Translate ▼ f 💆 in 🖇 🛗 🔊 Call Us Today **202-742-1500** Better Healthcare Newsletter from Patrick Malone IN THIS ISSUE Ditch the shelf full of supplements Double-check your healt coverage A primary care doctor: Beneficial to your health care and your finances Savvy shopping: a Rx for drug costs Avoid costly ER visits, if possible, especially for non-emergen care A shame of U.S. health care afflicts more than 100 million Tax-advantaged accounts can help with medical costs The 21st century American reality is if you get sick, really sick, you're in for a money nightmare on top of the emotional and physical toll of serious disease. BY THE NUMBERS Medical costs keep skyrocketing with no sign of easing. Americans spent more than \$3 trillion annually on health care in pre-pandemic times, more than any other country on the planet — and we end up \$400 with some of the poorest outcomes among our peers in advanced Sum that 40% of nations. Americans would struggle to pay on an With the economic disruptions caused by the coronavirus pandemic, emergency basis, public conversations have been dominated as never before by the according to U.S. giant role that health care costs play in our lives. The discussion has Federal Reserve. become even more painful with recent news articles detailing a shame of the system: medical debt that torments more than 100 million \$1,389 Americans — 41% of all adults — and shoves them relentlessly into economic peril. Average cost estimated for emergency room treatment vs. \$100 to As consumers from coast to coast also are getting slammed by \$150 for urgent care visit soaring inflation, can regular folks find ways to get the best outcomes The average wait time to for their health care dollars, without reductions in safety or quality? be seen: Urgent care, 30 minutes, ER, 2 hours, 15 They can, as the five examples in this newsletter suggest. It may take a little effort to optimize your spending, avoiding wasteful 29% supplements, triple-checking what your expensive insurance covers, and not only finding good doctors and pharmacists but also getting Percentage of patients in them to help you with gnarly financial issues that affect your medical 2021 national survey who reported that they failed to take prescription

drug as directed in the last 12 months because

of costs. They didn't fill the script, cut pills in half, skipped doses, or opted

\$7.2 billion

Sum that employees forfeited back to employers because workers failed in 2019 and 2020 to use up amounts set aside in taxadvantaged Flexible Spending Accounts. on average, employees lost between \$339 and \$408 a year by not using up all of their FSA money by spending deadlines.

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Read an excerpt from Patrick Malone's book:

The life you save

and Avoiding the Worst

life

save

Nine Steps o Finding the Best Medical Care— and Avoiding the Worst

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this summer

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right now.

Staying safe and healthy

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cancer 'moonshot,' let's

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Why Would You?

Looking Ahead:

seeing some trends worth healthy notice.

can be costly and

patients at risk?

the

you

Nine Steps to Finding the Best Medical Care —

for over-the-counter

meds.

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 nostrums have shown the world that Americans love taking pills. Far

Consumers can pocket some cash and stop forking out money needlessly on supplements. The evidence of their benefits is slim to

too many of them.

none.

which experts estimate consumers spend more than \$30 billion annually, or about \$100 per person. Despite claims manufacturers may make for them, supplements lack rigorous proof of their effectiveness, studies show. This means many of us can clear a kitchen shelf full of pills.

Medical scientists long have criticized the federal Food and Drug Administration for failing to corral the booming supplement industry, on

The respected U.S. Preventive Services Task Force, an elite and independent group advising the federal government on screening, testing, and other medical services, has just reexamined more than 80 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 this should not be done. The experts also said, "The current evidence is insufficient to assess the balance of benefits and harms of the use of multivitamin

supplements for the prevention of cardiovascular disease or cancer."

