Three Stories That Highlight What's Wrong With The Medical System

Skeptical Scalpel

Just how screwed up is the U.S. medical system? Let me count the ways.

Here are three recent stories that highlight what's wrong with our medical system.

An in-depth report [1]by the Tampa Bay Times found that hospitals in Florida are charging exorbitant fees for patients arriving at trauma centers. It led with an account of a patient who spent 40 minutes in a Fort Pierce trauma center before being transferred to another institution for a higher level of care. After some diagnostic tests were done, he was on his way. The tab for the 40 minutes? $32,727.

The Times found that the average charge for a trauma center activation was over $10,000 and the highest was $33,000. For-profit hospitals tended to charge the most. These charges were billed regardless of nature of the injuries, be they minor cuts or abrasions. And as is customary today, the uninsured were charged the full amounts.

Hospital administrators admitted that the charges were based on what other hospitals charged and had no relationship to what resources were used. The fees did not include bills for physician services, which were separate.

Bloomberg News published an exposé [2]on Mount Sinai Hospital's alleged practice of scheduling "emergency" cardiac catheterizations. Patients were said to have been coached to go to the emergency room and say they were having acute symptoms of heart disease so that insurance or Medicaid would pay.

One interventional cardiologist was paid $4.8 million by the hospital in 2012. The article also stated that failure to do enough procedures might result in a reduction in pay for other cardiologists.

A medical scribe's post [3]on the website KevinMD stated that he or she was told to indicate that things like smoking cessation counseling and a full review of systems had been done for patients in an emergency room regardless of whether they actually had occurred. Checking off these activities among others raises the documented level of care and results in increased reimbursement for the hospital and physician.

As I pointed out in a post [4]in December 2012, an electronic medical record facilitates such activity. This is not to say that fraud could not have occurred when charts were on paper. It's just easier to do with an electronic record by checking a box.

There are many other examples of excessive costs and wasted money, but these are just some that have appeared recently.

Check out more... [5]

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