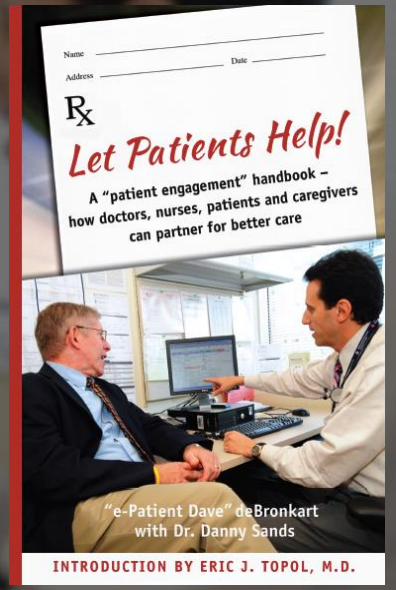
A patient perspective: What might we be overlooking?

A risk of selection bias in our view of the field

Twitter: @ePatientDave

facebook.com/ePatientDave
LinkedIn.com/in/ePatientDave
dave@epatientdave.com



Society for Participatory Medicine
Bringing together e-patients and health care professionals

APCDs won't include people who've given up or fallen out of the system

Dave deBronkart
@ePatientDave

"Until we have data on outcomes, won't get funding for survivorship"

#NatlCancerForum

2:34 PM - 24 Jul 2017

1 Like 

1

Dave deBronkart
@ePatientDave

"Until we have data on outcomes, won't get funding for survivorship" - WHO GETS TO SAY *WHICH* OUTCOMES?

#NatlCancerForum

2:34 PM - 24 Jul 2017

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Dave deBronkart
@ePatientDave

"Until we have data on outcomes, won't get funding for survivorship" - WHO GETS TO SAY *WHICH* OUTCOMES? Ask pts/caregivrs! #NatlCancerForum

2:34 PM - 24 Jul 2017

1 Like 

1

Go to Ground Truth

“Who gets to say what outcome should be valued?”

“What are your goals for your care?”

BioMed Central

BMC Medicine

RESEARCH ARTICLE | OPEN ACCESS

Taxonomy of the burden of treatment: a multi-country web-based qualitative study of patients with chronic conditions

Viet-Thi Tran ✉, Caroline Barnes, Victor M. Montori, Bruno Falissard and Philippe Ravaud

Abstract

Background

Management strategies for patients with chronic conditions are becoming increasingly complex, which may result in a burden of treatment for patients. To develop a Minimally Disruptive Medicine designed to reduce the burden of treatment, clinicians need to understand which healthcare tasks and aggravating factors may be responsible for this burden. The objective of the present study was to describe and classify the components of the burden of treatment for patients with chronic conditions from the patient's perspective.

Methods

We performed a multi-country qualitative study using an online survey and a purposive sampling strategy to select English-, French-, and Spanish-speaking participants with different chronic conditions. Participants were recruited by physicians, patients' associations, advertisement on social media, and 'snowballing'. The answers were analyzed by i) manual content analysis with a grounded theory approach, coded by two researchers, and ii) automatic textual analysis by Reinert's method.

Results

Between 2013 and 2014, 1,053 participants from 34 different countries completed the online survey using 408,625 words. Results from both analyses were synthesized in a taxonomy of the burden of treatment, which described i) the tasks imposed on patients by their diseases and by their healthcare system (e.g., medication management, lifestyle changes, follow-up, etc.); ii) the structural (e.g., access to healthcare resources, coordination between care providers), personal, situational, and financial factors that aggravated the burden of treatment; and iii) patient-reported consequences of the burden (e.g., poor adherence to treatments, financial burden, impact on professional, family, and social life, etc.). Our findings may not be applicable to patients with chronic conditions who differ from those who responded to our survey.

"Taxonomy of burden"

