

# Let Patients Help Solve This Thing



Society for  
**Participatory  
Medicine**

Bringing together e-patients and health care professionals.

**“e-Patient Dave” deBronkart**

Twitter: **@ePatientDave**

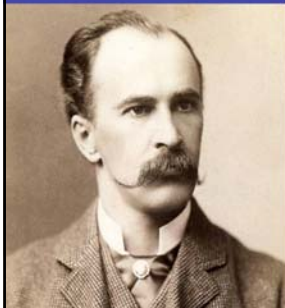
[facebook.com / ePatientDave](https://www.facebook.com/ePatientDave)

[LinkedIn.com / in / ePatientDave](https://www.linkedin.com/in/ePatientDave)

[dave@epatientdave.com](mailto:dave@epatientdave.com)

Skype: ePatientDave

**“Listen to the  
patient and he will  
tell you what is  
wrong”**



Osler, ca 1889

## Institute of Medicine – Sept 2012

Major New Report: “Best Care at Lower Cost”

### Patient-Clinician Partnerships

*Engaged, empowered patients—*

A learning health care system is

**anchored on patient needs and perspectives**

and **promotes the inclusion** of patients, families, and other caregivers as vital members of the continuously learning care team.

“The resource  
that is most often  
under-utilized  
... our patients”



*Charles Safran MD, Beth Israel Deaconess  
quoting his colleague, Warner Slack MD  
Testimony to the House Ways & Means  
subcommittee on health, 2004*



# The Pricing Of U.S. Hospital Services: Chaos Behind A Veil Of Secrecy

An economist's insights into what causes the variation in pricing, and what to do about it.

by **Uwe E. Reinhardt**

**ABSTRACT:** Although Americans and foreigners alike tend to think of the U.S. health care system as being a "market-driven" system, the prices actually paid for health care goods and services in that system have remained remarkably opaque. This paper describes how U.S. hospitals now price their services to the various third-party payers and self-paying patients, and how that system would have to be changed to accommodate the increasingly popular concept of "consumer-directed health care." [*Health Affairs* 25, no. 1 (2006): 57-

**What Uwe  
didn't realize...**

## Cows behind a veil of secrecy



Obstacle to adoption:  
**“But patients  
don’t understand  
this stuff.”**

# If the data's unclear let's **MAKE** it clear

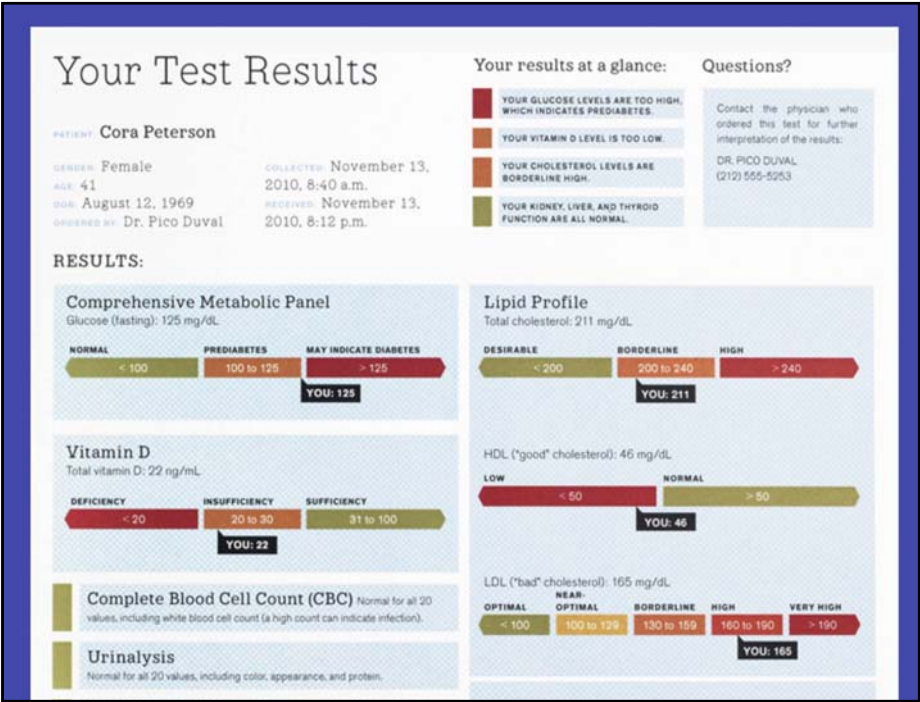
Like other industries do.

