



The Consumer Connection

... linking consumers with health care news and information

Michigan Consumer Health Care Coalition

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Questions Are The Answer: Get More Involved With Your Health Care

The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) and the Advertising Council have launched a national advertising campaign to encourage all patients and caregivers to become more active in their health care by asking questions. The "Questions Are the Answer" campaign directs consumers to call (800) 931-2470 or visit the website www.ahrq.gov/questionsaretheanswer to obtain tips on how to help prevent medical mistakes and become partners in their health care.

The AHRQ website provides resources such as public service announcements, videos, tools, and checklists for patients to help support their safe interaction with the health care system. It includes a "Question Builder" tool that allows consumers to generate a customized list of questions they can bring when they meet with their health care providers. Following are samples from the AHRQ website.

Choose Quality Care

The most important thing you can do to ensure you get high-quality health care is to take an active role in making decisions about your care. Talk to your clinician about what is best for you:

- Getting the services you need when you need them
- Using the right test or procedure to achieve the best possible results

Getting Diagnostic Tests

Clinicians order blood tests, x-rays, and other tests to help identify medical problems. Not sure why a test was ordered or how it will help you? Ask your provider:

- Why do I need this test and how is it done?
- How many times have you performed the test?
- What kind of information will the test provide?
- Is this test the only way to find out that information?
- What are the benefits and risks of having this test?

THE BIG TEN: BASIC QUESTIONS TO ASK

The most important thing you can do to improve your health care is to take an active role in your care. You can enhance the quality, safety, and effectiveness of your health care by asking questions about your care, your diagnosis, your treatment, and any medications prescribed for you. Start now, by using this list of 10 basic questions.

1. What is the test for?
2. How many times have you done this?
3. When will I get the results?
4. Why do I need this surgery?
5. Are there any alternatives to surgery?
6. What are the possible complications?
7. Which hospital do you use?
8. How do you spell the name of that drug?
9. Are there any side effects?
10. Will this medicine interact with medicines I'm already taking?

Talk to your clinician. Research shows that patients who have a good relationship with their clinicians receive better care and are happier with the care they receive. Tell your clinician about your health history, symptoms, medications, and any allergies you have.

From the consumers' perspective...

Why doesn't somebody just ask?

There has been much discussion of late about the Congressional majority's proposal requiring the federal government to negotiate prices for Part D prescription drugs used by the 30 million-plus participating Medicare beneficiaries—as they do for drugs the government purchases for veterans and federal workers.

A bill was passed in the U.S. House but stalled in the Senate, where sufficient votes (60) for the proposal couldn't be corralled to prevent a filibuster.

Along the way, the debate focused on whether any real money could be saved for the federal coffers through negotiations—some said “a lot,” others maintained “not much,” still others said the private plans administering the Medicare drug benefit were getting big discounts, better than the government could ever get.

Lobbying to defeat the proposal has been intense—by drug benefits management companies and PhRMA, the drug manufacturers' lobbying arm.

We, the consumers, are left with a couple of big questions: If the drug manufacturers are already giving big discounts to Part D private insurers, why would they care if the private plans or the federal government were on the other side of the negotiating table?

The federal Medicare program is paying for a large percentage of Part D drugs with tax dollars—it must be, unless one believes that a \$30/month premium pays for administrative costs plus the drugs the average senior takes. Given this, why can't the government just *ask* what the private companies are paying for the drugs and compare those prices to their negotiated outlays for veterans and federal workers?

Or call Families USA for their January '07 price comparison of drug costs in Medicare Plan D versus VA prices. (See *The Health Care Happenings* for Families USA findings).

The stakes are too high and the medications too important for murky facts surrounding the competitive cost in addition to the game being played with public money and participants' lives. It's about time to just ask.

Beverley McDonald, Chair
Michigan Consumer Health Care Coalition

- What do I need to do to prepare for the test?
- How long will it take to get the results, and how will I get them?
- What will the results tell me?

Track Down Your Test Results

If your health care provider orders a test, get the results. Don't assume the results are fine if you do not get them when expected. Call your health care provider and ask for your results. Ask what the results mean for your care, and use that information to talk with your provider and make decisions about your care.

When You're Presented with a Surgical Solution

Are you facing surgery? You're not alone. More than 15 million Americans have surgery each year. Most surgeries are not emergencies and are considered “elective” surgery. This means that you have time to learn about your surgery to be sure it is the best treatment for you. Take an active role in your health care by talking with your provider about any recommended surgery.

Understand what will happen if surgery is recommended. Ask your provider:

- Why do I need surgery?
- What kind of surgery do I need and are there alternatives to surgery?
- What are the benefits and risks of the surgery?
- What will happen if I wait or don't have this surgery?
- Where can I get a second opinion?
- What kind of anesthesia will I need?
- What will happen after the surgery and how long will it take me to recover?
- How much experience do you have doing this surgery?
- Where will the surgery be done?
- How long will I be in the hospital?
- How successful is this surgery for most patients?
- Which hospital is best for this surgery?
- How long will the surgery take?
- How much will the surgery cost?
- Will my health insurance cover the surgery?

