

The Impact of Medical Care on a Budget and the Role of Screening

Why Discuss the Financial Side of Healthcare?

- Medical bills have been cited directly as being a primary cause of bankruptcy filings in approximately 30% of cases
- If we factor in the number of people who accrued excessive credit card and mortgage debt to finance shortcomings in their medical coverage, that number climbs

The Cost of a Day in the Hospital

- After "Googling" this question, the average basic hospital service rate per day was 1000\$/day, and at least 1500\$/day starting in an ICU
- So, we think, "Hey, I have health insurance, so it's not that bad..."

The Fine Print...

- How many people check their hospitalization coverage carefully when signing up for their employers' plan?
- To keep costs down, the plans are often requiring higher out-of-pocket costs and deductibles
- It is imperative that you check these numbers carefully!

What to Look For

- You need to know what your deductible is, and then you need to budget this cost out each month in case of a medical emergency
- It is not uncommon to see deductibles as high as \$5000, and patients are surprised all the time by how inconvenient it is to come up with cash for doctor visits

- This means that you need to plan money each month to cover your routine medical care because the plan won't cover it until you pay that much toward your care for the year.
- For a healthy person, that is basically catastrophic coverage

What to Look For...

- If you have special needs, like treatment for psychiatric disorders, coverage is often completely lacking or very limited. Counseling is often not covered at all
- Infertility treatments are also rarely covered except in states where it is mandated

There are Differences...

- You may have an option between an HMO plan and another type of plan, such as a PPO
- Typically, an HMO plan is offered at a lower rate, but the care is tightly managed with referrals, and not as flexible
- A PPO plan is usually a bit more expensive, but offers more flexibility

Other Options

- Many companies are now offering flexible spending accounts, where people can accrue money to use for medical expenses and pay with pre-tax dollars. This is usually reserved for those who have high-deductible plans

- Regardless, if your family needs frequent doctor visits, it is imperative that at least the required screening and routine visit copays are budgeted.
- If these medical expenses are unexpected, people are more likely to place the bill on a credit card, which can cause all kinds of problems

What to do if an Emergency Happens

- If an unexpected office visit comes up, most offices will work on a payment plan on a case-by-case basis if you are facing very lean times
- Unfortunately, many people are currently in that situation and the need is great, so this may limit some practitioners' ability to absorb or put off payments to meet overhead

Minor Emergencies

- If it is possible to stay out of the emergency room, please do so. Try walk-in clinics and regular physician practices rather than the increased cost of an ER visit

If a Major Emergency Happens

- First, take care of your loved one or self
- Take an active role in working with the hospital in arranging for a fair payment plan. They do not gain from you not paying anything
- Do not put large amounts of money on your credit card, especially if you know you cannot pay it off. The high interest rate will spiral you into deeper debt

- More than ever, it is **IMPERATIVE** to have health insurance. A week in a hospital with no insurance will wipe out most people's savings and place them in jeopardy of bankruptcy

How to Help Prevent Illness...

- Regular checkups and appropriate medical screening
- Our bodies need regular maintenance, just like our cars need an oil change!
- There are standard guidelines for care that we all need to follow in order to optimize our health and stay healthy

Good Basic Practices

- Try to keep a healthy BMI
- Exercise 3-5 times per week
- Try to get good sleep, at least 7 hours if possible
- Avoid addictive substances, such as tobacco, illicit drugs, and excessive caffeine
- Monogamous sexual practices inside of marriage

Screening

- Find out as much as possible about your family history and the age at which family members had problems
- Try to get records of treatment of any of their complicated health problems
- With this information, a physician can better tailor the needs of that person with regard to timing and content of screening

Vaccinations

- Make sure to keep up with tetanus vaccination every 10 years.
- Ensure your children are fully vaccinated according to their pediatricians' guidelines (this will help to keep you from getting sick as well)
- If you are in a high-risk occupation or around immunocompromised people, take your flu vaccine each year
- HPV vaccine in young people before the onset of intercourse

Screening for Teens

- STD screening is imperative for sexually active teens. I screen all my teen patients, because they frequently lie to us
- It is now recommended to delay pap screening until age 21
- If they are obese or have PCOS, they need to have lipid panels and even diabetes screening even in their teens