supplements to deal with deficiencies or specific health conditions. But

Sure, in specific cases, doctors may advise patients to take

even a cursory scan for rigorous evaluations will show the underwhelming evidence for popular supplements — say, for Vitamin D (click here), glucosamine-chondroitin (click here) or melatonin, (click here) for which experts are collecting data on potential risk to curious kids who swallow their parents' supplies. 2. Double-check your health coverage

them "skinny" plans. The problems with these policies, and the people who hard-sell them in sketchy ways, is that they fail to comply with now-familiar and important ACA requirements. Skinny plans often offer lower monthly premiums. But when patients need them most — due to major injury or illness — they too often find that these policies pay little or nothing. That's because, for example, they exclude coverage due to preexisting conditions or do not pay for care as required under the ACA. Obamacare plans, for example, pay for certain preventive care and women's reproductive health, and they eliminate annual and lifetime limits on benefits. Buyers also should be wary of another kind of ACA-noncompliant coverage — so-called sharing ministries peddled to those of faith.

Religious groups, purporting to assist believers with unacceptably high

themselves broke and out in the cold when the plans have declined to cover big medical bills. The sharing ministries, as the Kaiser Health

News service has reported, aren't considered by most states to be

individual might require. Caveat emptor.

and women's reproductive health care.

research shows.

the health care system.

insurance and are largely not regulated as such. Do the math: If you and 99 pals pooled \$1,000 each for health care, that's \$100,000 — a sum that could be wiped out by one car wreck and the medical care an

By the way, take time to examine the information package your health insurance coverage sends you annually. Your insurer will never be a best friend. But companies can provide services and coverages that you might overlook and that could save you money. If, for example, you're on the border about calling your doctor about a non-emergency issue, your insurer may offer telehealth services with a skilled nurse or physician assistant who can advise you. You may find, especially under the ACA, that you're covered for medical services deemed to be preventive — including blood pressure testing and colonoscopies —

Pro tip: Be aware that "routine" tests and screens can turn into a costly cascade of care that can be unnecessary, costly, invasive, and painful.

health care costs, have essentially pooled members' money and created plans to, effectively, self-insure or "share" participant health care costs. But patients with major illnesses and injury have found

While health insurance can be a major way to protect yourself from

bankrupting medical costs, don't throw away hard-earned dollars on

The former presidential administration, which never produced its own

instead, to push dubious alternatives. Health policy experts dubbed

alternative to the Affordable Care Act that it loathed, did its best,

policies that promise a lot but fail to deliver.

3. A primary care doctor: Beneficial to your health care and your finances

It can take time and energy to do so. But finding a good primary care doctor (for grownups) and an excellent pediatrician for the kids can benefit patients' health — and hold down medical expenses —

Primary care doctors are a critical, undervalued, and badly needed part of our health care system. Every patient should have one, argues the National Academies of Sciences, Engineering, and Medicine. The academies describe themselves as "private, nonprofit institutions that provide expert advice on some of the most pressing challenges facing

specialized, and fragmented, patients need a primary doctor to provide them with frontline care. They can help steer them through a thicket of

relationship, their primary care doctors — especially if they provide a comprehensive practice — can help them deal with their medical needs without shipping them to an array of specialists, often repeating

the nation and world." As medicine has become expensive,

options if they have chronic, serious conditions or injuries, the academies found. If patients take the time to find and build a

costly tests and exams in frustrating, invasive fashion. (Patients, especially as they age, may turn increasingly to specialists like cardiologists and turn them into their primary care doctors. This can mean higher costs and less continuity in their care, though, researchers have found.)

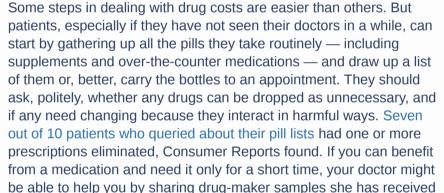
"Greater use of primary care is associated with lower costs, higher patient satisfaction, fewer hospitalizations and emergency department visits, and lower mortality," according to the nonprofit, independent Primary Care Collective. It is a consortium of medical specialist groups, insurers, pharmaceutical companies, major corporations, patient advocacy organizations, and other parties deeply involved in

