

Chapter 16: Making Smart Health Care Choices



**12th edition
pp. 476-503**

**11th edition
pp. 474-501**

the good and the bad of U.S. health care

the positives ^{not in texts} *the challenges*

Some of world's best hospitals

no universal care
ranked 37th in world in care leaving 46.3 million uncovered and creating 'job lock'

most doctors per person
over 692,000 though not evenly distributed

deals with result rather than prevention

leader in technology and medical breakthroughs...
medical knowledge doubles every eight years

expensive
\$2.9 trillion per year, ave. \$9,150 per person = 18.9 % GNP in 2015, estimated it will increase to 20% GNP... 10 times more than European nations

challenges of the U.S. system:

12th pp. 487-89; 11th pp. 483-86

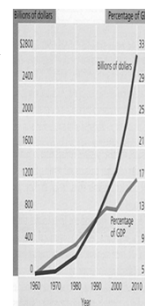
- * health care in the United States has become big business: 5th largest employer utilizing 10% of the nation's workforce, with \$35 billion in insurance profits (10-20% overhead), and \$86 billion annually for drug firms
- * Americans spend nearly \$9150 each on health care annually, more than twice of any other industrialized nation...the most of any nation
- * 23 cents of every US dollar is spent on healthcare!
- * both patients and medical professionals feel overwhelmed, confused by choices, lack of coordination and selfish interests in today's healthcare environment
- * greatest challenge is sheer magnitude of choices:
 - * 2,000 insurance providers
 - * pages of doctors and specialist in phone books
 - * shelves of O.T.C. meds for common maladies
 - * T.V. advertisements for prescription meds

why is U.S. health care so expensive?

12th pp. 487-89; 11th pp. 483-85

* there is no simple answer with such a complex industry where emergency room care costs over \$8,000 per day, and cotton swabs itemize at \$75.00 each:

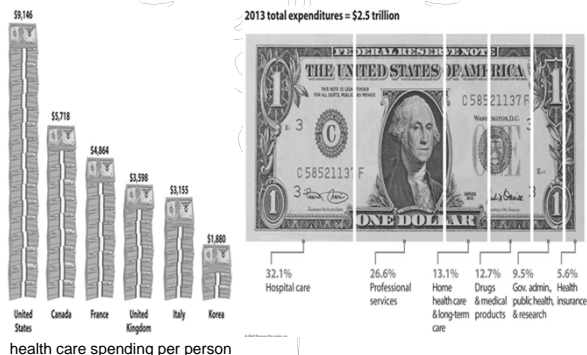
- * **excessive administrative costs:**
- * *private providers factor 12% or more for administration while Medicare allows only 4%*
- * *lack of uniformity in services does not allow for bulk purchasing of meds and equipment*
- * *patients perception for best possible care and technological advancements with immediate attention.*
- * *aging population creates a demand for services*
- * *influential medical and pharmaceutical lobby groups and unions such as the AMA who contribute to politician's re-election campaigns in exchange for influence and votes*
- * *malpractice and general insurance costs for doctors and medical entities. 91% of doctors sometimes prescribe unnecessary tests to avoid the chance of being sued for malpractice.*



how we spend our health care dollars

12th pp. 487-88; 11th p. 485

2013 total expenditures = \$2.5 trillion



challenges of the U.S. system:

12th pp. 487-89; 11th pp. 482-86

- * US is only country of 23 industrialized nations that does not offer universal single payer system to cover its citizens
- * Approx. 44,800 US Citizens die prematurely annually due to the lack of accessible health care
- * US is still the largest socialized medical system in the world with 45 ml. on Medicare and another 52ml. on Medicaid (*MediCal in California*). remains one of US's most popular and effective system (4% ov'hd)
- * Canadian system initiated in 1960's and mirrors Medicare and covers 80% of Canadians with free choice of doctor and hospitals
- * **you** the consumer must be informed and be proactive in this consumer-for profit oriented environment
- * **do not depend on the medical system to always act in your best interest!**
- * *Good article on national health care: 12th edition, p. 489*