## Thomas Goetz, *Wired*

The image shows a printed document, likely a medical lab report, with patient information and a table of test results. The patient's name is partially obscured by a black box. The document includes fields for patient name, date of birth, sex, and address. Below this is a table with columns for 'Test Name', 'U/L Units', 'R/L of Units', and 'Reference Range'. The table lists various tests such as 'WHITE BLOOD CELL COUNT', 'RED BLOOD CELL COUNT', 'HEMOGLOBIN', 'HEMATOCRIT', 'WBC', 'RBC', 'HGB', 'HCT', 'PLATELET COUNT', 'PT', 'APTT', 'SERUM BUN/UREA NITROGEN', 'SERUM CREATININE', 'SERUM ALBUMIN', 'SERUM BILIRUBIN', 'SERUM ALT/ASPARTATE AMINOTRANSFERASE', 'SERUM ALP/ALCALINE PHOSPHATASE', 'SERUM GGT/GAMMA-GT', 'SERUM TBL/TRIGLYCERIDES', 'SERUM HDL-C/HIGH-DENSITY LIPOPROTEIN CHOLESTEROL', 'SERUM LDL-C/LOW-DENSITY LIPOPROTEIN CHOLESTEROL', and 'SERUM TC/TOTAL CHOLESTEROL'. The table also includes numerical values for each test and their corresponding reference ranges.

Test Name	U/L Units	R/L of Units	Reference Range
WHITE BLOOD CELL COUNT	9.3		5.0-10.0 $\times 10^9$ /L
RED BLOOD CELL COUNT	5.06		4.0-5.5 $\times 10^{12}$ /L
HEMOGLOBIN	15.8		11.7-15.5 g/dL
HEMATOCRIT	47.5		37.0-47.0 %
WBC	9.3		4.0-10.0 $\times 10^9$ /L
RBC	5.06		4.0-5.5 $\times 10^{12}$ /L
HGB	15.8		12.0-16.0 g/dL
HCT	47.5		34.0-47.0 %
PLATELET COUNT	218		150-400 $\times 10^9$ /L
PT	13.3		11.0-13.0 s
APTT	30.0		25.0-35.0 s
SERUM BUN/UREA NITROGEN	10.0		7.0-11.0 mg/dL
SERUM CREATININE	1.00		0.6-1.2 mg/dL
SERUM ALBUMIN	3.8		3.5-5.0 g/dL
SERUM BILIRUBIN	0.1		0.0-1.0 mg/dL
SERUM ALT/ASPARTATE AMINOTRANSFERASE	40		0-40 U/L
SERUM ALP/ALCALINE PHOSPHATASE	40		0-100 U/L
SERUM GGT/GAMMA-GT	40		0-50 U/L
SERUM TBL/TRIGLYCERIDES	150		0-150 mg/dL
SERUM HDL-C/HIGH-DENSITY LIPOPROTEIN CHOLESTEROL	40		40-100 mg/dL
SERUM LDL-C/LOW-DENSITY LIPOPROTEIN CHOLESTEROL	100		0-100 mg/dL
SERUM TC/TOTAL CHOLESTEROL	180		0-200 mg/dL





**Same data –  
 better software.  
 Information: clearer.  
 Consumer:  
 informed, enabled.**



**“All of us are too well paid to understand how important price is”**

**“Pay to play”**











**CLEAR HEALTH COSTS** [Share What You Paid](#) [Blog](#) [Our Project](#)

**Your Source for Finding Health Care Prices**  
 Cash or self-pay prices. Our metro areas: NYC, SF, LA, Dallas-Fort Worth, Houston, San Antonio, Austin. Others soon!

