

## Who Pays the Bills? - Overview



The United States does not have universal health coverage, and reimbursement or payment for medical care is extremely complex. The type and amount of a patient's medical coverage can significantly affect access to care and availability of options for elective medical treatments. Many people have health insurance through their employer. U.S. citizens aged 65 and older and those who are permanently disabled are typically covered by a nationally funded program called Medicare. Additionally, Medicaid programs are administered by individual states and provide coverage for some poor or disabled people. Military personnel and veterans are typically eligible for medical services within the extensive Veterans Administration system of hospitals and clinics. Unfortunately, there are more than 40 million U.S. citizens who have no medical coverage at all. To provide protection in the event of an acute medical emergency, a comprehensive set of federal laws known as the Emergency Medical Treatment and Active Labor Act (EMTALA) dictates that no patient may be turned away from emergency facilities regardless of his or her ability to pay. Nevertheless, the uninsured poor are medically vulnerable, with limited options for preventive and non-emergent care outside of free clinics and special public facilities. Physicians should be aware of the type of medical coverage their patients have and how it may impact their care. When ordering tests or writing prescriptions, it is a good idea to ask a patient if she or he will be able to pay for the test or medication (even generic drugs can be quite costly). Social workers and administrative staff can assist patients in determining their eligibility to apply for public benefits (such as health insurance) and can aid a physician in determining optimal treatment within the context of the patient's care plan and financial resources.

## Who Pays the Bills? - Scenario Script

*A doctor is sitting across from a patient, who is sitting on exam table in gown.*

Doctor: All right, Mr. Lopez, I want you to start taking these three medications [quickly writes three prescriptions]. It's very important to get this filled right away and start taking them as soon as possible.

Patient: Uh....okay...

Doctor: I also want you to get an ultrasound of your abdomen. We need to get a better idea of what's going on in your gallbladder. This can be done at our imaging center, just take this over there and they'll schedule an appointment for you. [gives the patient another paper]

Patient: Is that really necessary?

Doctor: Well, we don't want to miss anything so, yes, it's necessary. Nothing but the best for our patients! [Stands up and shakes the patient's hand] I will see you back in a month. We will send you an appointment. And if you have any other questions, the nurse will be right back in. [leaves the room]

[The patient sits there for a few moments looking worried; eventually, a nurse enters the room.]

Nurse: So, is everything OK? Do you have any questions or anything?

Patient: Yeah, I have a question...how am I gonna afford all this? I just lost my job, I got laid off, and I don't have any insurance...What am I gonna do?

### Who Pays the Bills? - Discussion Questions

1. In this scenario, what is the patient's most basic concern?
2. Why is this concern an issue for this particular patient?
3. Why was the doctor unaware of this patient's situation?
4. What did the patient say that may have been a clue to the doctor that there is was problem?
5. What was wrong with the doctor's response to the patient's question?
6. Was it appropriate for the doctor to defer questions to the nurse? Are there ever situations in which deferring questions to a nurse might be appropriate?
7. If the doctor had been aware of the patient's situation, how might he have dealt with the problem?
8. Aside from directly asking the patient, how can a doctor determine how much and what kind of medical insurance coverage a patient has?
9. What is the range of amounts and types of medical coverage among U.S. patients? How common is it to encounter patients with no medical insurance in U.S. medical practice?
10. Aside from the issue of not inquiring about medical coverage, how would you rate this doctor's professionalism?

## Who Pays the Bills? - Scenario Analysis

In this scenario, the doctor quickly writes multiple prescriptions for a patient and orders a diagnostic ultrasound. He appears to be in a hurry and does not allow the patient much opportunity to ask questions. The one question the patient does ask, whether the ultrasound is necessary, is answered very briefly and dismissively. The doctor never broaches the issue of whether the patient can afford the medications or the ultrasound and defers any other questions the patient may have to the nurse.

When the nurse enters the examination room, she appropriately asks the patient if he has any questions. He responds that his main question is how he is going to pay for the drugs and the diagnostic test the doctor has prescribed. He has just lost his job and has no medical insurance coverage.

Even if the doctor had no reason to suspect that the patient could not afford the treatments and test, it would have been appropriate to ask the patient why he had concerns about having the ultrasound. The answer could have been as simple as a worry about the safety of the procedure, but if the doctor had pursued this line of questioning, he would have learned of the patient's concern about paying for the test. This would have given the patient the opportunity to express his concern about paying for the prescriptions as well.

Payment for medical treatments and tests in the U.S. health care system can be very complex. Some patients have excellent medical insurance coverage that pays for even the most expensive procedures or treatments. Others have restricted coverage that may only authorize certain drugs or procedures or may require preauthorization from the health insurance company before the drugs can be dispensed or a procedure can be performed. In some cases, even within a single class of drugs, only certain medications are covered. The doctor needs to work within these insurance restrictions as much as possible. A significant number of patients have no medical coverage at all. In these cases, the doctor needs to involve social workers and other staff to try to find ways to get patients the treatments and tests they need.

Patients' medical records generally include information about the type of health coverage that they have, so the doctor should be in the habit of checking this information to ensure that medications or tests will be covered before prescribing them. IMGs who are new to the system should not hesitate to confer with supervisors, colleagues, nursing staff, and others to find the optimal solution for each patient.



**Who Pays the Bills? - Scenario Analysis** (continued)

In this scenario, the way the doctor cut the visit short by deferring additional questions to the nurse is blatantly unprofessional. His abruptness can only cause the anxious patient even more distress. The patient may infer that the physician does not care about his circumstances, and, in this case, that unfortunately appears to be true. Even in a very busy clinic, taking time to address patients' questions and concerns is essential. In the long run it will actually save time by improving patient satisfaction and compliance.