BioMed Central

BMC Medicine

RESEARCH ARTICLE | OPEN ACCESS

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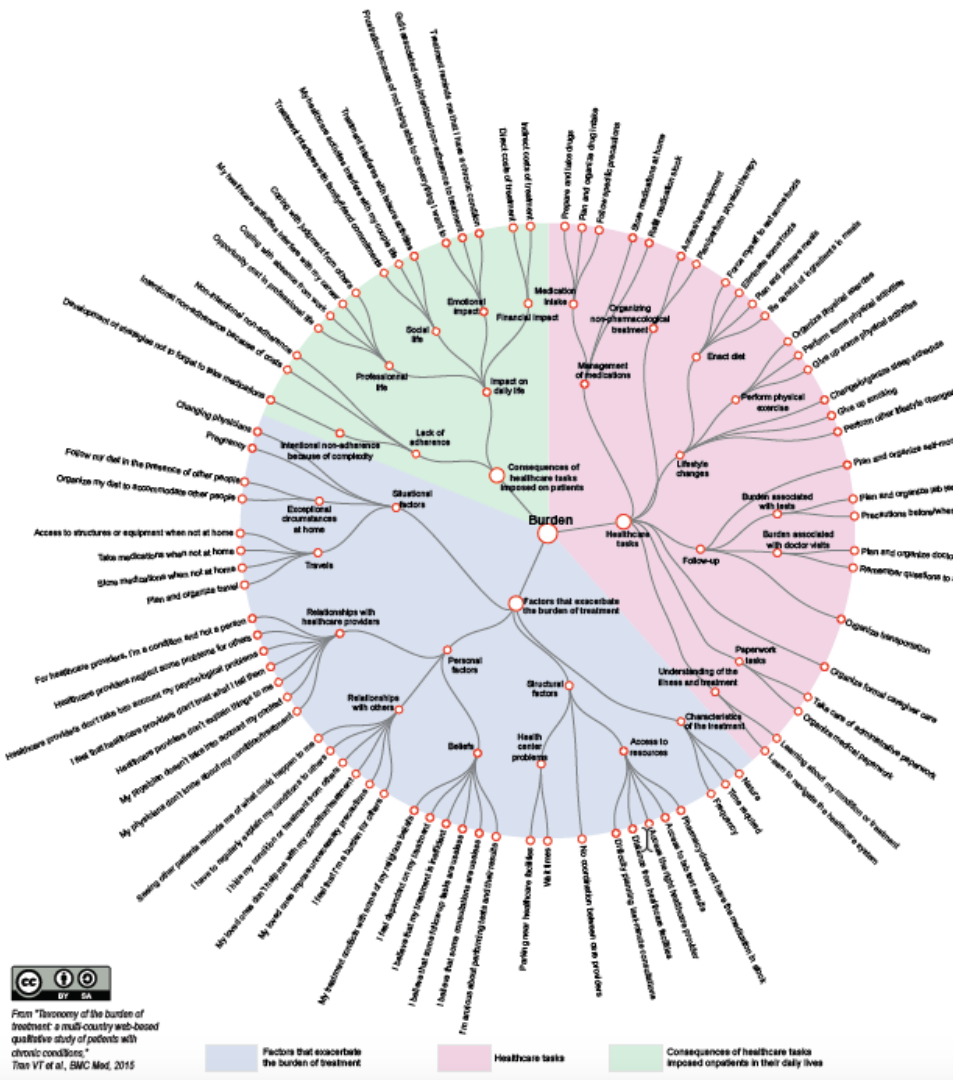
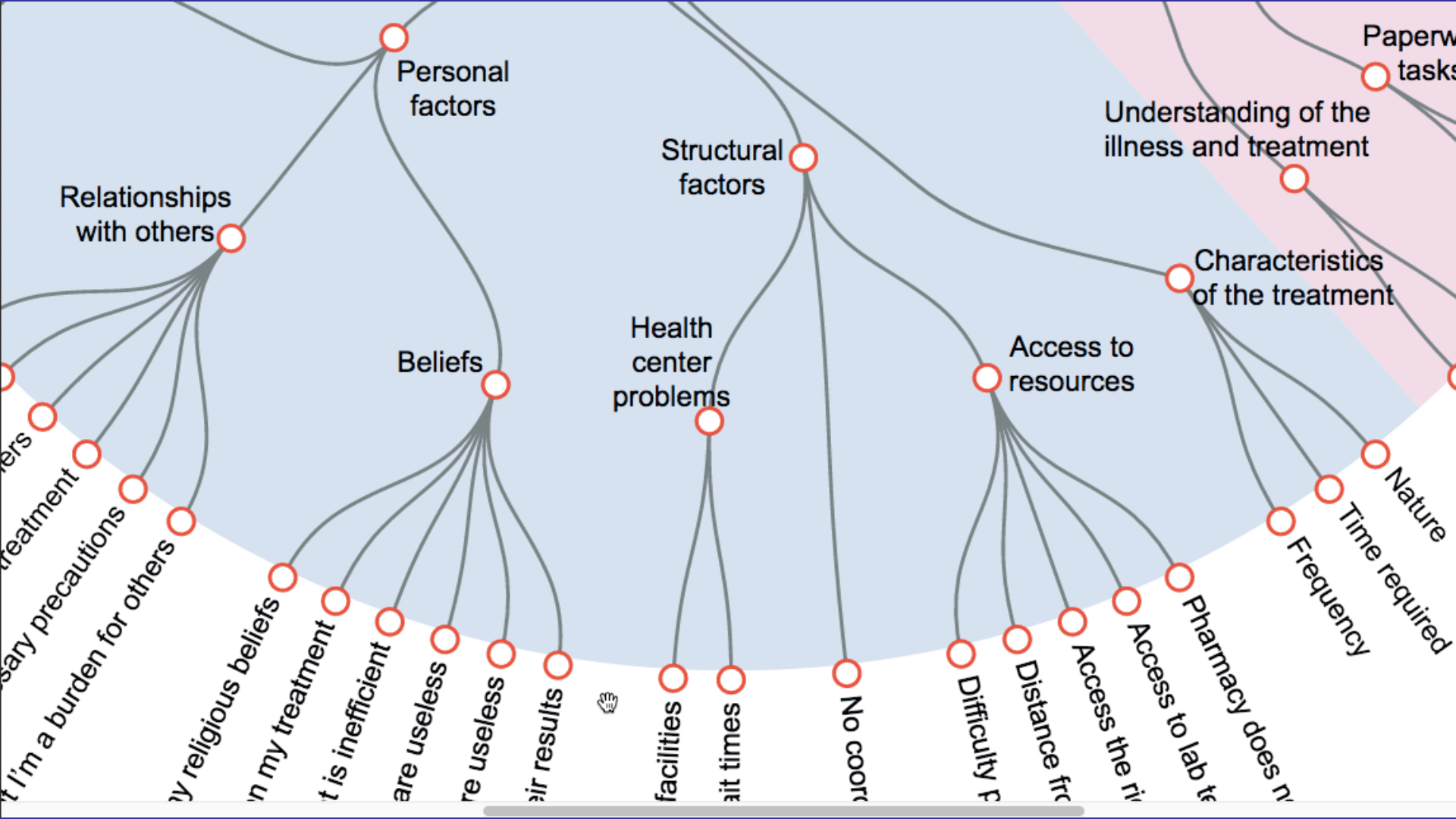
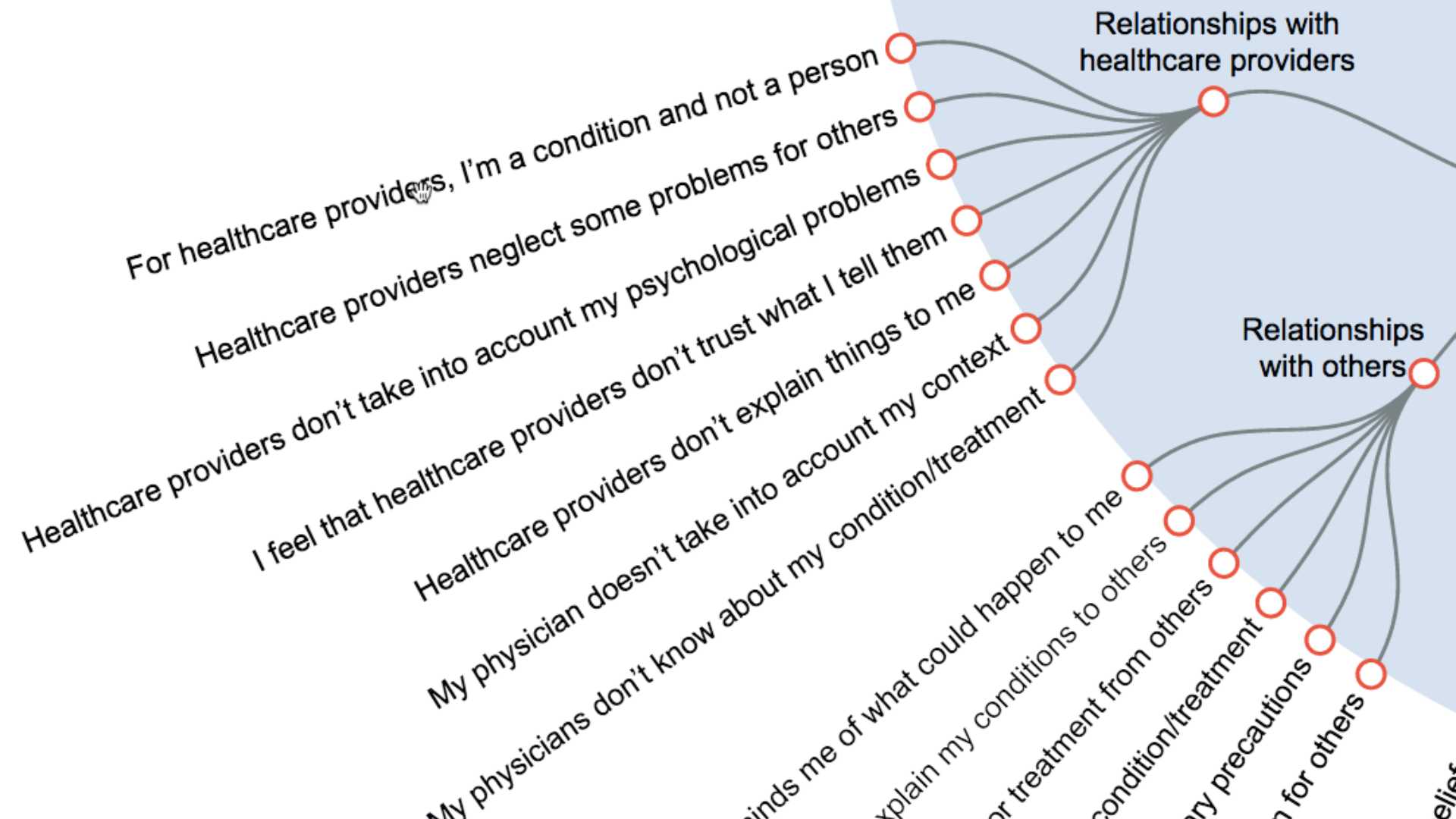



