

AN
AMERICAN
SICKNESS



HOW HEALTHCARE BECAME
BIG BUSINESS AND
HOW YOU CAN TAKE IT BACK

ELISABETH ROSENTHAL

Economic Rules – Why it Isn't a Market

ECONOMIC RULES OF THE DYSFUNCTIONAL MEDICAL MARKET

1. More treatment is always better. Default to the most expensive option.
2. A lifetime of treatment is preferable to a cure.
3. Amenities and marketing matter more than good care.
4. As technologies age, prices can rise rather than fall.
5. There is no free choice. Patients are stuck. And they're stuck buying American.
6. More competitors vying for business doesn't mean better prices; it can drive prices up, not down.
7. Economies of scale don't translate to lower prices. With their market power, big providers can simply demand more.
8. There is no such thing as a fixed price for a procedure or test. And the uninsured pay the highest prices of all.
9. There are no standards for billing. There's money to be made in billing for anything and everything.
10. Prices will rise to whatever the market will bear.

An insurer pays \$100,000 per infusion



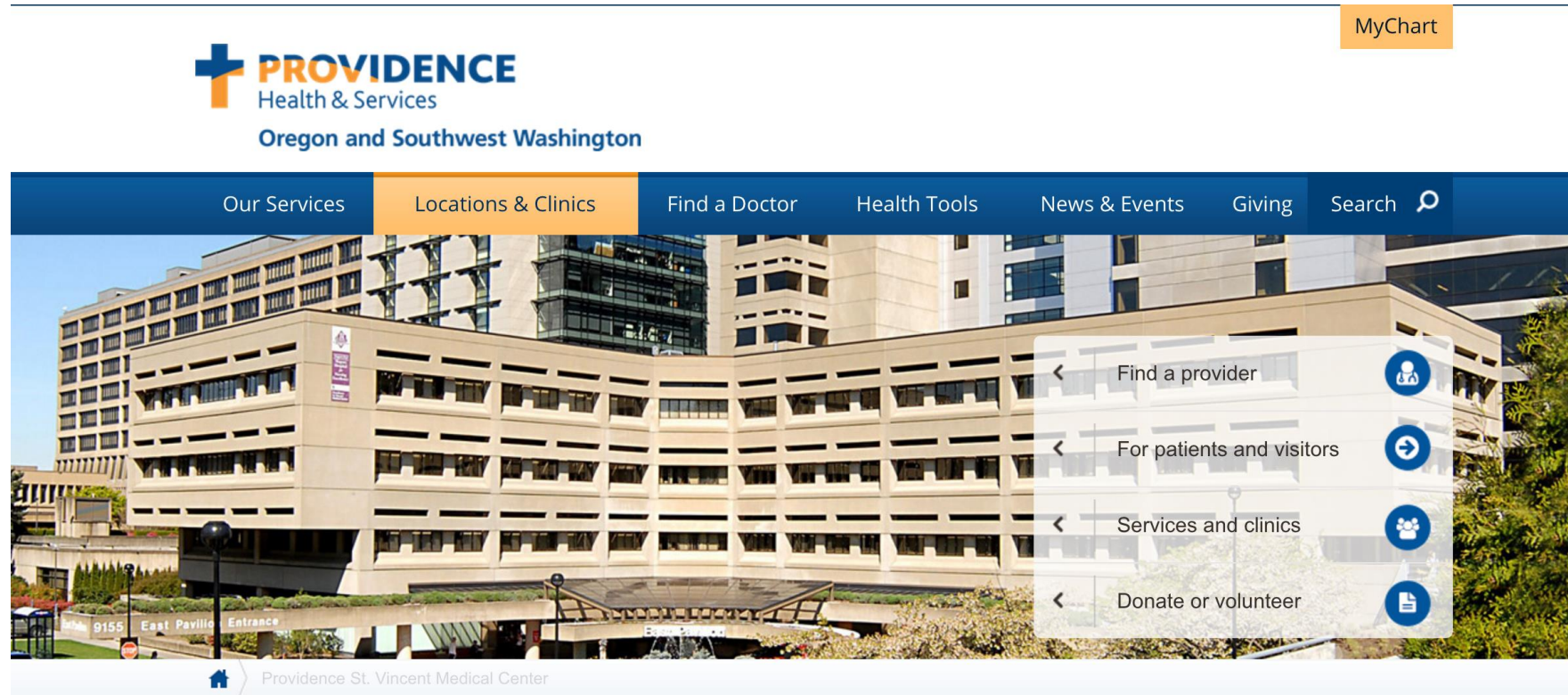
Then



OUR PROVIDENCE TRADITION



Now – Restaurants and Guest Services



Providence St. Vincent Medical Center

Contact us

Docs Oath



Fellowship Pledge

Recognizing that the American College of Surgeons seeks to exemplify and develop the highest traditions of our ancient profession, I hereby pledge myself, as a condition of Fellowship in the College, to live in strict accordance with its principles and regulations.