Simply put, patients find it daunting enough to raise important, private medical concerns with doctors, especially if patients barely know them, rarely see them, and the press of modern practice sharply limits the time spent with patients. This also means it is hard for regular folks to talk to doctors about what can be a major taboo in American life: money and the cost of major health care. Patients should not hesitate to discuss financial worries about their care with their doctors, especially because this has become a hot topic for them, too. Major initiatives involving both have been launched by the American Board of Internal Medicine (ABIM) (click here for more information) and Robert Wood Johnson (click here for information) foundations, as well as by the America's Essential Hospitals organization (click here for more information) and the American College of Physicians (click here for more information). 4. Savvy shopping: a Rx for drug costs

U.S. patients tell pollsters that prescription drug prices are out of control. They express rising concern about drugs' affordability as the number they must take increases. With politicians stuck on ways to curb medication costs, patients can try to rein in these relentless expenses — with the help of their doctors and pharmacists, advocacy groups like Consumer Reports and AARP say.

affordability a major health issue.

It's important to underscore this point: Prescription drugs are a vital part of many patients' treatment, and they cannot benefit from them if they don't take them because they cost too much. This makes drug



from what can otherwise be pesky pharmaceutical salespeople.

they can suggest equally effective, less costly alternatives like generics. The federal Food and Drug Administration regulates generics for safety and effectiveness. They typically cost much less, partly because their makers, unlike with branded medications, don't spend bundles on marketing and advertising. As for the difference in

Your doctor or pharmacist also can review your prescriptions to see if

their makeup, the Journal of the American Medical Association has reported this: "Generic drugs are identical to their brand-name comparison drugs in terms of active ingredients, but their inactive ingredients can vary. Inactive ingredients do not affect the chemical activity of a drug and are added during manufacturing for stability and preservation purposes or to achieve a certain consistency, form, color, or taste." The FDA on its website provides this further information: "In 2004, the average price of a generic prescription drug was \$28.74, while the average price of a brand-name prescription drug was \$96.01, according to the National Association of Chain Drug Stores." Generics, of course, are not always an option, and that can force patients to shop around for the best prices. Consumer Reports says to check with major retailers like Walmart, Costco, grocery chains, and

big drug stores like CVS, Rite Aid, and Walgreens. As Consumer Reports found by using "secret" shoppers, a friendly pharmacist can be a savings boon, with "a Rite Aid store near our headquarters in Yonkers, N.Y., ... able to get the price of atorvastatin, the generic version of Lipitor, down to just \$18 from \$300 through a combination of

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 Good Rx website to scrutinize prescription drug prices and options. Billionaire Mark Cuban is gaining national attention with Cost Plus drugs, his

prescription medication startup, which he insists will be as transparent as possible about costs and as affordable as the market allows on

Patients with serious diseases can talk with their specialists about the

possibility of participating in clinical trials. Drug makers and investigators, in exchange for vital information they gather from

in-store and external discount programs."

costs.

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 is a "financial toxicity" in treatment. This means the need is huge for patients, their loved ones, and doctors to have frank, sustained discussions about cancer care and its costs. 5. Avoid costly ER visits, if possible, and especially for non-emergency care

+ EMERGENC
PATIENT DROP OFF

Hospital costs can be budget-busting, and specific financial tactics can help patients deal with big bills from fancy institutions. Patients can further protect themselves against excessive costs by doing all they can to avoid an important area of hospitals: emergency rooms.