Personal factors
Relationships with others
Beliefs
Structural factors
Health center problems
Access to resources
Characteristics of the treatment
Understanding of the illness and treatment
Paperw
tasks
Nature
Time required
Frequency
Pharmacy does n
Access to lab te
Access the ri
Distance fro
Difficulty f
No coor
facilities
ait times
ir results
re useless
are useless
t is inefficient
n my treatment
y religious beliefs
t I'm a burden for others
sary precautions
treatment
ers


Relationships with healthcare providers
Relationships with others
For healthcare providers, I'm a condition and not a person
Healthcare providers neglect some problems for others
Healthcare providers don't take into account my psychological problems
I feel that healthcare providers don't trust what I tell them
Healthcare providers don't explain things to me
My physician doesn't take into account my context
My physicians don't know about my condition/treatment
inds me of what could happen to me
xplain my conditions to others
r treatment from others
condition/treatment
y precautions
n for others

Asking the experts

- **Kym Martin** @KymLMartin
  - Hodgkins (1983), melanoma (1992), melanoma (2004), breast cancer (2012)

Asking the experts

- **Kym Martin** @KymLMartin
  - Hodgkins (1983), melanoma (1992), melanoma (2004), breast cancer (2012)

- **Alicia Staley** @Stales
  - Hodgkins; breast cancer x2

Best Care at Lower Cost (IOM 2012)

How it actually unfolds:

How it actually unfolds:

How it actually unfolds:

This is SO not okay. It's a PROBLEM.


60

It's like "amenable mortality"

A finding that doesn't reach the point of need is precisely like a medication with an ineffective vehicle: fruitless.

This IS a problem to the ultimate stakeholder and THIS GROUP needs to declare it and mandate that it get fixed.

What I want you to remember from today:

“This is a PROBLEM. We must END it.”

Next:
Whom should we ASK
“Is it working?”

Institute of Medicine – Sept 2012

Major new report: "Best Care at Lower Cost"

Institute of Medicine – Sept 2012

Major new report: "Best Care at Lower Cost"

TABLE S-2 Characteristics of a Continuously Learning Health Care Sy

Science and Informatics

Real-time access to knowledge—A learning health care system continu captures, curates, and delivers the best available evidence to guide, sup clinical decision making and care safety and quality.

Digital capture of the care experience—A learning health care system experience on digital platforms for real-time generation and application improvement.