I pledge myself to pursue the practice of surgery with honesty and to place the welfare and the rights of my patient above all else. I promise to deal with each patient as I would wish to be dealt with if I were in the patient's position, and I will set my fees commensurate with the services rendered. I will take no part in any arrangement, such as fee splitting or itinerant surgery, which induces referral or treatment for reason other than the patient's best welfare.

Upon my honor, I declare that I will advance my knowledge and skills, will respect my colleagues, and will seek their counsel when in doubt about my own abilities. In turn, I will willingly help my colleagues when requested.

Finally, I solemnly pledge myself to cooperate in advancing and extending the art and science of surgery by my Fellowship in the American College of Surgeons.

Upgrades – Femtosecond Laser

Cost \$500,000. At the 2011 International Conference on Femtosecond Lasers in Ophthalmology physician presented a “hypothetical break even scenario.”

Laser Cataract Surgery



Laser Cataract Surgery – Precise and Reliable

New Drug

DUEXIS

Generic Name: ibuprofen and famotidine tablets

“What is the most important information I should know about DUEXIS?” – Horizon Pharmaceuticals

- Duexis is a combination of ibuprofen (800 mg) and famotidine (26.6 mg)
- Both are off-patent and can be bought OTC
- Ibuprofen 200 mg tablets = 1000 tablets for \$13.99
- Famotidine 20 mg tablets = 50 for \$9.85
- One month supply of Ibuprofen (800 mg) = \$5
- One month supply of Famotidine (20mg) = \$6

- Duexis (with free coupon) for one month:

- \$2319

Advertising – “Vanda’s Sleep Disorder Drug is a Nightmare”



Pay \$356,000 or Face Off in Court



Shop Around?! Ambulances – For Profit and Out of Network

Since the 2008 financial crisis, private equity firms have increasingly taken over public services like emergency care and firefighting, often with dire effects.

When You Dial 911 and Wall Street Answers

By DANIELLE IVORY, BEN PROTESS and KITTY BENNETT JUNE 25, 2016

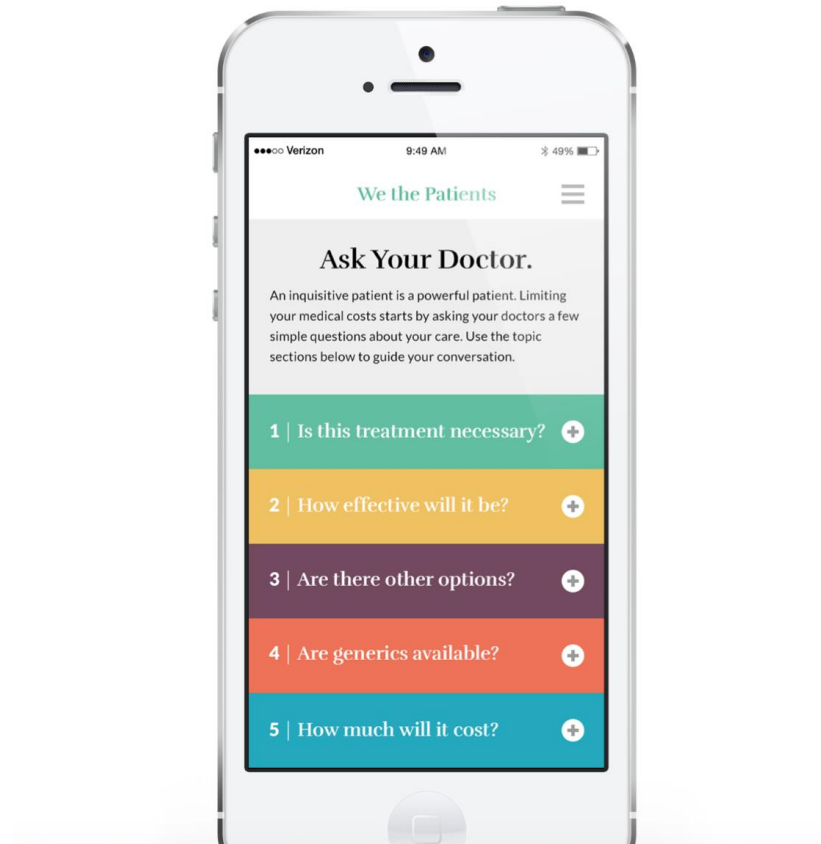


What Can Be Done?