Because of the enormous expertise, gear, and other resources they must keep at the ready, ERs charge some of the highest rates going for medical services. Patients still overwhelm these facilities — yes,

because of the pandemic, but also too often with non-emergency needs. This is occurring despite the inconvenience of long waits and being surrounded by the sick and injured. This is occurring even though a key point of Obamacare was to provide the poor, working poor, and middle-class with enough health coverage so they could get affordable care before their health worsened so much they ended up in ERs. 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 in the section on "Beware and act on these symptoms."). If you're seriously ill or injured in a vehicle wreck or in other dire circumstances, ERs can be lifesaving and

But dealing with other kinds of health conditions early — in a visit to your doctor or a health clinic rather 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 south before seeking medical care. As mentioned above, if you have a good primary care doctor, you can talk with her in advance about dealing with urgent medical needs. Does the practice have after-hours coverage — and how do you access it? Does your doctor advise you to see others in the practice, including possibly an

necessary.

urgent care facilities. These centers typically offer lower-cost care for stitches, sprains, potentially even minor bone breaks — and more conveniently than the ERs of big hospitals or academic medical centers. Those institutions, by the way, own and operate many of the satellite urgent care clinics. Research shows that patients are getting too comfortable and overusing these facilities for non-emergency medical services. Urgent care and other commercial clinics, notably those in big-chain pharmacies are not a substitute for a strong, sustained relationship with a doctor who can, for example, help you and your loved ones with preventive efforts that keep you healthy and really hold down costs.

and treating troublesome or chronic conditions.

A shame of U.S. health care

afflicts more than 100 million

Think stuff like vaccinations, diet, diagnosing potential illnesses early,

RN or physician assistant —if you are unwell and your regular

If you've got rambunctious or athletic young folks in the house, your doctor or pediatrician, or other trusted parents can steer you to nearby

practitioner can't see you quickly?

Savvy consumers can gird their finances against The sky-high costs of health care in this country high health care costs with the tax advantages in

are pounding patients with pervasive, pernicious medical debt. It's not acceptable. Punishing finances have become part and parcel of the American way of health care, with "more than 100 million people in America — including 41% of adults — beset by a health care system that is systematically pushing patients into debt on a mass scale," according to a deep dig by the independent, nonpartisan Kaiser Health News service and National Public Radio. As they reported:

reported. That is because much of the debt that patients accrue is hidden as credit card balances, loans from family, or payment plans to hospitals and other medical providers. To calculate the true extent and burden of this debt, the KHN-NPR investigation draws on a nationwide poll conducted by KFF (Kaiser Family Foundation) for this project. The poll was designed to capture not just bills patients couldn't afford, but other borrowing used to pay for health care as well. New analyses of credit bureau, hospital billing, and credit card data by the Urban Institute and other research partners also inform the project. And KHN and NPR reporters conducted hundreds of interviews with patients, physicians, health

industry leaders, consumer advocates, and

The findings of this work are "bleak," KHN and

"In the past five years, more than half of U.S.

medical or dental bills, the KFF poll found. A

adults report they've gone into debt because of

quarter of adults with health care debt owe more

than \$5,000. And about 1 in 5 with any amount of

The burden is forcing families to cut spending on food and other essentials. Millions are being driven from their homes or into bankruptcy, the

debt said they don't expect to ever pay it off ...

researchers."

NPR reported:

"[Our] investigation reveals a problem that, despite

Congress, is far more pervasive than previously

new attention from the White House and

poll found. Medical debt is piling additional hardships on people with cancer and other chronic illnesses. "Debt levels in U.S. counties with the highest rates of disease can be three or four times what they are in the healthiest counties, according to an

Urban Institute analysis. The debt is also

building blocks for a secure future, such as

under 30 as for those 65 and older ... Perhaps

from care. About 1 in 7 people with debt said

deepening racial disparities. And it is preventing

Americans from saving for retirement, investing in

they've been denied access to a hospital, doctor, or other provider because of unpaid bills, according to the poll. An even greater share about two-thirds — have put off care they or a family member need because of cost." This initial segment of the multipart series by KHN and NPR reported that a "highly lucrative" and "shadowy" industry is growing by targeting and hounding those with medical debt, which patients, loved ones, and friends take on — and then can't ever seem to shed, whether the sums are small or whopping.