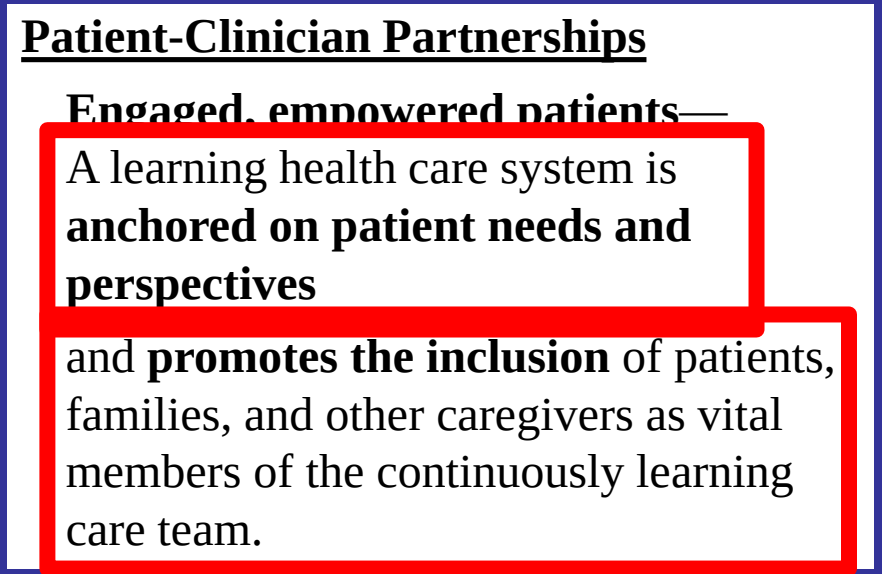
Patient-Clinician Partnerships

Engaged, empowered patients—A learning health care system is ancho perspectives and promotes the inclusion of patients, families, and other members of the continuously learning care team.

Incentives

Incentives aligned for value—In a learning health care system, incenti

Best Care at Lower Cost says e-patients are an essential part of tomorrow's healthcare.



Patient-Clinician Partnerships

Engaged, empowered patients—

A learning health care system is **anchored on patient needs and perspectives**

and **promotes the inclusion** of patients, families, and other caregivers as vital members of the continuously learning care team.

What I want you to remember from today, #2:

Patients & caregivers are the *ultimate* stakeholder.

Give them veto-level approval power.

Analogous inhibitor: Financial toxicity

Surprise! Insurance Paid the E.R. but Not the Doctor

By MARGOT SANGER-KATZ and REED ABELSON NOV. 16, 2016

Patients who go to emergency rooms at hospitals covered by their medical plans may still receive a bill from a doctor who was not in the insurance company's network. David Goldman/Associated Press

RELATED COVERAGE

PUBLIC HEALTH

Even Insured Can Face Crushing Medical Debt, Study Finds JAN. 5, 2016

PAYING TILL IT HURTS

Costs Can Go Up Fast When E.R. Is in Network but the Doctors Are Not

SEPT. 28, 2014

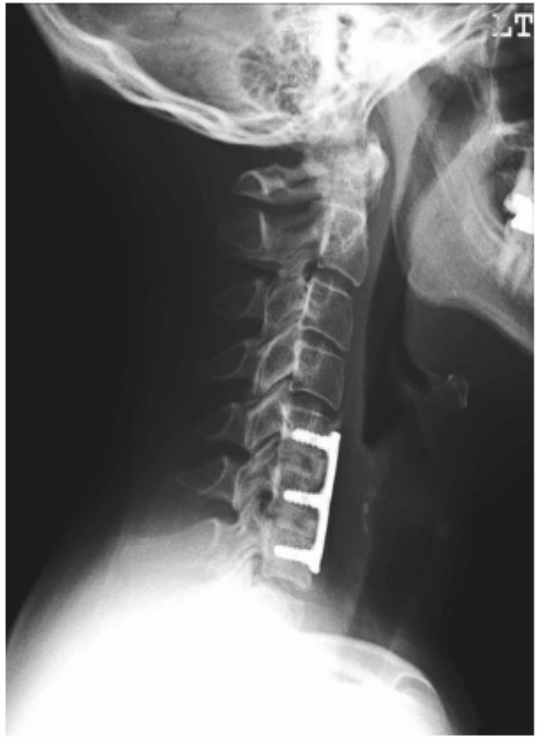
RECENT COMMENTS

Jesper Bernoe November 18, 2016

Nothing can surprise you in the land of P. T. Barnum.

After Surgery, Surprise $117,000 Medical Bill From Doctor He Didn't Know

By ELISABETH ROSENTHAL SEPT. 20, 2014



Peter Drier was billed by an assistant surgeon he did not know was on his case.

Before his three-hour neck surgery for herniated disks in December, Peter Drier, 37, signed a pile of consent forms. A bank technology manager who had researched his insurance coverage, Mr. Drier was prepared when the bills started arriving: $56,000 from Lenox Hill Hospital in Manhattan, $4,300 from the anesthesiologist and even $133,000 from his orthopedist, who he knew would accept a fraction of that fee.

He was blindsided, though, by a bill of about $117,000 from an "assistant surgeon," a Queens-based neurosurgeon whom Mr. Drier did not recall meeting.

RELATED COVERAGE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As Ho:
DEC. 2, 2

“We perform better when we’re informed better”

Blood test: $522 or $19? MRI: $750 or $495? Tell us what health care is costing you

Updated on May 8, 2017 at 11:14 AM, Posted on April 5, 2017 at 5:46 AM

Corollary: “It’s perverse to keep us in the dark and then call us naïve”

Blood test: $522 or $19? MRI: $750 or $495? Tell us what health care is costing you

Updated on May 8, 2017 at 11:14 AM, Posted on April 5, 2017 at 5:46 AM

AN AMERICAN SICKNESS

HOW HEALTHCARE BECAME BIG BUSINESS AND HOW YOU CAN TAKE IT BACK

ELISABETH ROSENTHAL

e-Patient Dave epatientdave

What happens when a consumer *tries* to be responsible about costs?

