all or part of their costs, as well as giving participants heightened care. Many of the drugs prescribed for advanced cancer care come with crushing costs, contributing to what specialists acknowledge as a "financial toxicity" in treatment. This means the need to hedge for patients, their loved ones, and doctors to have talk, sustained discussions about cancer care and its costs.

5. Avoid costly ER visits, if possible, and especially for non-emergency care



Hospital costs can be budget-busting, and savvy financial tactics can help patients deal with bills from hospitals. Patients can avoid the high prices of emergency rooms, which are often the most expensive part of a hospital stay.

Because of the enormous expense, pain, and other reasons they may also be the most expensive part of a hospital stay. Patients can avoid the high prices of emergency rooms, which are often the most expensive part of a hospital stay.

Let's be clear: certain symptoms and conditions cannot be ignored and do require emergency treatment (click here for more information). In another of my newsletters, notably the section on "Be aware and act on those symptoms," I discuss symptoms that require a visit to an ER or other care facility. This includes symptoms like chest pain, difficulty breathing, or other serious symptoms that require a visit to an ER or other care facility.

But dealing with other kinds of health conditions early — in a visit to your doctor or a health clinic other than when they have turned bad — can be a big deal for your well-being and finances. Don't wait until the middle of the night or during a long weekend or holiday for an illness or injury to go to the ER. Call your doctor or a health clinic for advice. If you have a good primary care doctor, you can talk with her in advance about dealing with urgent medical needs. Dedicating positions to help patients deal with urgent medical needs, including primary care or physician assistants — if you are small and your regular practitioner can't see you quickly?

If you've got transportation or other young folks in the house, your doctor or pediatrician, or other trusted patients can refer you to nearby urgent care facilities. These centers typically offer lower-cost care for illnesses and injuries, especially when your doctor is not available. Be sure to call before you go, as many urgent care centers have wait times that are longer than you expect. Be sure to call before you go, as many urgent care centers have wait times that are longer than you expect.

Urgent care and other commercial clinics, notably those in big-chain pharmacies and in a suburban or city setting, established relationships with a doctor who can, for example, help you and your loved ones with preventive care that will save you money and help you get ahead. This is true for the pediatrician, the dentist, the gynecologist, the dermatologist, and treating troublesome or chronic conditions.

A share of U.S. health care afflicts more than 100 million

The sky-high costs of health care in the country are piling patients with pressure. Many Americans are unable to pay for their health care, leading to financial hardship and, in some cases, homelessness.

PHU investigation reveals a problem that, despite new attention from the White House and Congress, is a new problem that previously unnoticed. This is because most of the debt that patients carry is hidden as credit card balances, loans from family, or payment plans to hospitals and other medical providers. To calculate the true burden of medical debt, the KHN-led investigation drew on a nationwide survey of patients and their families. The survey was conducted by KHN (Kaiser Family Foundation) for this project. The data was analyzed to find out how many patients and their families are struggling to pay for health care and how new analyses of credit card bills, hospital bills, and credit card data by the Urban Institute and other researchers provide a clearer picture of the health care debt crisis. The survey was conducted by KHN (Kaiser Family Foundation) for this project. The data was analyzed to find out how many patients and their families are struggling to pay for health care and how new analyses of credit card bills, hospital bills, and credit card data by the Urban Institute and other researchers provide a clearer picture of the health care debt crisis.

"Debt weighs in U.S. countries with the highest rates of income inequality. The debt is also often accruing on credit cards. And it's preventing Americans from saving for retirement, investing in their children's education, or paying the traditional building blocks for a secure future, such as borrowing for college or buying a home. Debt from health care is nearly twice as common for adults under 30 as for those 65 and older... Patients, most importantly, medical debt is blocking patients from care. About 1 in 7 people with health care debt are being denied access to a hospital doctor, or other provider because of unpaid bills, according to the poll. An even greater share — about 40 percent — have cut out of care, they or a family member need hospital care."

This initial segment of the report series by KHN and NPR reported that a "highly leveraged" and "shadow" industry is growing by targeting and harassing those with medical debt, which patients, loved ones, and friends take on — and then can't ever seem to shed, whether the sum is small or whopping.

The new toll that health care debt exacts not only on the poor and working poor but also those in the middle class and even the relatively wealthy, the report says. Because of the high rates of new health care debt, the report says, it is increasingly difficult for people to pay their health care bills, which can lead to financial hardship, job loss, and other consequences. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

These 100 million people are struggling to pay for health care. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

These 100 million people are struggling to pay for health care. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

These 100 million people are struggling to pay for health care. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

These 100 million people are struggling to pay for health care. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

These 100 million people are struggling to pay for health care. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

These 100 million people are struggling to pay for health care. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

These 100 million people are struggling to pay for health care. The report says, "The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences. The report says, 'The high rates of new health care debt are a major cause of financial hardship, job loss, and other consequences.'"

IN THIS ISSUE

Ditch the shelf full of supplements
Double-check your health coverage
A primary care doctor: Inexpensive and your health care and your finances
Savvy shopping: a Rx for drug costs
Avoid costly ER visits, if possible, and especially for non-emergency care
A share of U.S. health care afflicts more than 100 million
Tax-advantaged accounts can help with medical costs

BY THE NUMBERS

\$400 Sum that 43% of Americans would recommend that you open an emergency fund, according to a survey by the Emergency Reserve.
\$1,389 Average cost estimate for treatment of \$100 to \$500 covered costs out of pocket. The rate is 18 percent, or 20 percent, or 20 percent, or 20 percent.

29% Percentage of patients in 2021 national survey who reported that they failed to take prescription drugs as instructed. The rate is 13 percent, or 13 percent, or 13 percent, or 13 percent.

\$7.2 billion Estimated total that employees would have to pay for health care, according to a survey by the Kaiser Family Foundation. The rate is 13 percent, or 13 percent, or 13 percent, or 13 percent.

QUICK LINKS

Read an excerpt from my new book, "The Life You Save"
New Report: Fixing the Best Medical Care — and Avoiding the Worst
UICU
UICU
UICU
UICU
UICU
UICU
UICU
UICU
UICU
UICU

LEARN MORE

Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine
Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine

PAST ISSUES

Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine
Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine

APPLY YOUR KNOWLEDGE

Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine
Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine

ABOUT US

Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine
Read our Patient Safety Blog, which has news on patient safety from the frontlines of medicine