



How a \$10 Office Visit Co-pay Makes People Sick

A common definition of a “good” and “generous” health benefit plan is one where the employee pays only a small co-pay when he/she visits a health care provider. The reasoning goes something like this: if the employee has a low co-pay, he will go to the doctor without hesitating. This will get his illnesses diagnosed and treated earlier, creating better health and lower long term costs.

Easy access to medical care does not always create health, however.

Imagine an employee feels nauseated and has some stomach pain. He goes to his doctor - after all, it's only a few dollars. His doctor thinks it might be a stomach bug or high stress from deadlines at work, but just to be sure, he gives a urine test for H. Pylori bacteria - the bacteria thought to cause peptic ulcers.

Out of every 100 positive tests for peptic ulcer, 17 will be positive even though the patient does not have the illness. The nauseated employee gets a false positive test result, and is prescribed antibiotics. He may also be scheduled for an endoscopy (price tag = \$300 or more), where he is sedated while a tube is inserted down his throat and the stomach is explored for ulcers.

The simple office visit thus turns into an elaborate affair. Little of this experience strengthens the patient's health or well being. In fact, the unnecessary treatment may cause other health problems.

Are your client's costs being driven by vague symptoms snowballing into expensive escapades? Give us a look at their claims data, and we can tell you. We can also help you and your client choose a strategy to encourage using health care wisely.

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* See the American Institute of Preventive Medicine at: <http://www.healthylife.org>

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