The huge toll this takes on debtors affects not only

middle class and even the relatively well-to-do, the

news organizations found. Because of big flaws in

the poor and working poor but also those in the

the way health coverage works in this country,

notably with high-deductible policies that force

folks who can't afford even slight out-of-pocket

costs to pay often sizable sums before they can

get care, medical debt is a menace both to the insured and uninsured. This is occurring, despite

the beneficial changes brought about by the Affordable Care Act.

accounts, or FSAs, and health savings accounts, or HSAs. Because most Americans get health insurance via their jobs, they likely have become familiar with FSAs — an employer-related benefit. Under this program, you and your employer (optional for the

explains:

two savings programs: Flexible spending

latter) can contribute up to \$2,850 tax free over

"You can use funds in your FSA to pay for certain

if you're married, and your dependents. You can

copayments, but not for insurance premiums. You

spend FSA funds to pay deductibles and

medical and dental expenses for you, your spouse

the course of a year. If you are married, your

spouse also can have an FSA amounting to

\$2,850 annually. As the federal government

Tax-advantaged accounts can help with medical costs

can spend FSA funds on prescription medications, as well as over-the-counter medicines with a doctor's prescription. Reimbursements for insulin are allowed without a prescription. FSAs may also be used to cover costs of medical equipment like crutches, supplies like bandages, and diagnostic devices like blood sugar test kits." The big catch with FSAs is that you must estimate carefully how much you want to accrue in them. That's because you get a year or so to spend all

that money — or lose it, or most of it (some FSAs allow a \$570 maximum rollover into the next year).

Consumers should monitor FSA statements and study what the accounts cover to maximize their

benefits. The use-it-or-lose-it component of FSAs

workers suddenly decide to get their teeth cleaned

and checked, or to buy glasses and hearing aids,

or to find other acceptable expenses. You can see

often comes into play near year's end, when

the IRS-permitted FSA spending rules by clicking Consumers should know that unspent FSAs typically revert back to employers —and the sums can be big, Money magazine reported: "[FSA] holders forfeited an estimated total of \$7.2

billion in 2019 and 2020 ... More than 40% of

new data that the nonprofit Employee Benefit

workers with FSAs forfeited at least part of their

account contributions in recent years, according to

Research Institute (EBRI) shared with Money. On

average, they lost between \$339 and \$408 a year their children's educations, or laying the traditional ... All that forfeited FSA money isn't tracked closely by the federal government, and it's likely borrowing for college or buying a home. Debt from those billions of forfeited dollars ended up going health care is nearly twice as common for adults right back into employers' pockets." most perversely, medical debt is blocking patients In contrast, health savings accounts do not have annual must-spend requirements. They are portable, meaning they do not end, and you keep them, even if you change jobs. Your employer can help you with FSAs, for example, by contributing to them on your behalf. This is not required. You can open your own if you are eligible. This makes

the accounts popular for the self-employed,

especially gig workers who struggle with health

HSAs, as the New York Times has explained:

"The accounts are available only to people with

health insurance plans that meet specific criteria,

such as a high deductible, which is the amount a person pays for non-preventive medical care

before insurance. For 2020 and 2021, the amount

care costs and taxes. Everyone is not eligible for

is at least \$1,400 for an individual or \$2,800 for family coverage. The high deductibles could make HSA-eligible plans (which are usually labeled as such) unattractive for those with chronic conditions or costly health needs, even if monthly premiums are lower. But the accounts could also significantly reduce your tax bill." As a leading human resources organization has noted, the sums the eligible can contribute to HSAs are higher than for FSAs: "The annual inflation-adjusted limit on HSA contributions [in 2022] will be \$3,650 for self-only and \$7,300 for family coverage. That's about a

Those older than 55 can sock away \$1,000 more

Sums held in these accounts can be invested and have major tax advantages, the New York Times

"[T]hey offer three valuable tax breaks: Money is

HSAs can be spent on IRS-eligible health costs,

"The accounts can pay for a variety of medical and health expenses, including doctor visits, hospital stays, surgery, and vision or dental care. The money can also go toward long-term-care insurance premiums and services. The federal

annually in "catch-up" HSA contributions.