N.H. insurance shopping, 2011

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)
Option A	$894				
Option B	$705				
Option C	$581				
Option D	$495				
Option H	$624				

The choices they offered

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)
Option A	$894	$1,000			
Option B	$705	$2,500			
Option C	$581	$5,000			
Option D	$495	$10,000			
Option H	$624	$5,950			

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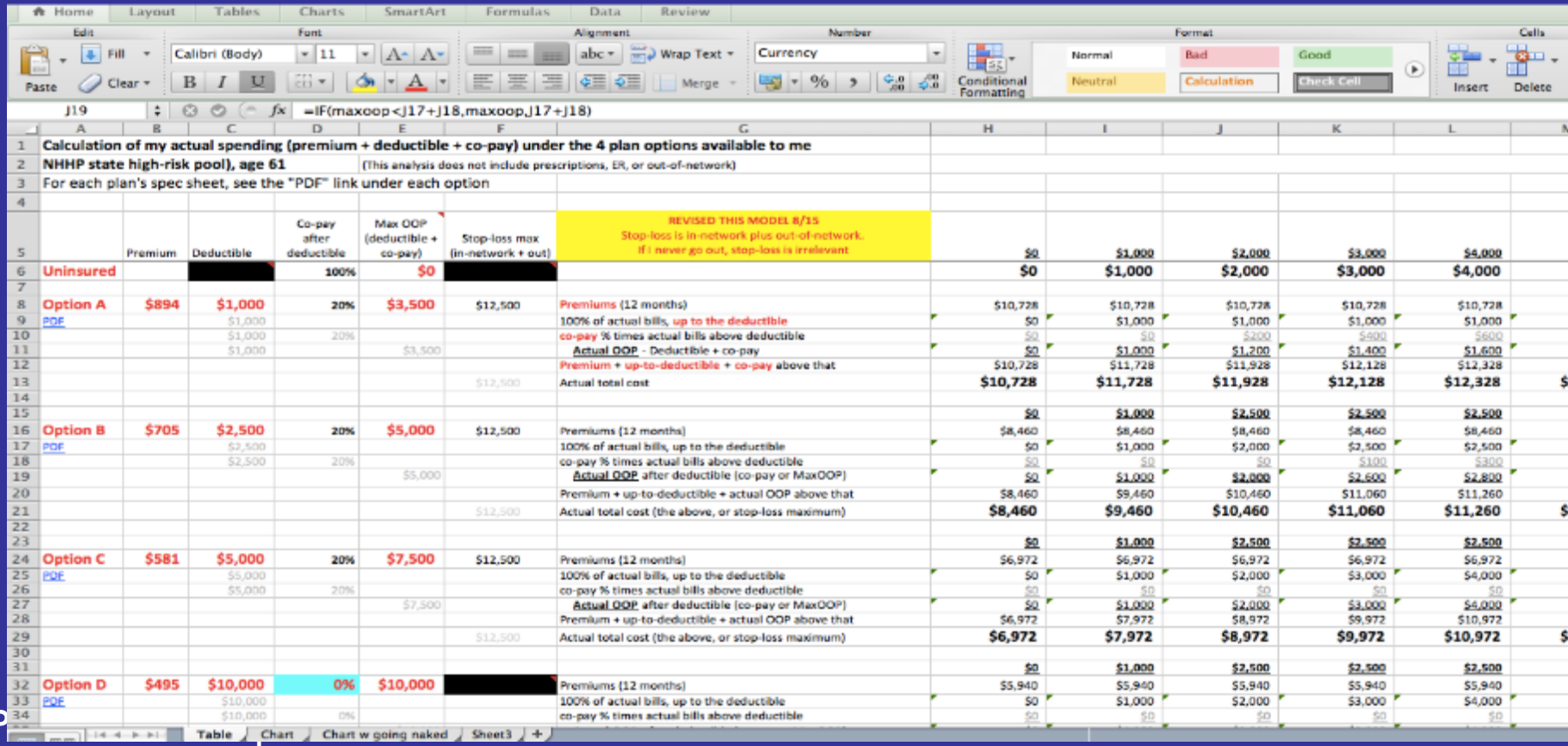
Option A	$894	$1,000	20%		
Option B	$705	$2,500	20%		
Option C	$581	$5,000	20%		
Option D	$495	$10,000	0%		
Option H	$624	$5,950	0%		

The choices they offered

	Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)
Option A	$894	$1,000	20%	$3,500	$12,500
Option B	$705	$2,500	20%	$5,000	$12,500
Option C	$581	$5,000	20%	$7,500	$12,500
Option D	$495	$10,000	0%	$10,000	n/a
Option H	$624	$5,950	0%	$5,950	$12,500

I know – run some scenarios!



Home | Layout | Tables | Charts | SmartArt | Formulas | Data | Review

Edit | Font | Alignment | Number | Format | Cells

Paste | Fill | Clear | Calibri (Body) | 11 | Wrap Text | Merge | Currency | Conditional Formatting | Normal | Bad | Good | Neutral | Calculation | Check Cell | Insert | Delete