self-care: first line of defense

12th pp. 477-78; 11th pp. 475-76

- * self care depends on:
 - * knowing your own body
 - * watching for changes or signals
 - * taking appropriate action to stop the progression of illness or injury
 - * self care includes:
 - * diagnosing common maladies such as colds or minor injuries
 - * performing self examinations monthly
 - * learning first aid and appropriate care
 - * checking your own blood pressure, temperature, pulse rate
 - * eating well, appropriate safety precautions, exercising regularly
 - * utilizing resource nurses, books, websites such as HMO, WebMD.com healthline.com websites
- 1 of 2 medical conditions can be self treated

when to seek help

12th pp. 477-78; 11th pp. 475-76

effective self care also means knowing when to seek medical attention:

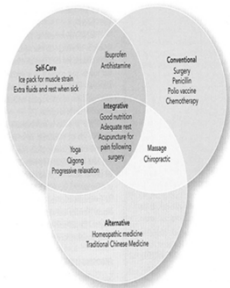
- * a serious accident or injury
- * sudden or sever chest pains, especially if breathing is difficult
- * a person who cannot speak coherently or understand you
- * trauma to the head or spine especially, if you loose consciousness
- * sudden or high fever over 103°, or 102° for children
- * adverse reaction to a drug or insect bite
- * unexplained sudden weight loss
- * persistent or reoccurring vomiting or diarrhea
- * blue or yellow lips, eyelids or nail beds
- * Any lump swelling, or thickness that grows over a month period
- * Any marked change or pain in bowel or bladder habits
- * pregnancy

choosing the best care provider

12th pp. 479-81; 11th pp. 477-78

Do not leave choosing a primary care provider until you are sick!
Often we spend more time finding an auto mechanic than a doctor...*be proactive while you are well!*

- * are they in your health care plan?
- * what are their certifications: *board certified v. board eligible*
- * what is their contingency plan if they are not available?
- * can you communicate and trust them... do they listen?
- * does their diagnosis, treatments and behavior appear to be consistent with established norms?
- * what is their experience with your predisposing concerns?
- * are they open to CAM or Complimentary Alternative Medicine?
- * Careful: medical mistakes are the 3rd leading cause of death in the US after cardo/cancer



the optimal medical mix

assuring responsible medical care

12th pp. 479-81; 11th pp. 478

1. **Trust your instincts.** You know your body better than anyone else. If something is bothering you, it deserves medical attention. Don't let your health-care provider—or your health-plan administrator—dismiss it without a thorough evaluation.
2. **Inform yourself.** Go to the library or an online information service and find articles that describe what you're experiencing. The more you know about possible causes of your symptoms, the more likely you are to be taken seriously.
3. **Find a good primary-care physician who listens carefully and responds to your concerns.** Look for a family doctor or general internist who takes a careful history, performs a thorough exam, and listens and responds to your concerns.
4. **See your doctor regularly.** If you're in your twenties or thirties, you may not need an annual exam, but it's important to get checkups at least every 2 or 3 years, not so much for the sake of finding hidden disease, but so you and your doctor can get to know each other and develop a trusting, mutually respectful relationship.
5. **Get a second opinion.** If you are uncertain of whether to undergo treatment or which therapy is best, see another physician and listen carefully for any doubts or hesitation about what you're considering.
6. **Challenge medical judgments based on personal circumstances.** Insist that your doctor base any diagnosis on a thorough medical evaluation, not on a value judgment about you or your lifestyle.
7. **Seek support.** Patient support and advocacy groups can offer emotional support, information on many common problems, and referral to knowledgeable physicians. (See the Hales Health Directory at the back of the book for numbers and addresses.)
8. **If your doctor cannot or will not respond to your concerns, get another one.** Regardless of your health coverage, you have the right to replace a physician who is not meeting your health-care needs.
9. **Speak up.** If you don't understand, ask. If you feel that you're not being taken seriously or being treated with respect, say so. Sometimes the only difference between being a patient or becoming a victim is making sure your needs and rights are not forgotten or overlooked.
10. **Bring your own advocate.** If you become intimidated or anxious talking to physicians, ask a friend to accompany you, to ask questions on your behalf, and to take notes.