1.4% increase from 2021."

reported:

deposited pretax, can grow tax-free, and is not taxed when you spend it, as long as the expenses are eligible. It is rare for so many tax advantages to be wrapped into one benefit, financial advisers say. 'It's a great deal,' said Neal Van Zutphen, a certified financial planner in Tempe, Ariz., 'even if you don't invest the money."

the newspaper reported, such as:

government's pandemic relief program expanded what HSAs can pay for, including nonprescription medicine like pain relief and allergy pills, and menstrual products like tampons and pads. (The IRS has a full list of eligible items.)" For those earning more and who can afford it, HSAs — with sums available for investment can provide a way besides traditional IRAs or 401ks to plan for retirement and its health care costs, experts say.

■ Federal regulators have cracked down on Big Tobacco and its zealous, profit-seeking promotion of products that fuel some of the leading causes of preventable disease in this country: cigarette smoking and vaping. The federal Food and Drug Administration ordered the maker of Juul, a pioneer in pushing so-called e-cigarettes and vape flavorings on the young, to pull its products off the markets. Agency experts also made public their plans to order Big Tobacco to slash the

nicotine in conventional cigarettes, a move designed to gut the addictive allure that is foundational to an estimated \$95 billion-a-year industry. ■ Though it may be tempting for owners of and passengers in expensive, high-tech vehicles to leave the driving to increasingly smarter cars, Americans still must beware of lethal, injurious shortcomings in this new autonomous age. In just 10 recent months, federal officials say, almost

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- "400 crashes in the United States ... involved cars using advanced driver-assistance technologies," the New York Times reported of new data from the National Highway Traffic Safety Administration. While U.S. patients are seeing their finances blown up by skyrocketing prescription drug prices, the members of Congress continue to wring their hands, ponder responses — and do nothing. The Federal Trade Commission, though, has at least launched an investigation of one part of Big Pharma to see if pharmacy benefit managers, the industry middlemen known as PBMs, jack up prices for patients. Those footing the bill for drugs have plenty of reason for outrage, a trio of
- researchers from Brigham and Women's Hospital in Boston have reported ... "In a new analysis published in The Journal of the American Medical Association, we found that average prices for newly marketed prescription drugs in the United States grew by 20% per year from 2008 to 2021, amounting to a tenfold increase in just over a decade. In 2020 and 2021, nearly half of new drugs were priced at more than \$150,000 per year, compared with fewer than 10% of drugs introduced at this price level in 2008. This trend dramatically outpaces the 1% to 3% annual inflation for other health care services."
- As medical scientists increase the understanding of diabetes and the role that hormones can play in treating the disease and clinical obesity, doctors, drug makers, insurers, and others in U.S. health care are running smack into familiar, significant problems. These include issues with public perceptions about weight, diet, and appropriate prescribing of powerful medications, as well as challenges about who pays for what in the nation's complex health care system. The latest, evolving tangles concern semaglutide and liraglutide, two drugs in a group that experts at the drug maker Novo Nordisk pioneered to treat diabetes. Investigators developed the drugs as doctors, patients, and researchers suddenly learned more about extreme weight loss through increasingly popular gastric surgeries, finding that the procedures also altered patients' hormones like ghrelin, popularly dubbed the "hunger hormone."

■ Tens of millions of seniors, hit by one of the largest increases in recent memory of their monthly

possibility and the cause of their health care coverage increase didn't materialize. The 2021

embarrassment for federal officials, instead, may turn into inflation anticipation, the federal

Medicare charges due to a prescription drug regulatory debacle, will not see a penny refunded

this year on what amounts to a federal overcharge. This will occur, even though it was floated as a

Centers for Medicare and Medicaid Services (CMS) has said. HERE'S TO A HEALTHY 2022! Tatrick Melone

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