First, Do No (Financial) Harm

“First, do no harm” is a well-established mantra of the medical profession, but it may need to be reconceptualized in an era of unsustainable health care spending. Medical bills are now a leading cause of financial harm and physicians decide what goes on the bill. The possible consequential harm is substantial, often leading to lost homes and depleted savings. While the Affordable Care Act will ensure expanded coverage, newly insured Americans will not necessarily be immune from increased costs of their care. More Americans than ever before are enrolled in high-deductible insurance plans, meaning that seemingly simple decisions that physicians make about testing could directly lead to thousands of dollars in out-of-pocket costs. This strain on household budgets can cause further erosion of personal health. Lack of money to pay for medical bills and medications has consistently topped the list of financial concerns for Americans on the monthly Consumer Reports Index survey, in many cases leading patients to postpone or forgo needed care.

Some physicians may be resigned to a reality that financial adverse effects are a known and unavoidable harm of medical care. However, the same argument has been made previously about central line infections, yet central line infections are almost universally avoidable through specific actions of physicians. Just as physicians play an important role in preventing serious infections, physicians can also help patients avoid experiencing financial harm as a result of medical care (Box).

Screen for Financial Harm
First, physicians can help patients avoid financial harm by screening each patient to determine financial risk and preferences. For instance, patients can be asked if they have any concerns about how their medical care will be paid for and how much they personally may owe. Similar to advance directives, making such screening routine could help allieviate patient or physician discomfort broaching this delicate topic. The consideration of severe financial strain directly resulting from care must also be balanced with the need for care. Such an approach does raise the important concern that patients will be stratified and treated differently based on their insurance and financial status. To avoid the legitimate concern of exacerbating inequities, a “universal precautions” approach to providing fiscally responsible care can be adopted.

Adopt a Universal Approach
In 2007, the majority of medical debtors had health insurance at the beginning of their illness, and an estimated 25 million Americans were uninsured. Hence, it is increasingly difficult to know which patients will be faced with insurmountable medical bills in the near future. Since physicians cannot be sure which patients will ultimately have unaffordable medical bills, they should treat all patients as if they could be.

This approach applies to both inpatient and outpatient encounters because patients often face significant financial obligations in both settings. Although physicians may assume that hospitalizations for insured patients are automatically covered by health plans, in reality these patients may still face large co-payments. Thus, in some instances whether hospitalization can be forgoed must be discussed. In addition, the payer may refuse the appropriateness of admission or leave coverage gaps due to high deductibles, caps, or other cost-sharing mechanisms. In the ambulatory care setting, patients may pay a percentage of the fees for services. However, patients can be understandably confused whether they are being treated as inpatients or outpatients because emergency department care and “observation” status in the hospital are often considered ambulatory care sites.

Box. Example Scenario: Assessing Possible Financial Harm for a Patient With Low Back Pain for 3 Weeks Without “Red Flag” Symptoms

Screen for financial harm
Are you worried about how your medical care will be paid for?
Are you having trouble paying for your medications at home?

Adopt a universal approach
Even though your insurance will cover it, I don’t think that back imaging will help us. Most back pain like yours gets better on its own within 4 to 6 weeks. The risks of radiation and the high cost outweigh any possible benefits. What were you hoping to find out with a scan?

Understand financial ramifications and value of recommendations
Physical therapy has been shown to be beneficial in some back pain cases like yours if the pain lasts more than 4 weeks. I could refer you to physical therapy if you were interested, but it may not be covered by your insurance and would likely cost you up to a couple hundred dollars out-of-pocket. Would that be OK with you? If you would prefer to not spend the time and the money, I could instead give you some examples of exercises that you can do on your own for now and we can reevaluate the need for physical therapy next time if your pain is not getting better. What do you think?

Optimize care plans for individual patients
Your insurance will not cover physical therapy, but you could go to your local yoga class if you want for much cheaper. Yoga has also been shown to be helpful for low back pain. Do you think that you would want to try that?
Understand Financial Ramifications and Value of Recommendations

Many studies demonstrate that physicians are unaware of the cost of routinely ordered tests, let alone the potential financial risks for patients seeking care. To explain potential options and their fiscal implications to patients, physicians will need to take responsibility for knowing the financial ramifications of the care they are providing. This does not always require knowing the exact dollars-and-cents costs: one of the best ways to deflate medical bills would be to avoid interventions that do not make patients healthier. With up to one-third of total health care costs currently estimated to be wasteful, physicians should concentrate on providing appropriate care. Several tools and resources can assist physicians in identifying these areas of likely overuse, including the widely publicized Choosing Wisely campaign.

Optimize Care Plans for Individual Patients

Physicians also should learn how to optimize personalized health care decisions for patients’ financial health. Too often physicians choose less than ideal options for their particular patients not due to a lack of caring, but rather a lack of knowing. This includes not prescribing generic or other insurance-covered drugs when appropriate. Lack of awareness about the opportunities to provide higher-value care should no longer be an allowable excuse. Physicians, as well as office and hospital staff, can aid patients by directing them to readily available high-quality resources about medication costs and their insurance plans. Providing true patient-centered care should not replace physical ailments with distressing fiscal harms.

Conclusions

Financial concerns are important to patients and physicians need to be prepared to address this aspect of their care. Although these financial discussions may present some challenges, physicians already participate in difficult discussions with patients about opiate abuse, domestic violence, and end-of-life decisions. To provide truly patient-centered care, physicians can live up to the mantra of “First, do no harm” by not only caring for their patients’ health, but also for their financial well-being.