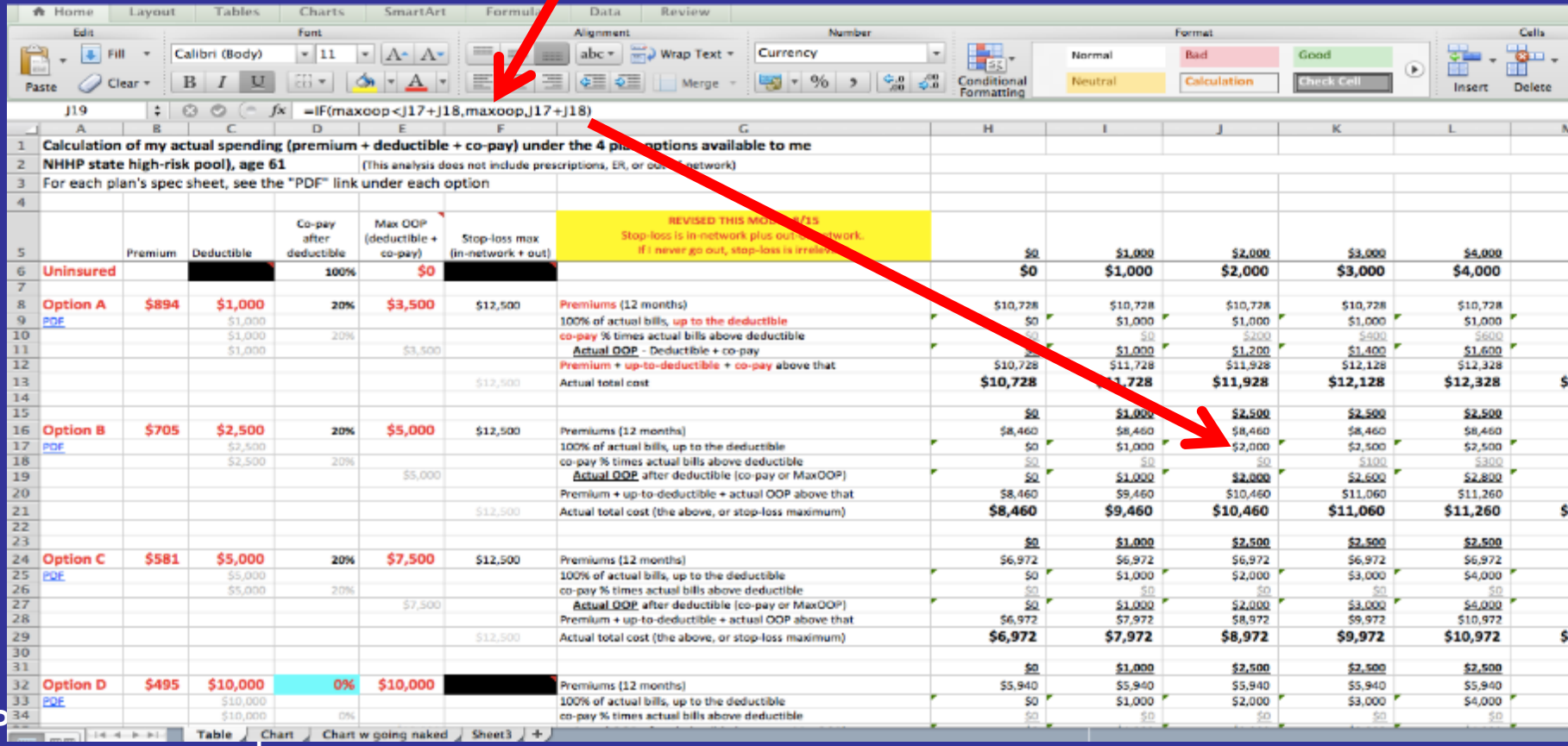
J19 =IF(maxoop<J17+J18,maxoop,J17+J18)

	A	B	C	D	E	F	G	H	I	J	K	L
1	**Calculation of my actual spending (premium + deductible + co-pay) under the 4 plan options available to me**											
2	**NHHP state high-risk pool), age 61**				(This analysis does not include prescriptions, ER, or out-of-network)							
3	For each plan's spec sheet, see the "PDF" link under each option											
4												
5		Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)	REVISED THIS MODEL 8/15 Stop-loss is in-network plus out-of-network. If I never go out, stop-loss is irrelevant	$0	$1,000	$2,000	$3,000	$4,000
6	Uninsured			100%	$0			$0	$1,000	$2,000	$3,000	$4,000
7												
8	Option A	$894	$1,000	20%	$3,500	$12,500	Premiums (12 months)	$10,728	$10,728	$10,728	$10,728	$10,728
9	PDF		$1,000				100% of actual bills, up to the deductible	$0	$1,000	$1,000	$1,000	$1,000
10			$1,000	20%			co-pay % times actual bills above deductible	$0	$0	$200	$400	$600
11			$1,000		$3,500		Actual OOP - Deductible + co-pay	$0	$1,000	$1,200	$1,400	$1,600
12							Premium + up-to-deductible + co-pay above that	$10,728	$11,728	$11,928	$12,128	$12,328
13						$12,500	Actual total cost	**$10,728**	**$11,728**	**$11,928**	**$12,128**	**$12,328**
14												
15								$0	$1,000	$2,500	$2,500	$2,500
16	Option B	$705	$2,500	20%	$5,000	$12,500	Premiums (12 months)	$8,460	$8,460	$8,460	$8,460	$8,460
17	PDF		$2,500				100% of actual bills, up to the deductible	$0	$1,000	$2,000	$2,500	$2,500
18			$2,500	20%			co-pay % times actual bills above deductible	$0	$0	$0	$100	$300
19					$5,000		Actual OOP after deductible (co-pay or MaxOOP)	$0	$1,000	$2,000	$2,600	$2,800
20							Premium + up-to-deductible + actual OOP above that	$8,460	$9,460	$10,460	$11,060	$11,260
21						$12,500	Actual total cost (the above, or stop-loss maximum)	**$8,460**	**$9,460**	**$10,460**	**$11,060**	**$11,260**
22												
23								$0	$1,000	$2,500	$2,500	$2,500
24	Option C	$581	$5,000	20%	$7,500	$12,500	Premiums (12 months)	$6,972	$6,972	$6,972	$6,972	$6,972
25	PDF		$5,000				100% of actual bills, up to the deductible	$0	$1,000	$2,000	$3,000	$4,000
26			$5,000	20%			co-pay % times actual bills above deductible	$0	$0	$0	$0	$0
27					$7,500		Actual OOP after deductible (co-pay or MaxOOP)	$0	$1,000	$2,000	$3,000	$4,000
28							Premium + up-to-deductible + actual OOP above that	$6,972	$7,972	$8,972	$9,972	$10,972
29						$12,500	Actual total cost (the above, or stop-loss maximum)	**$6,972**	**$7,972**	**$8,972**	**$9,972**	**$10,972**
30												
31								$0	$1,000	$2,500	$2,500	$2,500
32	Option D	$495	$10,000	0%	$10,000		Premiums (12 months)	$5,940	$5,940	$5,940	$5,940	$5,940
33	PDF		$10,000				100% of actual bills, up to the deductible	$0	$1,000	$2,000	$3,000	$4,000
34			$10,000	0%			co-pay % times actual bills above deductible	$0	$0	$0	$0	$0

