

How do I take charge of my healthcare?



The U.S. healthcare system provides state-of-the-art care, but its complexities—particularly as individuals transition from employer-provided health insurance to government-based Medicare—can be confusing and difficult to navigate.

What do I need to know?

Understanding some of the common pitfalls of the healthcare system can save you money and safeguard your health.

- Medical errors. Two in ten people have been affected by a medical mistake,¹ many of which are preventable.²
- Poor communication. Most of us see multiple providers but healthcare and services aren't always coordinated.
- High costs. The high costs—\$8,233 per person per year—do not always match the health outcomes.³

What can I do?

- Maintain your own personal health records to help you track dates and results of tests, screenings, medications, etc.
- Ask for clarification about what your care providers are doing and why. Question each treatment recommendation.
- Create a list of questions and concerns to ask your healthcare provider during each medical appointment.
- Before making any major decision about your care, ensure that all of your healthcare providers are talking to one another and can adjust their treatment plans if needed.

How do I choose between different care options?

Health information is everywhere. Look for trustworthy sources and treatments that are evidence-based, such as those that have been shown to be effective in repeated cases. Discuss the options with your care providers, and ask them:

- Why are they recommending a particular treatment?
- What is the goal of the treatment? How will we know if the treatment is working?
- What are the risks and benefits of each of the treatments?
- What experience does the provider have administering this treatment?

Which recent innovations could improve healthcare?

- Provider ratings. Healthcare providers are rated on their timeliness, how often patients experience complications, and patient satisfaction. Sources listed below can help you find provider ratings online for comparison.
- Paying for performance. As seen in the Affordable Care Act, momentum is building to reward providers and institutions whose patients recover faster and stay healthier.
- Patient advocates (or care coordinators). These are professionals trained to help you get the care you need and want. They save you time and money, help you decide on treatment, and reduce the risk of medical errors.
- Concierge (or boutique) medicine. Health concierges are small-scale, fee-for-service providers. They chiefly provide primary care, such as preventive, urgent, and hospital care, while focusing on personalized service.

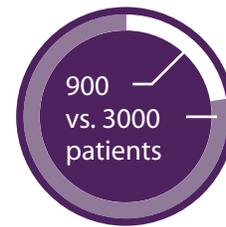
What are some advantages of a health concierge?

- Concierges are more affordable than you might think. Most practices have an annual fee of \$1,500 to \$1,800 per year, which works out to about \$4 to \$5 per day.⁴
- Concierge physicians have lower patient loads allowing them to spend more time with each patient.
- Concierges offer better access to care.⁷ Patients can get quick appointments, house calls, and immediate test results. Many concierges offer access to providers 24/7.

- In addition to care and coordination, many concierges offer auxiliary services, such as personalized wellness programs, assistance finding lodging near hospitals, and coordinating pet care.

What are some of the disadvantages?⁷

- Hidden costs. Not all expenses are covered by the annual fee. You pay for services used, but it won't replace your need for health insurance.
- Concierge medicine is not everywhere—yet. The industry is expanding, but currently has 200 to 300 practices.⁴



A concierge physician sees about 900 patients annually, versus 3,000

patients seen by a physician in a traditional practice.^{4,5,6}

References:

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