11. You have the right to your medical records, and their confidentiality

degrees of care

12th pp. 480-83; 11th pp. 476-78

- * student health services
Utilize your \$18.00 health fee at a check-out-the west or east health centers
- * clinics or urgent care
often provide fast immediate care for 'out-patient' non-life threatening occurrences
- * doctor's offices or clinics
often physicians can take short notice cases especially if you are a current patient
- * EMT or Emergency Response
if you or anyone suffer any immediate medical concerns, do not hesitate to call 911
- * hospitals
should not be your first choice, as often overburdened with long waits and less healthy environments: Swedish = 'sick haus'
Before 1980 Modesto's population was under 100,000 with five hospitals, now with 200,000 there are three with newly opened Kaiser in north Modesto

How to Survive a Hospital Stay

- ✓ Make sure the name on your wristband is spelled correctly and clearly. Talk to everyone who brings you a pill or performs a test or procedure. Patient charts can get mixed up, and you don't want to undergo a treatment intended for someone else.
- ✓ Know which medicines you're supposed to get and what they look like. If you're uncertain that a medication is the right one for you, ask someone to double-check.
- ✓ Make sure the people caring for you wash their hands. A polite reminder won't offend good professionals—and could prevent infection.
- ✓ Be sure to bring along any recent test results or X rays that your physician feels may be helpful. You may be able to avoid some repeat testing.
- ✓ If you're asked to sign a consent form, read it carefully. If you want more information, ask before signing. Don't feel pressured to sign if you want to discuss something with your physician first.

Affordable Health Care Act

12th p. 484-85; 11th p. 486; and www.healthcare.gov www.coveredCA.com on 23 Sept., 2010 congress passed the Affordable Health Care act which has survived several legal challenges, though with a new President and Republican congress, the future is unsure

INSURERS CAN NO LONGER:

- * Deny coverage to children with pre-existing conditions
- * Put lifetime limits on benefits
- * Cancel your policy without proving fraud
- * Deny claims without a chance for appeal

CONSUMERS CAN:

- * Receive cost-free preventive services
- * Keep young adults on a parent's plan until age 26
- * Choose a primary care doctor, ob/gyn and pediatrician
- * Use the nearest emergency room without penalty

MHE-110 - Making Smart Health Care Choices & Understanding Complimentary and Alternative Medicine - Dr. Dave Shrock

Affordable Health Care Act

12th p. 484-85; 11th p. 486; and www.healthcare.gov-www.coveredCA.com

- × Before the Affordable Health Care Act, 47 million Americans (18.6%) were uninsured
- × Now 20 million Americans rely on the Affordable Health Care Act...88% of American now have some sort of health care
- × Medicaid has been expanded to take in an additional 11 million
- × Though a complex 1000 page piece of legislation it is elevating much of the gaps in the current health care system
- × Though premiums are meant to increase in 2017, federal aid based on an income sliding scale will make up much of the increase
- × It is thought there will be change, will not be immediate.
- × Open enrolment closes 31 January, 2017.

Affordable Health Care Act

12th p. 484-85; 11th p. 486; and www.healthcare.gov-www.coveredCA.com

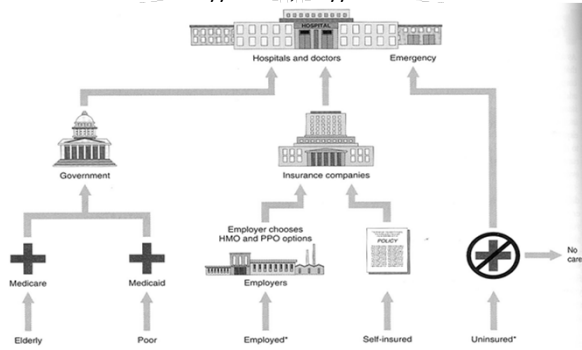
California implications :