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For procedure, start typing and let it complete, or use the government pricing system [described here](#). Advanced search page [here](#)

MRI/Ultrasound/Imaging   Women's Health   Men's Health   Blood Tests   Walk-in Clinic   Dental   Cosmetic-Dermatology   Other

 <b>CBC Blood Test With Differential</b> LOWEST <b>\$29</b> LabCorp 136-20 38th Ave. Flushing, NY HIGHEST <b>\$124</b> Sunrise Medical Laboratories 281 E. 53rd St. Brooklyn, NY <a href="#">More Prices (15)</a>	 <b>Colonoscopy</b> LOWEST <b>\$500</b> Sayad, Dr. Karim 60 Gramercy Park N., Apt 1B New York, NY HIGHEST <b>\$1500</b> Weg, Dr. Arnold 710 Park Ave. New York, NY <a href="#">More Prices (24)</a>	 <b>Well-Woman Gynecological Exam</b> LOWEST <b>\$150</b> One Medical Group 489 Fifth Ave., 3rd Fl. New York, NY HIGHEST <b>\$600</b> Landmont Women's Center 2345 Boston Post Rd. Larchmont, NY <a href="#">More Prices (15)</a>	 <b>Laser</b> LOWEST <b>\$2000</b> New York Laser Eye 30 E. 40th St. New York, NY HIGHEST <b>\$5500</b> Vista Alliance Eye Care Associates 160 E. 56th St. New York, NY <a href="#">More Prices (20)</a>	 <b>Cardio Stress Test</b> LOWEST <b>\$100</b> Cardiology Associates of Brooklyn 3201 Grand Concourse, Bronx, NY HIGHEST <b>\$2504</b> Advanced Radiological Imaging Associates 89-40 56th Ave. Elmhurst, NY <a href="#">More Prices (19)</a>
 <b>IUD</b> LOWEST <b>\$175</b>	 <b>Pelvic Ultrasound</b> LOWEST <b>\$85</b>	 <b>STD Test</b> LOWEST <b>\$150</b>	 <b>Upper Back MRI Without Dye</b> LOWEST	 <b>Teeth Whitening</b> LOWEST <b>\$200</b>

**My favorite  
complaint:**



**“Patients are the only  
ones who don’t have  
any skin in the game”**

*- Practice manager, quoted in  
Health Leaders, Fall 2011*

**What happens  
when a consumer  
tries to be responsible  
about costs?**

## N.H. insurance shopping, 2011

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)
Option A	\$894				
Option B	\$705				
Option C	\$581				
Option D	\$495				
Option H	\$624				

## The choices they offered

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)
Option A	\$894	\$1,000			
Option B	\$705	\$2,500			
Option C	\$581	\$5,000			
Option D	\$495	\$10,000			
Option H	\$624	\$5,950			

## The choices they offered

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)
Option A	\$894	\$1,000	20%		
Option B	\$705	\$2,500	20%		
Option C	\$581	\$5,000	20%		
Option D	\$495	\$10,000	0%		
Option H	\$624	\$5,950	0%		

## The choices they offered

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)
Option A	\$894	\$1,000	20%	\$3,500	\$12,500
Option B	\$705	\$2,500	20%	\$5,000	\$12,500
Option C	\$581	\$5,000	20%	\$7,500	\$12,500
Option D	\$495	\$10,000	0%	\$10,000	n/a
Option H	\$624	\$5,950	0%	\$5,950	\$12,500

# I know – run some scenarios!

Excel spreadsheet showing a calculation of actual spending (premium + deductible + co-pay) under four plan options (Uninsured, Option A, Option B, Option C, Option D) for a high-risk pool. The spreadsheet includes columns for Premium, Deductible, Co-pay after deductible, Max OOP (deductible + co-pay), and Stop-loss max (in-network + out). It also shows actual costs for various scenarios, including premiums, deductibles, and co-pays, with a total cost column.