LOTS!

Everyone Has Power
and Could Do More

Engage/Partner with Doctors on Value



How to Save Money at Your Doctor's Office

Your doctor probably isn't thinking about the cost of your care—
but you should.



Make Health Care Part of Your Politics. Hold Your Hospital Accountable

We the Patients

[ABOUT](#)[TOOLS & RESOURCES](#)[ADD YOUR STORY](#)

Maria Vullo: Mandate that NY health insurers update their networks!

NY health insurers are notorious for having out-of-date network directories, creating confusion and inconvenience for New York residents seeking in-network doctors. Maria Vullo, as NY's Superintendent of Financial Services, you have the power to mandate insurers to create transparent, accurate, and up-to-date networks.

Sign the petition



How to Save Money at the Hospital

Going to the hospital can be scary—but medical bills can be even scarier. To avoid unnecessary expenses, here are 5 actions you can take during your hospital stay.



Physicians Educate Yourself and Those Around You. Open The Door to the Discussion

- Learn which centers your refer to are high cost and which are a good deal
- Ask to see the hospital Chargemaster
- Learn the price of the tests and drugs you order or prescribe. Complain if they are too high.

Change Your Practice

- Avoid sending tests to hospital labs
- Avoid those “Why Don’t We Just...” tests, checking boxes.
- 42 percent of the 641,000 upstate residents who got vitamin D tests in 2014 had no medical indication.
- Price of Jerry Solomon’s VitD test: \$16.72 v \$772

If You See Something, Say Something

- PDR Story
- Digoxin price hikes



Antoinette Newell of Schenectady, N.Y., and Dr. Barry Lindenberg have seen a sudden rise in the cost of digoxin for her heart. Stewart Cairns for The New York Times

Don't Trust That Insurers/Employers Will be the Cops

- Why did NYT pay for my \$10,000 colonoscopy?
- Why did Empire pay over \$100,000 for Jeffrey Kivi's Remicade infusion?
- Why did anthem pay \$117,000 for Peter Drier's assistant surgeon in a surgery that doesn't even normally need one?

- **THE SUPRISING ANSWER:**

What Employers Can Do – Shop As If You Were Shopping for Yourself

- Reference Pricing (Calpers/Safeway)
- Develop bulk contracts for labs and radiology and direct all employees there with low/no copayment.
- Insist that terms of contract remain for at least a year (or two). No prices changes/no docs or hospitals leaving network.
- Know how the plan works for ambulances and in other states

The Times Are A Changing: State Surprise Billing & Drug Pricing Laws

New York State Out-of-Network Surprise Medical Bill Assignment of Benefits Form

Use this form if you receive a surprise bill for health care services and want the services to be treated as in-network. To use this form, you must: (1) fill it out and sign it; (2) send a copy to your health care provider (include a copy of the bill or bills); and (3) send a copy to your insurer (include a copy of the bill or bills). If you don't know if it is a surprise bill, contact the Department of Financial Services at 1-800-342-3736.

A surprise bill is when:

1. You received services from a non-participating physician at a participating hospital or ambulatory surgical center, where a participating physician was not available; or a non-participating physician provided services without your knowledge; or unforeseen medical circumstances arose at the time the services were provided. You did not choose to receive services from a non-participating physician instead of from an available participating physician; OR
2. You were referred by a participating physician to a non-participating provider, but you did not sign a written consent that you knew the services would be out-of-network and would result in costs not covered by your insurer. A referral occurs: (1) during a visit with your participating physician, a non-participating provider treats you; or (2) your participating physician takes a specimen from you in the office and sends it to a non-participating laboratory or pathologist; or (3) for any other health care services when referrals are required under your plan.

I assign my rights to payment to my provider and I certify to the best of my knowledge that:
I (or my dependent) received a surprise bill from a health care provider. I want the provider to seek payment for this bill from my insurance company (this is an "assignment"). I want my health insurer to pay the provider for any health care services I or my dependent received that are covered under my health insurance. With my assignment, the provider cannot seek payment from me, except for any copayment, coinsurance or deductible that would be owed if I or my dependent used a participating provider. If my insurer paid me for the services, I agree to send the payment to the provider.

Patient Name: _____

Patient Address: _____

Insurer Name: _____

Patient Insurance ID No.: _____

Provider Name: _____ **Provider Telephone Number:** _____

Provider Address: _____

Date of Service: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

(Signature of patient)

(Date of signature)

First Steps: Transparency, Tackle Drug Prices