- × Offered to individuals or families 400% above the poverty level:
 - × Mother with 3 kids: earning less than \$35,000
 - × Average family: earning \$53,000 annually (*Stanislaus County average*)
 - × Single person: earning less than \$46,000
 - × Those in poverty will continue obtain coverage through Medi-Cal which has been expanded
- × Those who do not purchase health care will pay a contribution or penalty (*doubled in '16*) with annual tax returns starting in 2014.
- × The goal is to have everyone be able to afford coverage who can open enrollment closes 31 January:

More info: www.coveredCA.com

realities of U.S. managed care

12th pp. 482-86; 11th pp. 479-81



do not get yourself trapped in the uninsured column!

types of managed care plans

12th pp. 482-86; 11th pp. 481-82

× Medicare and Medicaid (Medical)

In 1965 the US government instituted public healthcare for the non-working poor and elderly. Medicare covers 36million over 65 years of age, and Medicaid covers 35million, called Medical in California

× Point of Service (POS)

Patients can go to providers outside their care plan, though at extra cost. Fast growing alternative for those with income and desire choice

× Preferred Provider Organizations (PPO)

Networks for doctors and hospitals that provide care at discounted rates. Consultation this services outside of network at extra expense

types of managed care plans, con't

12th pp. 482-86 ; 11th pp. 481-82; (diagram not in text)

Health Maintenance Organizations (HMO's)

Kaiser - BlueCross - BlueShield - PacifiCare

- × HMO's contract with providers to supply health services for enrollees.
- × With large enrollee base and ability to negotiate for services, costs are kept low.
- × Common complaints are restriction of available services and the requirement to go through a 'gatekeeper' or primary care physician, and are sometime denied necessary treatments for quality of life, and even life itself.



strategies for health insurance

not in books

One unforeseen accident can leave you and your family bankrupt! Avoid the medical cost time bomb and seek out insurance coverage:

- × Know what type of insurance coverage your family has
- × special student health plans available at MJC health services or on other college or university campuses
- × Go to www.coveredCA.com to see if you and your family are eligible!

don't wait until it's too late...as the US health care system is not always all caring!

Chapter 16: Focus on Understanding Complimentary and Alternative Medicine



12th pp. 494-503
11th pp. 490-500

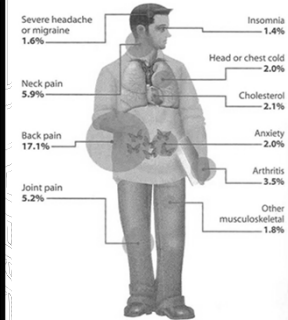
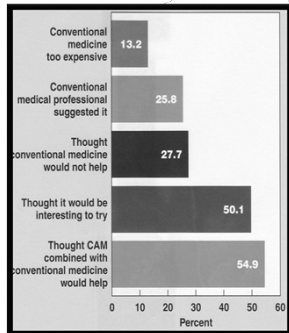
CAM: Complimentary & Alternative Medicine *what is it?*

12th pp. 494-96; 11th p. 490-91

- × Traditional or allopathic medicine had it's birth in the Grecian epoch with Hippocrates just over 2000 years ago
- × Complimentary and alternative medicine is millennium's old medical treatments that vary from culture to culture. Only recently has CAM been accepted by the US medical authorities, and is gaining wider acceptance with the US is catching up with the rest of the world in it's use.
- × Complementary medicine is used in conjunction with allopathic or western medicine
- × Alternative medicine is used in the place of allopathic treatments

why Americans use CAM

12th pp. 494-96; 11th p. 490-91



CAM: Complimentary & Alternative Medicine *who uses it?*

12th pp. 494-49; 11th pp. 491-92

47% of all Americans use some form of CAM
most common treatments are:

