

Opinion

Who Are the Health Care Varmints? A Tale of Two Canoes

Yesterday, in a daydream, I visualized Yosemite Sam cockily floating downstream with one foot in each of two canoes. Should one canoe capsize or hit the rocks, Sam would step into the other and continue his pursuit of varmints. Then I wryly recalled how I'm getting to that age, with one foot in the health care provider canoe, and the other foot in the consumer of care canoe. Unfortunately, in spite of health insurance reform, I've noticed that both of my canoes are rapidly taking on water. "Great horney toads," as Sam would say, "I'm sunk either way!"

What prompted this daydream was my recent "episode of care" for atrial flutter. I first noticed my irregular pulse after a busy day as I sat quietly in my office. I have no idea how long it had been that way because I was completely asymptomatic. On the way home, I got an EKG, which I left on the desk of my internist. The following Monday, I acquired two new providers, a cardiologist and an electrophysiologist. (Now I know how my patients feel when they have three ophthalmology subspecialists for one eye.) Meds didn't convert me, so I had an outpatient catheter ablation. I do remember there were about six people on the team, that I had enough wires coming out of me that I looked like a telephone-switching cabinet, and that my mind took a drug-induced side trip to Tahiti while they worked. I was in the hos-

pital outpatient department a total of eight hours, and I'm pleased to report that I'm now in sinus rhythm. The total hospital charges, not including the doctors, were \$51,000.

Free market proponents say that health care costs can be brought under control by consumers making informed decisions about whether or not to purchase health care items. Since I had blown my chance to be an informed consumer and scrutinize my projected charges ahead of time, I decided to see if I could do it in retrospect with my actual bill in hand.

I have Medicare with a supplement, so after about four months I got an explanation of benefits (EOB) from Medicare (the only three categories were miscellaneous hospital services, laboratory and drugs), which had paid most of the hospital bill, but cut the doctors by 50 percent (sound familiar?). My Regence supplement EOB said they had paid the hospital in those same categories, but the "amount" column bore only the cryptic "per contract," with no dollar amount.

Still nothing from the hospital. So, I called hospital billing to inquire, and after a few transfers talked to a real person from Hyderabad. He said there was nothing owing on my account, but I persisted, asking for an original itemized statement. About a third of the charges were for the electrophysiologic recording, mapping and ablation, and another third were for supplies. Be-

yond that, the bill was beyond me.

My point in subjecting you to this yarn is that it is impossible for a reasonably smart patient, even one with a medical education, to decode a modern hospital bill. On the scale of transparency, it's way down on the opaque end. Even if I had a list of predicted charges ahead of the procedure, like buyers get in a real estate transaction, I could not have figured out which charges to challenge or refuse to pay.

So based on my experience, I don't think it's going to work to expect informed consumers to flush out—much less bargain with—them varmints who are overcharging. Meanwhile, I've got two canoes to bail out.



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