Table | Chart | Chart w going naked | Sheet3 | +

e-P

=IF(maxoop<J17+J18,maxoop,J17+J18)



	A	B	C	D	E	F	G	H	I	J	K	L
1	**Calculation of my actual spending (premium + deductible + co-pay) under the 4 plan options available to me**											
2	**NHHP state high-risk pool), age 61**				(This analysis does not include prescriptions, ER, or out-of-network)							
3	For each plan's spec sheet, see the "PDF" link under each option											
4												
5		Premium	Deductible	Co-pay after deductible	Max OOP (deductible + co-pay)	Stop-loss max (in-network + out)	REVISED THIS MO…8/15 Stop-loss is in-network plus out-of-network. If I never go out, stop-loss is irrele…	$0	$1,000	$2,000	$3,000	$4,000
6	Uninsured			100%	$0			$0	$1,000	$2,000	$3,000	$4,000
7												
8	Option A	$894	$1,000	20%	$3,500	$12,500	Premiums (12 months)	$10,728	$10,728	$10,728	$10,728	$10,728
9	PDF		$1,000				100% of actual bills, up to the deductible	$0	$1,000	$1,000	$1,000	$1,000
10			$1,000	20%			co-pay % times actual bills above deductible	$0	$0	$200	$400	$600
11			$1,000		$3,500		Actual OOP - Deductible + co-pay	$0	$1,000	$1,200	$1,400	$1,600
12							Premium + up-to-deductible + co-pay above that	$10,728	$11,728	$11,928	$12,128	$12,328
13						$12,500	Actual total cost	**$10,728**	**$11,728**	**$11,928**	**$12,128**	**$12,328**
14												
15								$0	$1,000	$2,500	$2,500	$2,500
16	Option B	$705	$2,500	20%	$5,000	$12,500	Premiums (12 months)	$8,460	$8,460	$8,460	$8,460	$8,460
17	PDF		$2,500				100% of actual bills, up to the deductible	$0	$1,000	$2,000	$2,500	$2,500
18			$2,500	20%			co-pay % times actual bills above deductible	$0	$0	$0	$100	$300
19					$5,000		Actual OOP after deductible (co-pay or MaxOOP)	$0	$1,000	$2,000	$2,600	$2,800
20							Premium + up-to-deductible + actual OOP above that	$8,460	$9,460	$10,460	$11,060	$11,260
21						$12,500	Actual total cost (the above, or stop-loss maximum)	**$8,460**	**$9,460**	**$10,460**	**$11,060**	**$11,260**
22												
23								$0	$1,000	$2,500	$2,500	$2,500
24	Option C	$581	$5,000	20%	$7,500	$12,500	Premiums (12 months)	$6,972	$6,972	$6,972	$6,972	$6,972
25	PDF		$5,000				100% of actual bills, up to the deductible	$0	$1,000	$2,000	$3,000	$4,000
26			$5,000	20%			co-pay % times actual bills above deductible	$0	$0	$0	$0	$0
27					$7,500		Actual OOP after deductible (co-pay or MaxOOP)	$0	$1,000	$2,000	$3,000	$4,000
28							Premium + up-to-deductible + actual OOP above that	$6,972	$7,972	$8,972	$9,972	$10,972
29						$12,500	Actual total cost (the above, or stop-loss maximum)	**$6,972**	**$7,972**	**$8,972**	**$9,972**	**$10,972**
30												
31								$0	$1,000	$2,500	$2,500	$2,500
32	Option D	$495	$10,000	0%	$10,000		Premiums (12 months)	$5,940	$5,940	$5,940	$5,940	$5,940
33	PDF		$10,000				100% of actual bills, up to the deductible	$0	$1,000	$2,000	$3,000	$4,000
34			$10,000	0%			co-pay % times actual bills above deductible	$0	$0	$0	$0	$0

