Health Examination Coverage by Various U.S. Health Care Systems

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Health examination as well as programs designed to help individuals stay healthy and reduce health risks are not consistently provided nor covered by various U.S. health care systems. There is no single national health insurance system in the U.S. The coverage provided by each of these programs within the different health systems varies. This presents a challenge to employers in selecting which health insurance plans to offer their employees as well as the individual deciding which services they will use. There are several private insurers, a federal single payer Medicare for the elderly, and federal and state managed Medicaid for those with low income. The employer is essentially the employee’s agent in the health insurance marketplace. As the employer, what are we demanding of our health care system?

The U.S. spends almost twice as much on health care as a percent of the economy as other advanced countries - $3.3 trillion, 17.9%. Despite the dollars spent on health care, the World Health Organization ranking of health systems places the U.S. at number 37 in the world and the Commonwealth Fund’s ranking of 7 developed countries and their health systems ranks the U.S. at 7. While the U.S. is known for innovation in health care, we fail to hold the same recognition for our health system. Statistics show premature death in the U.S. is increasing.

Medical costs in the U.S. are rising at 6–9% per year. Hawaii’s Sunday newspaper, The Honolulu Star-Advertiser on January 21, 2018 headlined “Costs to Skyrocket”. Health insurance premiums for the individual in the next 8 years are projected at $14,000/year with a family of four at $42,500/year. Premiums are expected to double every 10 years. Different plans under each insurer have different coverage and costs. As an example, at our Institute the monthly fees in Hawaii for single coverage range from $569 to $648 per month per employee depending on the health insurance provider used. Within that coverage, there are variations in procedures costs. Some require co-payments by the individual for each procedure while others have a deduction payment where the individual pays a set amount before the insurance starts to apply to charges. More confusing are facility fees and physician fees. Even if screening is free, it doesn’t mean the entire visit is free. The charges are per service, not per visit. For example, confusion also arises when an individual is being seen for an annual check-up assuming the visit is covered by their insurance under preventive services and then mentions renewing a prescription or a particular ailment. At that point the visit changes from preventive to diagnosis and treatment which has another set of insurance guidelines and coverage.

Preventive care services are designed to help individuals be healthy. Unhealthy lifestyles lead to costly chronic illness. In the health examination, we strive to prevent or slow progression of disease. It should also reduce health care cost over time to the individual but what about the medical center/provider? The medical center/provider is financially rewarded for more procedures. If the physician provides the results to the patient over the phone for a screening exam it is free. However, if they have the patient return for an office visit, they can bill for that visit no matter what the examination results are or insurance coverage of the examination itself.

The Affordable Care Act passed under the Obama administration in the U.S. is under a great deal of debate with an unknown future under the present administration. At the time of this presentation, under the Affordable Care Act, preventive care benefits for adults include the following.

All plans must cover regardless of age, sex, plan cost or risk level:
1. Alcohol misuse screening and counseling
2. Blood pressure screening
3. Depression screening
4. Obesity screening and counseling
5. Tobacco use screening for all adults and cessation interventions for tobacco users
6. Immunization vaccines for adults – doses, recommended ages, and recommended populations vary
Most plans must also cover the following list of preventive services without charging a copayment or coinsurance for those at risk:
7. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
8. Aspirin use to prevent cardiovascular disease for men and women of certain ages
9. Cholesterol screening for adults of certain ages or at higher risk
10. Colorectal cancer screening for adults over 50 years of age (frequency determined by level of risk)
11. Diabetes (Type 2) screening for adults with high blood pressure
12. Diet counseling for adults at higher risk for chronic disease
13. Hepatitis B screening for people at high risk, including

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people from countries with 2% or more Hepatitis B prevalence, and U.S. born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.

14. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945–1961

15. HIV screening for everyone ages 15–65, and other ages at increased risk

16. Lung cancer screening for adults 55–80 years of age at high risk for lung cancer because they are heavy smokers or have quit in the past 15 years (PHREI and Straub Clinic were part of the federally funded National Lung Screening Trial that documented the positive impact of this screening with low dose spiral CT)

17. Sexually transmitted infection (STI) prevention counseling for adults at higher risk

18. Syphilis screening for adults at higher risk

Frequency of the preventive services is restricted. As researchers in this area, we are challenged to show the impact of the service, report the findings to the U.S. Preventive Services Task Force (an independent team of scientists and medical experts) to then add it to the recommended list of screening procedures and work with Insurance companies to see that the services are covered and available to the public.

While these services may be available there remain various barriers including cost, time, access and motivation to obtaining the procedures. How many appointments are needed to get these services? Rather than a comprehensive one stop examination covering all of the applicable preventive care services for each individual, those in the U.S. must navigate their own list of procedures and appointments with the appropriate physicians providing each service. The health care provider may furnish online a list of preventive care services available and when they are due for the individual but the individual must know how to access and be motivated enough to take responsibility for seeing that each procedure is accomplished. Primary care physicians can play a key role with each of their patients to help oversee this process and encourage the individual to take advantage of preventive care service coverage.

In Hawaii, PHREI/PHRI under Dr. Fred Gilbert’s leadership designed the Health Appraisal Center at Straub to provide a comprehensive health screening examination vs. individual appointments for each screening procedure. The examination included questions on lifestyle and risk for various conditions with computerized, standardized data collection to also allow the health professionals to see patterns within the population, update risk analysis, form questions arising from the data requiring further analysis, etc. Dr. Morris Collen did the same at Kaiser and Dr. Shigeaki Hinohara visited both sites bringing back plans for addressing the need in Japan. MJ Health Screening Center under Mr. C.K. Tsao and Dr. P.K. Sung got underway in Taiwan and is now in several sites across Asia providing a comprehensive health screening visit for participants. Unfortunately, the Health Appraisal Center no longer exists at Straub. There was no financial benefit to the physicians for the individual attending the screening center vs. seeing them directly for some of the screening procedures and then being referred to other physicians for screening procedures outside their specialty. Additional health promotion classes/programs were and are still being offered.

Blue Cross Blue Shield in Hawaii is exploring going from a fee-for-service model to a fixed monthly rate for each patient in a practice whether or not they visit the doctor. They hope to reward doctors for improving the health and well-being of their patients.

So who benefits and who uses? The U.S. Centers for Disease Control and Prevention reports nationally, Americans use preventive services at about half the recommended rate. Patients with dedicated health care providers who actively manage the preventive care service process as well as those strongly motivated to use the services available to them do best. Socially and economically disadvantaged patients are often caught in a system they don’t fully understand and fear they can’t afford. Seeking multiple visits to get the services available is especially difficult for those with lower income positions who will have to take time off from work for several appointments.

Dr. Uwe Reinhardt, Health Economist at Princeton University along with Dr. William Hsiao, Economist at Harvard T.H. Chan School of Public Health designed Taiwan’s single-payer National Health Insurance program with common benefits and cost for the entire population. On the U.S. Affordable Care Act, Dr. Reinhardt noted that if you wait to purchase health insurance until you get sick, then you lose out on the benefits from the preventive programs provided by that insurance.

By prioritizing preventive services, we can make a difference. As reported in the state of Maine in the U.S., childhood immunization rates went from 68% to 84% after the state officials made it a targeted area for improvement. To achieve wellness we need to bring together clinical and behavioral medicine, health economics, healthcare policy, and public health including health education, to not only provide services but address access, motivation, and navigating the system.

I look forward to further discussions in IHEPA on how we can most effectively accomplish our goal of keeping individuals healthier through health evaluation and promotion.

Aloha, Vicki L. Shambaugh

The author states that she has no Conflict of Interest (COI).

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