- × chiropractic
- × massage therapies: *Rolfing, shiatsu, massage*
- × relaxation techniques: *biofeed back, visualization, meditation, hypnosis*
- × other therapies: *herbs, vitamins, dual purpose foods*
- × energy healings: *acupuncture, acupressure, Fung Shui*



alternative medical systems

12th pp. 496-97; 11th p. 492-93

Complete medical systems which have evolved in many cultures. The most common are:

- × traditional oriental medicine *involving bringing the body's qi or 'chi' back into balance through herbs, energy healing and acupuncture*
- × Ayurveda *is the Indian practice which relates to restoring harmony using herbs, yoga and the breath which is considered a vital life force*
- × Homeopathy or Naturopathy: *Homeopathy is using the diluted form of a toxin with the approach that 'like cures like' by stimulating the immune system. Naturopathy views disease as an alteration of the body and strives though herbs and therapies to restore the body's health.*

manipulative and body based practices

12th pp. 497-98; 11th pp. 494-95

The manipulation or movement of the body, restoring energy and balance based primarily around the spine

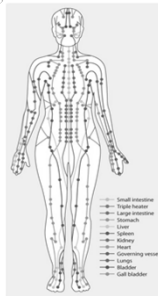
- × Chiropractry is the most common use of CAM with over 18 million American annually using Chiropractry for relief of structural problems. Chiropractors manipulate the skeletal system to restore balance
- × Rolfers or shiatsu practitioners believe one can restore balance by relieving muscle tension
- × Less evasive therapeutic or sport massage is also placed in this domain

energy therapies

12th pp. 498-99; 11th pp. 495-96

Energy therapies focus on energy fields from with-in the body or from outside the body

- * *Acupuncture is the most popular form of oriental treatment among Americans. Thin needles are placed along the body's energy pathways to reduce blockages and restore the body's qi or energy flow.*
- * *Acupressure utilizes the same principle though the practitioner relies on pressure points along the body's energy medians instead of needles.*
- * *Fung Shui is the practice of aligning a person's environment along the earth's natural energy lines or power points.*



361 points along 14 meridians exist on the human body

mind-body medicine:

12th pp. 497-99; 11th p. 495-96

Mind-body interventions utilize a variety of techniques to facilitate the mind's power over the body more recently called Psychoneuroimmunology (PNI)

- * *biofeedback, hypnosis, visualization are now considered main stream*
- * *Feldenkrais Method, Roling both from Germany, Shiatsu from Japan, and the Trager Approach, Alexander Technique utilize a form of body work to restructure the musculoskeletal system to restore balance and health.*

natural products

12th pp. 499-502; 11th pp. 496-98

- * *The largest component of CAM, and the most controversial due to it's recent commercial exploitation. Over 25% of traditional meds. are derived from herbs, while there has been an explosion of herbal preparations on the market*
- * *One reason is that the FDA (food and drug administration) has less restrictive controls over natural preparations and large pharmaceutical firms do not have to conduct exhaustive studies before a preparation can be introduced onto the market.*
- * *Do not underestimate the effects of herbal treatments. Though 'natural' they still have an effect, though often less evasive. You can overdose on herbal remedies and always tell our doctor if you are taking any herbal preparations as they effect the body's synergy with other medications.*
- * *48.5 % of college students have use herbal supplements in the past 12 months. Most common are Echinacea, ginseng, St. John's Wort and Valerian Root for anxiety or depression.*



natural products, con't

12th pp. 499-502; 11th pp. 496-98

biologically based therapies:

- * *tinctures: extracts from fresh or dried plants: Echinacea, green tea, ginkgo balboa are but a few*
- * *ergogenic aids: used to enhance work out or performance potential: caffeine, androdistetoline, ginseng, glucosamine, and creatine are many types*
- * *Antioxidants: common vitamins and minerals: vitamin C, beta-carotene, vitamin E, and resveratrol (red grape skins) are the most common*
- * *Nutraceuticals: functional foods which have both nutritional and pharmaceutical benefits: oat fiber, flax seed, soy protein, garlic, ginger, yogurt are common foods with a dual benefit*

