



# Prescriptions *Medical Alert*

*Winter 2011–2012*

*Nearly six in 10 of all U.S. adults search online for information about their health.*

## Online Medical Information and the Rise of Cyberchondriacs

The oversimplified and sometimes inaccurate medical information available on the Internet can sometimes lead many individuals to make inaccurate self-diagnoses, or to seek certain medications or treatments to resolve their health problems. Many physicians may agree that online healthcare research can be helpful on occasion. But in some cases, consumers who spend a great deal of time researching medical topics online could become “cyberchondriacs,” with preconceived notions of what illnesses they have and types of treatment they need. As this phenomenon of self-diagnosis grows, doctors may want to correct any misconceptions, but also encourage patients to be actively involved in their health, and, when appropriate, to integrate online research into their treatment regimen.

According to a 2011 survey by the Pew Internet & American Life Project, as many as eight in 10 Internet users, or nearly six in 10 of all U.S. adults, search online for information about their health. Many of the most popular medical websites, including some maintained by hospitals and clinics, provide reliable information. However, other sites encourage people with serious health problems to self-treat or try “alternative” therapies with no sound research to back up claims of recovery.

Even if some online health information may be generally correct, users could misinterpret or misapply the information. For example, a search for “heart palpitations” could lead the user to believe he or she has cardiac arrhythmia, a life-threatening condition that can result in a cardiac arrest or stroke, when the problem may be too much caffeine consumption.

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## Patients Reducing Office Visits Due to Higher Costs

As the number of Americans without health insurance, or those with insurance facing higher deductibles and co-payments increases, patients appear to be reducing the frequency of their physician office visits, according to the October 2011 American Medical Association's *American Medical News* newsletter. Based on information from multiple tracking studies, companies, and researchers, doctors cite an 8% decline in office visits during 2011 compared with one year earlier. Meanwhile, the IMS Institute for Healthcare Informatics recently concluded that visits to doctors declined by about 4% annually between 2009 and 2011.

These results are in line with reports from pharmaceutical companies and medical device manufacturers, which have seen sharp declines in healthcare utilization, especially in the area of primary care. Analysts have attributed much of this decline to higher costs for accessing care. According to a 2011 employer health benefits survey released by the Kaiser Family Foundation, nearly three-quarters of workers covered under employer-sponsored plans face co-payments for in-network physician office visits, with employees paying an average of \$22 for primary care and \$32 for specialty care visits.

Many individuals and companies have high-deductible plans, which may result in fewer office visits, especially for elective procedures. The Kaiser survey found, for example, that 31% of covered workers are in high-deductible health plans with deductibles for single coverage of at least \$1,000, along with 12% facing deductibles of at least \$2,000. In the 2011 estimates from the Centers for Disease Control and Prevention, around 50 million Americans lack any form of insurance, with approximately one in five people having been uninsured during some portion of the previous 12 months.

A global survey of care consumers by the Deloitte Center for Health Solutions in June 2011 showed that, in the United States, three in four (75%) respondents say that the recent economic slowdown has affected their healthcare spending, with 41% being more cautious, 20% cutting back on spending, and 13% who have already reduced

spending considerably. One in four (25%) U.S. survey participants report skipping the doctor when sick or injured; and, of those who said they decided not to see a doctor in the past year, 49% indicated this was due to costs. In addition, 63% said their monthly healthcare spending limits their ability to pay for other essentials, such as housing, groceries, fuel, and education. To save money, 36% of the prescription medication users surveyed said they have requested generic drugs instead of brand name drugs from their doctors.



“We have been examining consumers’ interactions with the healthcare system since 2008. A new trend has emerged this year suggesting that economic uncertainty has clearly altered spending habits with many consumers reporting an impact on their out-of-pocket healthcare expenses,” said Paul Keckley, executive director, Deloitte Center for Health Solutions. “Regardless of the type of healthcare system, government-run or private, consumers around the world are feeling the pinch.”

However, some observers have speculated that this cutting back from medical services could place downward pressure on rising healthcare costs, forcing insurers to lower premiums. Further, the arrival of health insurance exchanges in 2014 under the Patient Protection and Affordable Care Act of 2009 could dramatically improve access to higher quality insurance coverage, which may lead to a surge in demand for healthcare services. *P*

## Establishing a Payment Policy

Getting paid for the healthcare services you and your colleagues provide in a timely and efficient manner is among the many operational challenges your practice faces. In addition to collecting from public and private insurers, your staff must also handle co-pays or other payments from patients either at the time of the visit, or through billing. To help streamline this process, your practice should consider establishing a payment policy.

Having a policy in place would provide information to your patients about how you charge, and what type of payment is expected for services. This reduces the chances of a patient being surprised about amounts owed for healthcare services, and may offer your practice some legal recourse if a patient fails to pay the full amount.