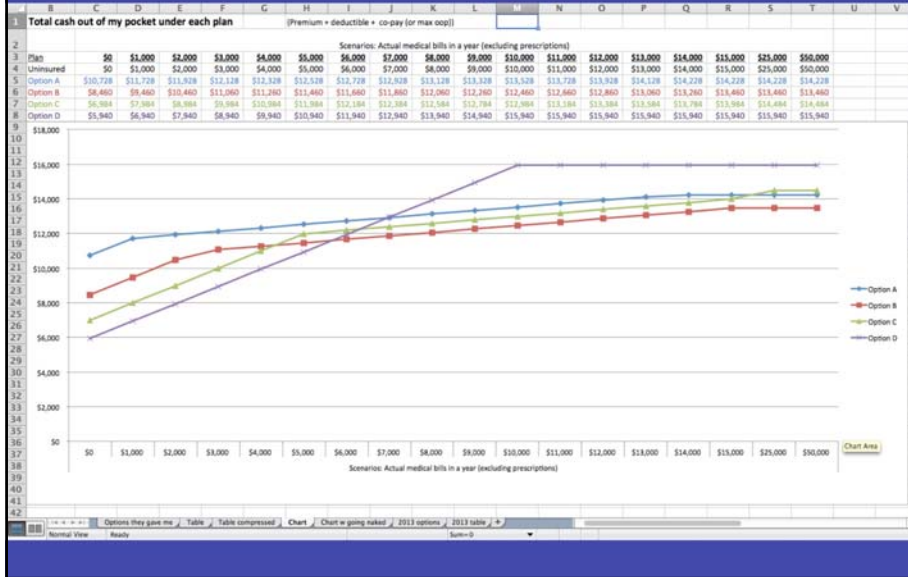
	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)					
<b>Uninsured</b>			100%	\$0			\$0	\$1,000	\$2,000	\$3,000
<b>Option A</b>	\$894	\$1,000	20%	\$3,500	\$12,500		\$10,728	\$10,728	\$10,728	\$10,728
<b>Option B</b>	\$705	\$2,500	20%	\$5,000	\$12,500		\$8,460	\$8,460	\$8,460	\$8,460
<b>Option C</b>	\$581	\$5,000	20%	\$7,500	\$12,500		\$6,972	\$6,972	\$6,972	\$6,972
<b>Option D</b>	\$495	\$10,000	0%	\$10,000			\$5,940	\$5,940	\$5,940	\$5,940

$$=IF(maxoop < J17 + J18, maxoop, J17 + J18)$$

Excel spreadsheet showing the same calculation as above, but with a red arrow pointing to the formula bar and another red arrow pointing to the 'Actual total cost' column. The formula bar shows the formula:  $=IF(maxoop < J17 + J18, maxoop, J17 + J18)$ .

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)					
<b>Uninsured</b>			100%	\$0			\$0	\$1,000	\$2,000	\$3,000
<b>Option A</b>	\$894	\$1,000	20%	\$3,500	\$12,500		\$10,728	\$10,728	\$10,728	\$10,728
<b>Option B</b>	\$705	\$2,500	20%	\$5,000	\$12,500		\$8,460	\$8,460	\$8,460	\$8,460
<b>Option C</b>	\$581	\$5,000	20%	\$7,500	\$12,500		\$6,972	\$6,972	\$6,972	\$6,972
<b>Option D</b>	\$495	\$10,000	0%	\$10,000			\$5,940	\$5,940	\$5,940	\$5,940

# I know – graph it!



People perform better  
when they're  
informed better.



**Clarity  
is power.**

**Corollary:  
It's perverse  
to keep people  
in the dark  
and call them ignorant**

# Speaking of skin in the game...

## e-Patient Dave A Voice of Patient Engagement

Home Schedule For Patients Pt Communities For Providers Videos Boards & Awards Media Testimonials Books About Contact

### Time to practice what I preach: I have skin cancer again.



Photo of the lesion, Nov. 15 (click to enlarge, if you really want)

Update Feb. 11: I've decided to publish what I want to find in a provider: see [this post](#).

Be sure too to read the substantial information contributed below in comments, some by e-patients and some by participatory providers. This process is interesting to observe!

An odd consequence of speaking at medical conferences is that sometimes my face is displayed, *real* big, on monitors at the front of a room. That happened in November at the Aligning Forces for Quality (AF4Q) annual meeting in Washington.

At the end, Lisa Letourneau MD, MPH of [Maine Quality Counts](#) raced up, pointed to my jaw, and said "You should have that checked. I think it's a basal cell." (That's the least serious type of skin cancer - see [Wikipedia: Basal-cell carcinoma](#) (BCC) is the most common type of [skin cancer](#). It rarely [metastasizes](#) or kills.") A few days later I took the picture at left, and started watching.

I had a basal cell removed from my nose 30+ years ago. (More on this in a moment.)

To me it was just a shaving cut... but, I realized, it wouldn't heal. For the next two months I was a slug (a not-engaged patient!), but I did take pictures, and son of a gun it did not get better, even when I thought it was finally going away.

When I had my annual physical recently, I asked my doctor, and he looked and said, "Get a biopsy." I did, this week, and today they called. Yup, it's a basal cell. Thanks, Dr. L!