Medication Errors Happen

Understanding the importance your medication plays in your treatment will help you get the most benefit from your prescription. Your health care provider prescribed your medication, but you must take the medicine correctly to see the benefits.

Reduce medical mistakes and improve the quality, safety, and effectiveness of your health care by tracking your medicines, vitamins, and herbal supplements. Keep a list of all medicines you take. Bring that list—or a bag filled with your medicines—with you when you visit your health care provider. You can track your medicines with the Medicine Record Form at <http://www.ahrq.gov/consumer/safemeds/safeform.htm>.

Take Your Medications Safely

Medicine is prescribed to help you, but it can hurt you if you take too much or mix medicines that don't go together. If the information from the pharmacist about the medicines you're taking is printed in such small type that you can't read it, complain.

Ask for something you can read. Always try to understand:

- What the medicine is for and how to take it
- The side effects and what foods, drinks, or activities to avoid

- The label and warnings when you get your medicine
- Most important: Ask the pharmacist if your medicine looks different than usual or than you expected

Follow Your Treatment Plan

To stay healthy and safe, follow your treatment plan and take the medicine as prescribed.

- Ask your health care provider if you need a refill
- Tell your health care provider if you're having side effects
- Don't share your medicine with anyone
- Ask if you need tests to find out if the medicine is working

Build Your Question List

It is important to be prepared when you visit your health care clinician or pharmacist. Create a personalized list of questions that you can take with you.

Did your clinician give you a prescription? **ASK:**

- What is the name of the medicine?
- How do you spell the name?
- Can I take a generic version of this medicine?

- What is the medicine for?
- How much medicine should I take and how long do I need to take it?
- When will the medicine start working?
- Can I stop taking my medicine if I feel better?
- Can I get a refill?
- Are there any side effects?
- When should I tell someone about a side effect?
- Do I need to avoid any food, drinks, or activities?
- Does this new prescription mean I should stop taking any other medicines I am taking now?
- Can I take vitamins with my prescription?
- What should I do if I forget to take my medicine?
- What should I do if I accidentally take more than the recommended dose?
- Is there any written information I can take home with me?
- Are there any tests I need to take while I am on this medicine?

Did you recently receive a diagnosis? **ASK:**

- What is my diagnosis?
- What is the technical name of my disease or condition, and what does it mean in plain English?
- What is my prognosis (outlook for the future)?
- What changes will I need to make?
- Is there a chance that someone else in my family might get the same condition?
- Will I need special help at home for my condition?

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- Is there any treatment?
- What are my treatment options?
- How soon do I need to make a decision about treatment?
- What are the benefits and risks associated with my treatment options?
- Is there a clinical trial (research study) that is right for me?
- Will I need any additional tests?
- What organizations and resources do you recommend for support and information?

Are you choosing a health plan?

ASK:

- What are my options?
- Does this health plan provide the benefits and services I need?
- Does this health plan offer the clinicians and hospitals I want?
- Can I afford this health plan?

Are you choosing a clinician?

ASK:

- Is this clinician part of my health plan?
- Does this clinician have the background and training I need?
- Is this clinician able to work at the hospital I like?
- Can I talk to this clinician and ask questions easily?
- Does this clinician listen to me?

Are you choosing a hospital?

ASK:

- Which hospital has the best care for my condition?
- Is this hospital covered by my health insurance?
- Does the hospital meet national quality standards?
- How does the hospital compare with others in my area?

- Has the hospital had success treating patients with my condition?
- Does my clinician have privileges (is allowed to work) at this hospital?
- How well does the hospital check and improve on its own quality of care?

Are you choosing long-term care?

ASK:

- What kind of services do I need?
- What are my care options?

- Will my health insurance cover long-term care?
- Will this facility meet my needs?
- How is this care facility rated?

Source: Questions Are the Answer. Agency for Healthcare Research and Quality, Rockville, MD, <http://www.ahrq.gov/questionsaretheanswer>.

Improving health care quality is a team effort. You can improve your care and the care of your loved ones by taking an active role in your health care. Ask questions. Understand your condition. Evaluate your options.

The Health Care Happenings...

A Look at How Medicare RX Drug Dollars Are Spent

Families USA reports key findings on the costs of drugs most prescribed for seniors: the difference between VA-negotiated prices and private Medicare Part D plans

—Among the top 20 drugs, the median difference between the lowest Part D plan and the lowest VA price is 58 percent—with the Part D plan's costs higher by that amount.

—For half of the 20 drugs reviewed, the highest price charged by a large Part D plan is at least twice as high as the lowest price secured by the VA.

- ✓ For 40 mg tabs of Protonix (an acid reflux medication), the VA was paying \$214.52 a year while the largest Part D plans were paying between \$1,148.40 and \$1,333.20 a year, or five times more.

- ✓ For 70 mg tabs of Fosamax (an osteoporosis treatment), the VA's price is \$250.32 a year while the lowest annual price paid by a Part D plan is \$763.56, or 205 percent more.
- ✓ For 100 mg tabs of Toprol XL (a beta-blocker), the lowest cost for a year's treatment through the VA is \$250.06; among the largest Part D plans the lowest annual price is \$395.52—58 percent higher.