Medical practice payment policies typically contain general information, such as when payment is due, and who is responsible for making the payment.

For example, a policy may specify that patients without insurance coverage, or those with an insurance plan that is not accepted by your practice, will be responsible for the entire amount of the bill or for any amounts not covered by their insurance. The policy should also outline procedures for collecting co-pays and deductibles;

what forms of payment are acceptable; and what proof of insurance is required. In addition, you may include

information regarding nonpayment, including whether interest is charged, or when unpaid bills are sent to a collection agency.



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The most recent large-scale study of medical information online conducted by Microsoft in 2008 showed that search engines have the potential to escalate medical concerns, causing people with mild symptoms to jump to the conclusion that they are seriously ill. “Such escalations from common symptoms to serious concerns may lead to unnecessary anxiety, investment of time, and expensive engagements with healthcare professionals,” the study’s authors warned. The researchers defined patients who have an unfounded medical fear, or a heightened attention to serious disorders, based on the review of online content as “cyberchondriacs.”

Yet, not every patient who walks into a doctor’s office with useful Web information is irrational or exaggerating. Patients’ demonstration of interest and engagement should be acknowledged by physicians, rather than criticized or dismissed. When discussing a patient’s concerns, it may be possible for doctors to also briefly review the Internet information he or she has brought in. However, due to office visit time limitations, if the issues are too complex, doctors can ask the patient to email the information, or

arrange another office visit or meeting with a colleague for further discussion.

In addition, a doctor can steer patients to websites that present up-to-date, peer-reviewed, and evidence-based medical information. The sites of the Centers for Disease Control Prevention and the Agency for Healthcare Research and Quality of the U.S. Department of Health and Human Services are designed to facilitate the doctor-patient relationship, providing evidence-based information about health conditions and treatment options that patients may find helpful when preparing for a doctor’s appointment.

Occasionally, physicians may encounter a patient who has accessed medical research they are unfamiliar with. After following up on the research, the doctor may even consider trying a new treatment, or refer the patient to a specialist more familiar with the therapeutic approach described in the studies. Often, patients initially labeled as cyberchondriacs can prove valuable in the clinical process when taking a proactive role in their own treatment. *P*

## Medical Practices Reduce Expenses

Multispecialty medical practices reduced their general operating expenditures by 2.2% in 2010, but general operating costs for these practices have exceeded revenue gains over the past decade, according to the results of a survey by the Medical Group Management Association (MGMA).

MGMA's "Cost Survey for Multispecialty Practices: 2011 Report Based on 2010 Data" drew upon data from more than 44,000 providers and 1,994 groups. The findings indicated that total medical revenue in multispecialty practices not owned by hospitals or integrated delivery systems increased 45.87% since 2001 and 8.5% since 2009, possibly due to closer monitoring of operating expenses. However, the results also showed that general operating costs increased 52.64%, to \$252,629, between 2001 and 2010. Further, spending on furniture and equipment in 2010 decreased 23.37% from 2009, and drug supply costs declined 8.52%. However, medical practices also reported that expenditures for total support staff had increased slightly in 2010, by 4.78%; and that spending on medical supplies had risen 7.43%.

"The tenor of these findings speaks to an environment of conservatism," said William F. Jessee, MD, president and CEO of MGMA. Medical practices have worked to reduce operating expenses, and renegotiate rates with vendors, supply companies, and insurance carriers. This means medical practices are not spending as much money as they were last year, which isn't necessarily a good thing. There is only so much more practices can do to cut expenditures without inhibiting their ability to run a successful, innovative practice."

### Prescriptions

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Many patients do not fully understand the limitations of their insurance coverage, and therefore their responsibility for the balance of any services rendered that are not deemed reasonable or necessary by their insurance company. So, the policy may want to emphasize that while the practice submits patient claims, and attempts to obtain pre-authorizations from insurance providers whenever possible, any unpaid balance is the patient's responsibility.

Other policy items specific to your practice may include charges levied for missed appointments or for issuing invoices, or special discounts that may be offered to certain groups of patients. Procedures for negotiating lower payments or a payment plan should also be outlined. For example, the policy may stipulate that your practice requires patients to present proof of hardship before a payment plan is approved.

The payment policy should be posted in the waiting room with copies available upon request to

all patients. Some practices have each new patient read, sign, and date a payment policy agreement, and then add the document to the patient's record. It may be helpful to include a description of the patient's insurance benefits, with the covered services, deductibles, co-payments, and out-of-pocket limits in each patient's chart. However, your staff would need to update this information when a patient's insurance provider or coverage level changes. The policy could also remind patients to inform the practice of any insurance changes.

It is important that your attorney and accountant review and approve the policy plan before distribution to patients. After the policy has been in place for several months, you should review your records and talk with staff to find out how well the collections process is going, and adjust the policy accordingly. *P*