Women Age 20 and Older

- Start cholesterol screening at least once every 5 years
- Screen for hypertension at each visit
- Screen for diabetes by age 45 and every 3 years after, and begin earlier for those with risk factors/metabolic syndrome/history of gestational diabetes/hypertension/obesity/high risk ethnic group

Women's Cancer Screening

- Pap testing guidelines have recently changed due to further understanding of the role of HPV and its course
- Most cancers of the cervix take years to develop and most early pre-cancers resolve on their own over 1 ½ to two years
- Even most moderate dysplasia resolves without intervention
- HPV infection is ubiquitous in young people

Pap Testing

- Is recommended to begin at age 21
- It should be repeated every 2 years from age 21-29
- Beginning age 30, if there have been 3 or more consecutive negative paps, the interval can be changed to every 3 years
- There is no true upper age limit for screening
- High-risk HPV screening increases sensitivity

Does This Mean the Annual Exam is Extinct?

- **ABSOLUTELY NOT!**
- The pap is only a portion of what is done in the yearly exam
- The remainder of the exam is screening for breast, vulvar, vaginal, uterine, and ovarian cancers, as well as other medical problems

Uterine Cancer

- There is no true screening test for this, but any type of bleeding after menopause should be investigated by sampling the uterine lining, either by office biopsy or by surgical sampling (D&C)
- ACOG recommends sampling any woman who presents with abnormal bleeding after age 35

Ovarian Cancer

- The lifetime risk of developing this cancer is 1/71
- It is very deadly and difficult to detect before it spreads beyond the ovary
- It is the fifth leading cause of cancer death in women even though it represents only 3% of cancers
- There is no truly accurate screening test

Ovarian Cancer

- The CA 125 blood test is very sensitive to epithelial ovarian cancers, but not very specific, so its use as a screening tool in asymptomatic women is limited
- Can be falsely elevated by many conditions, including pelvic inflammatory disease, endometriosis, fibroids, pregnancy, ovarian cysts, liver disease, other sources of peritoneal irritation

Ovarian Cancer

- Ultrasound has not been shown to be beneficial as a primary screening tool. In the presence of a mass, it can give information as to whether or not a mass is likely to be benign or malignant
- Unfortunately, no good screening test is available yet
- Continue annual screening at the well-woman exam
- Investigate persistent pain, bloating, fatigue

Vulvar and Vaginal Cancer

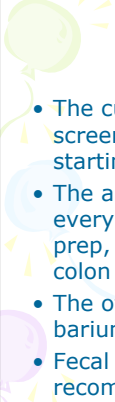
- These are screened during the physical exam each year
- Any abnormal lesions should be biopsied
- Both are related to HPV infection, so those with prior HPV related problems should have vigilant care

Breast Cancer

- The recent United States Preventative Services Task Force recommendations stirred up a hornet's nest of controversy
- It proposed not beginning mammography until age fifty, and then only doing them every two years
- It recommended not doing them starting at age 40

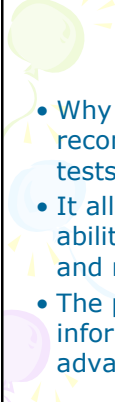
Breast Cancer Screening

- No other major society has endorsed these new recommendations
- ACOG, ACR, ACS all stand behind screening every 1-2 years between 40 and 50 and yearly thereafter
- Any palpable mass should be imaged, and then biopsied
- I do not recommend patients stop after age 70 unless they would not treat a cancer if found



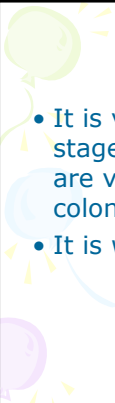
Colon Cancer

- The current guidelines recommend a screening colonoscopy every 10 years starting at age 50
- The alternative is a flexible sigmoidoscopy every 3-5 years. The advantage is less prep, but only sees the distal third of the colon
- The other alternative is a double-contrast barium enema
- Fecal occult blood testing is also recommended annually between imaging studies




Colon Cancer

- Why colonoscopy? It is recommended if any of the other tests are abnormal!
- It allows direct visualization and the ability to biopsy any abnormalities and remove polyps all at once
- The prep is no fun, but the information and therapeutic advantage is preferable



Colon Cancer

- It is very easy to treat in its early stages, but morbidity and mortality are very high if it gets out of the colon
- It is worth active screening!



- THANK YOU!!!!