

Myth of the “good” healthcare consumer

My health care story has to do with the myth that patients and those who love them can be “consumers” in the current American healthcare “system/market”.

In the spring of 2018 my spouse exhibited peculiar symptoms for a post-menopausal woman. This included spotting as if she were having a normal menstrual cycle. Once presented to her general physician she was immediately referred to a gynecologist. After a complete examination that included a biopsy of internal cells she was diagnosed with a uterine cancer. Consequently, she was immediately referred to a gynecological oncologist to determine the best method of treatment.

Until this point in our 37-year marriage we hadn’t accessed the medical services much, aside from the birth and delivery of our two children. I had though become very aware of the pitfalls of pre-approval and “out of Network” care when our children would need dental care services.

Severe financial risk is realized by the patient if pre-approval is not obtained and/or out of network care is administered. But there is also a requirement that you consent to be “financially responsible” to the provider **BEFORE** you are seen or treated. Hence, when we experienced the shocking development of her diagnosis, I was consumed with making sure all the “T’s were crossed and I’s dotted” to make sure my spouse was getting “In-network” care that fell within our insurance carrier’s guidelines. All this instead of being most present possible as a moral support to my loved one.

I even made sure to inquire at the pre-surgical consult whether the anesthesiologists at the hospital were in-network providers. At no time were the bottom line costs for any of the surgical procedures finalized. There were only general ranges of cost. So unlike any other product in the consumer market there was NO price transparency. So in the immediacy to eliminate the threat we felt compelled to consent to a total radical laparoscopic hysterectomy. The procedure was performed without complication.

However, unbeknownst to us one of the labs to which tissue samples were set by the oncologist was NOT a network provider. We had no control over this because it was a specialized screen to rule out a more specific subset of cancers. While I’m relieved this test was negative the subsequent un covered cost was nearly 2000.00. This amount more than doubled the **expected** out of pocket cost to my family.

Remember, I/we were already contractually “financially responsible”.

Sincerely,

Kurtise Bateman