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Patient Safe

# “Gimme My DaM Data”



## Doing what empowered buyers do

dave.pt/skincancerRFP

e-Patient Dave  
A Voice of Patient Engagement

Home > Boot Camp! < Schedule For Patients Pt. Communities For Providers Videos Boards & Awards Med

### I've started an RFP for my skin cancer

The other day [I announced](#) my new skin cancer diagnosis and discussed how I'll blog my approach to it as an e-patient.

I've decided to explore my options by doing what companies do when they're shopping for a solution: they write a Request for Proposals, and let vendors reply. But in this case what I published isn't cast in stone - I invite discussion and suggestions. And, significantly, I start with the context: partnership; participatory medicine -

*I'm approaching this through an RFP process because I believe in "participatory medicine," in which patients play an active and responsible role in all aspects of healthcare. I believe patients should play an active role in making care more cost-effective and patient-centered, by being responsible about costs and by saying what*

#### Request for Proposals: remove a basal cell carcinoma

First version 9 a.m. ET 3/15/2012 Minor edits 12:37 pm. Some additions labeled R 3/31 pm.

Client: Dave deBorja  
Primary physician: Daniel Z. Sands, MD, MPH, Beth Israel Deaconess (BID), Boston

**Summary:** I seek a care partner to remove a basal cell carcinoma (BCC) from my left jawline, under the ear. For a brief introduction, see blog post and photo (low quality) at <http://dave.pt/skincancerRFP>

I'm educating myself about the condition, I want to explore the available treatment options, and I'm "shopping" for a partner to do the work and follow-up with a good combination of quality, partnership, and cost.

Responses and questions to: [dv@patientdave.com](mailto:dv@patientdave.com)

#### Introduction: Partnership

The context for this exercise is responsible partnership between patient and provider, with open discussion of wants and of what works for each.

#### Participatory medicine:

*I'm approaching this through an RFP process because I believe in "participatory medicine," in*

"p" = professional charge only; all other prices include facility charge ("f") if any

	Facility 1		Facility 2		Facility 3	
Mohs	CPT	Cost	CPT	Cost	CPT	Cost
Stage 1	17311	\$2000 (\$1444p)	17311	\$1900; allowable: \$4597	17311	\$1904 (\$1,178p)
Additional stages	17312	(\$673p)\$1600	17312 -15	\$1400	17312	\$1752 (\$627p)
Total if 3 stages		\$5200		\$4700		\$5408
Pathology billing		May cost extra	No extra			May cost extra
Closing – simple	Intermed: 12051	\$552	12001-	\$900	12001-18	\$1246 (\$278-\$686p)
Closing – complex		\$2700	12018	\$2900	12051	\$1246 (\$492p)
<b>Total – Minimum / simplest case</b>		\$2000 ± 552 <b>\$2552</b>		\$ 200 \$1900 \$ 900 <b>\$3000</b>		\$1904 \$1524 <b>\$3428</b>
<b>Total cost for 3 stages and medium repair</b>		\$5200 ±\$1600 <b>\$6800</b>		\$ 200 \$4500 +\$1900 <b>\$6600</b>		\$5408 ±\$1738 <b>\$7146</b>

## Why don't patients behave like consumers?

**TEDMED2012** Jon Cohen

Jon Cohen at TEDMED 2012




12:31 / 13:05

Obstacle to adoption:  
“My patients  
aren’t asking  
for this.”

*dupl*

Vote **NO**  
on Woman Suffrage

Household Hints

 55

**BECAUSE 90% of the women either do not want it, or do not care,**

their husbands' votes.