For the full January 2007 report *No Bargain: Medicare Drug Plans Deliver High Prices*, contact *Families USA* at 202.628.3030, or online at www.familiesusa.org.

State Children's Health Insurance Program (SCHIP)

Background

The State Children's Health Insurance Program (SCHIP) is a federal/state partnership, created in 1997, that provides healthcare coverage to low and moderate-income children under age 19. Since SCHIP was adopted in 1997, the country has reduced the uninsured rate of low-income children by one third—even as the number of uninsured adults has risen.

SCHIP is a block grant, not an entitlement, with capped funding and a state matching requirement. In other words, Congress sets the overall limit on annual funding levels and SCHIP is jointly funded by the federal government and by the states.

Michigan's SCHIP Program

The SCHIP program in Michigan is called MICHild, and was implemented statewide on September 1, 1998. To qualify for MICHild, a child must be ineligible for Medicaid and must have income below 200 percent of poverty (\$34,340 per year for a family of three). In Michigan, the program provides comprehensive benefits, including dental, vision, and mental health services. Children must be enrolled in a managed care plan. SCHIP funds are also used in Michigan to provide a basic outpatient benefit to childless adults with incomes at or below 35 percent of the poverty level (about \$3,600/year for a single person). The federal government pays about 70 percent of the cost of the programs in Michigan and the state contributes about 30 percent.

SCHIP in Michigan

- As of January 2007, there were 31,588 Michigan children enrolled in MICHild.
- Approximately 110,000 uninsured Michigan children are eligible for health care benefits under MICHild or Medicaid, but do not receive them.
- About 62,000 Michigan childless adults receive basic outpatient benefits under the SCHIP program. To contain spending, enrollment in this component has

been frozen much of the time since July 1, 2004.

- Outreach is a key element, but state funding for outreach was eliminated in FY2003. Enrollment has declined since.
- If SCHIP is reauthorized at the current federal level of \$5.04 billion, Michigan is projected to experience a shortfall in SCHIP funds as early as FY2008, meaning that the state would not have sufficient funding to keep its current caseload enrolled.

What is the status of SCHIP and MICHild funding?

SCHIP was initially authorized by Congress in 1997 for ten years. Congress will reauthorize SCHIP in 2007. The President's FY2008 budget recommendation for SCHIP not only provides insufficient funding to maintain the current program, but also provides no funding to enroll the 110,000 uninsured Michigan children who are likely eligible for this program, if they are not eligible for Medicaid.

A number of SCHIP reauthorization bills are expected to be introduced over the next few months. Michigan's own House Energy and Commerce Committee Chairman Dingell has already introduced legislation with Senator Clinton that

would vastly expand children's health coverage. The Clinton-Dingell Children's Health First Act is an ambitious proposal and lays out a laudable vision to improve the health of the nation's children. It is the first of many bills that will be considered during movement towards the policy phase of SCHIP reauthorization, and has many elements that would enhance the final legislation reauthorizing the SCHIP program. Any SCHIP reauthorization legislation should:

- Commit at least \$50 billion in new federal funds over the next five years for children's health coverage. Congress should strengthen its financial contribution to the federal-state partnership that has led to SCHIP and Medicaid's success over the past decade. Fifty billion dollars in new funds would allow states including Michigan to ensure that children do not lose SCHIP coverage and would encourage and enable states to reach more of

We want to hear from you— suggestions for improvements and topics, questions, even encouragement! Please contact us in care of Carol Barish, Consultant for Health Policy, Public Sector Consultants, 600 West St. Joseph Street, Suite 10, Lansing, MI 48933 (517) 484-4954. E-mail: cbarish@pscinc.com



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the uninsured children who are currently eligible for SCHIP and Medicaid, and support the growing number of states that are eager to cover more children.

- Protect existing state flexibility. Some policymakers in Congress have suggested new eligibility restrictions on SCHIP along with a reduced match for certain populations covered in SCHIP. No one who is currently covered should lose coverage because of changes to SCHIP or Medicaid as part of reauthorization. There are more than 46 million uninsured Americans today—SCHIP reauthorization is an opportunity to move forwards, not backwards. Congress should permit states the continued flexibility to operate programs that meet their states' needs.
- Allow states the option to cover legal immigrant children and pregnant women. States should be able to provide SCHIP and Medicaid to lawfully present immigrant children and pregnant women without regard to how long they have lived in the country. Currently states are barred from using SCHIP or

Medicaid funds to cover these children and pregnant women if they have not lived in the country for at least 5 years.

- Allow states the option to cover pregnant women. SCHIP should include an explicit option, along with new funding, to cover pregnant women. Although states currently have some avenues for covering pregnant women through SCHIP, they are unnecessarily complicated and leave women with incomplete care.
- Reject new funding for SCHIP that is financed by cuts in Medicaid. Since SCHIP stands on the shoulders of Medicaid, cuts in Medicaid to finance SCHIP would weaken rather than strengthen children's health care coverage.

For more information, please contact the Michigan League for Human Services at 517.487.5436 or visit www.milhs.org.

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