**BECAUSE** it can be of no benefit commensurate with the additional expense involved.

**BECAUSE** in some States more voting women than voting men will place the Government under petticoat rule.

**BECAUSE** it is unwise to risk the good we already have for the evil which may occur.

**National Association OPPOSED to Woman Suffrage**

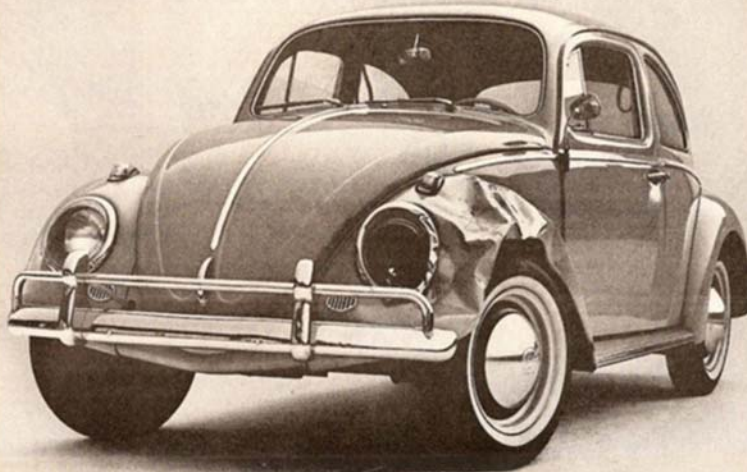
Headquarters  
268 Madison Avenue  
New York, N. Y.

Branch  
726 Fourteenth Street, N. W.  
Washington, D. C.


Votes of Women can accomplish no more than votes of Men. Why waste time, energy and money, without result?



**Keep her where  
she belongs...**



**Sooner or later, your wife will drive home  
one of the best reasons for owning a Volkswagen.**



## Sooner or later, one of the best reasons

Women are soft and gentle, but they hit things.

If your wife hits something in a Volkswagen, it doesn't hurt you very much.

VW parts are easy to replace. And cheap. A fender comes off without dismantling half the car. A new one goes on with just ten bolts. For \$24.95, plus labor.

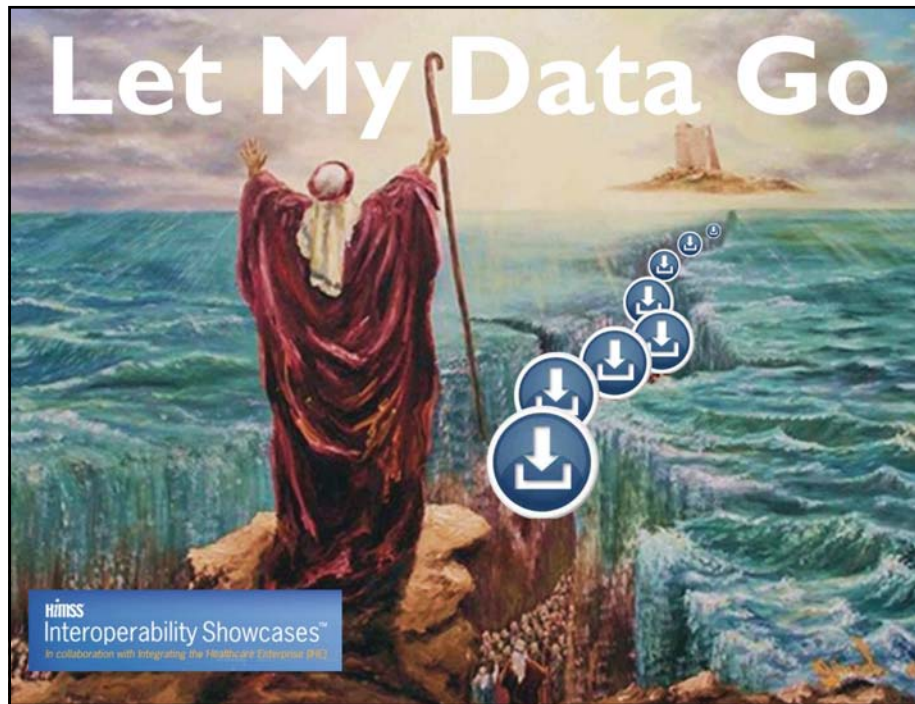
And a VW fender you can't find he has.

Most other cars are not so able too. In fact, his wife isn't limited.

She can just bump off.

*Is it always illegal  
to KILL a woman?*





**Yes friends, it's an  
information revolution.  
But it's not to  
burn anything down.**

**It's a revolution  
of new possibilities.**

**Who is the  
ultimate  
stakeholder?**

**Someday  
it will  
be you.**

**Ask not  
for whom  
the bill tolls.**





**Patients' point of view  
on the way forward:**

**Let patients help  
solve this thing.**

**“e-Patient Dave” deBronkart**

Twitter: **@ePatientDave**

[facebook.com / ePatientDave](https://www.facebook.com/ePatientDave)

[LinkedIn.com / in / ePatientDave](https://www.linkedin.com/in/ePatientDave)

[dave@epatientdave.com](mailto:dave@epatientdave.com)

Skype: **ePatientDave**