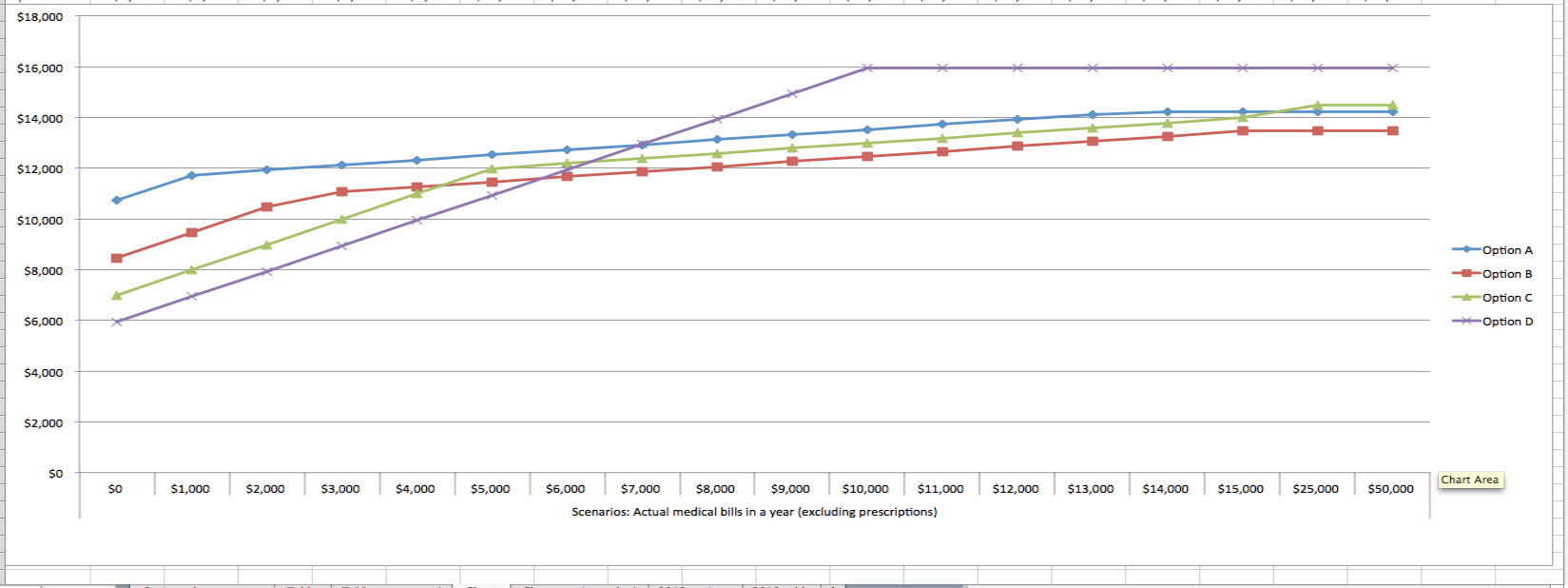
e-P…

I know – graph it!

Total cash out of my pocket under each plan (Premium + deductible + co-pay (or max oop))

Scenarios: Actual medical bills in a year (excluding prescriptions)

Plan	$0	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$9,000	$10,000	$11,000	$12,000	$13,000	$14,000	$15,000	$25,000	$50,000
Uninsured	$0	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$9,000	$10,000	$11,000	$12,000	$13,000	$14,000	$15,000	$25,000	$50,000
Option A	$10,728	$11,728	$11,928	$12,128	$12,328	$12,528	$12,728	$12,928	$13,128	$13,328	$13,528	$13,728	$13,928	$14,128	$14,228	$14,228	$14,228	$14,228
Option B	$8,460	$9,460	$10,460	$11,060	$11,260	$11,460	$11,660	$11,860	$12,060	$12,260	$12,460	$12,660	$12,860	$13,060	$13,260	$13,460	$13,460	$13,460
Option C	$6,984	$7,984	$8,984	$9,984	$10,984	$11,984	$12,184	$12,384	$12,584	$12,784	$12,984	$13,184	$13,384	$13,584	$13,784	$13,984	$14,484	$14,484
Option D	$5,940	$6,940	$7,940	$8,940	$9,940	$10,940	$11,940	$12,940	$13,940	$14,940	$15,940	$15,940	$15,940	$15,940	$15,940	$15,940	$15,940	$15,940



Options they gave me | Table | Table compressed | Chart | Chart w going naked | 2013 options | 2013 table

Normal View | Ready | Sum=0

My favorite complaint:

“Patients are the only ones who don’t have any skin in the game”

- Practice manager, quoted in Health Leaders, Fall 2011

2011: EOB for a scan

*** THIS IS NOT A BILL ***

Claim: 201110240803 **Patient: RICHARD D DEBRONKART** **Birthdate: 02/18/1950** **Provider: BETH ISRAEL DEACONESS**

Dates of Service 10/03/2011-10/03/2011

Procedure Code Descriptio	Charge	Remark Type	Remark Code	Remark Amount	Deductible	Co Ins	Co Pay	%Paid	Amt Paid	Paid to	You May Owe
HOSPITAL	17.00	PPO Discount	1	5.78	11.22	.00	.00		.00	N/A	11.22
HOSPITAL	36.00	PPO Discount	1	12.24	23.76	.00	.00		.00	N/A	23.76
HOSPITAL	24.00	PPO Discount	1	8.16	15.84	.00	.00		.00	N/A	15.84
HOSPITAL	25.00	PPO Discount	1	8.50	16.50	.00	.00		.00	N/A	16.50
HOSPITAL	35.00	PPO Discount	1	11.90	23.10	.00	.00		.00	N/A	23.10
HOSPITAL	47.00	PPO Discount	1	15.98	31.02	.00	.00		.00	N/A	31.02
HOSPITAL	24.00	PPO Discount	1	8.16	15.84	.00	.00		.00	N/A	15.84
HOSPITAL	28.00	PPO Discount	1	9.52	18.48	.00	.00		.00	N/A	18.48
HOSPITAL	24.00	PPO Discount	1	8.16	15.84	.00	.00		.00	N/A	15.84
HOSPITAL	49.00	PPO Discount	1	16.66	32.34	.00	.00		.00	N/A	32.34
HOSPITAL	67.00	PPO Discount	1	22.78	44.22	.00	.00		.00	N/A	44.22
HOSPITAL	1,433.00	PPO Discount	1	487.22	945.78	.00	.00		.00	N/A	945.78
HOSPITAL	440.00	PPO Discount	1	149.60	290.40	.00	.00		.00	N/A	290.40
HOSPITAL	191.00	PPO Discount	1	64.94	126.06	.00	.00		.00	N/A	126.06
HOSPITAL	191.00	PPO Discount	1	64.94	126.06	.00	.00		.00	N/A	126.06
	2,631.00			894.54	1736.46	.00	.00				1736.46

DEDUCTIBLE/OUT OF POCKET SUMMARY

Individual/Family Total	Year	Description	Satisfied
RICHARD D	2011	MAJOR MEDICAL DED	1736.46

Code	Reference Description
1	This amount represents the First Health PPO discount. Patient's not responsible
1	for amount.

For quick and easy access to your account, visit www.nhhp.org.

Speaking of skin in the game…

e-Patient Dave
A Voice of Patient Engagement

Time to practice what I preach: I have skin cancer again.

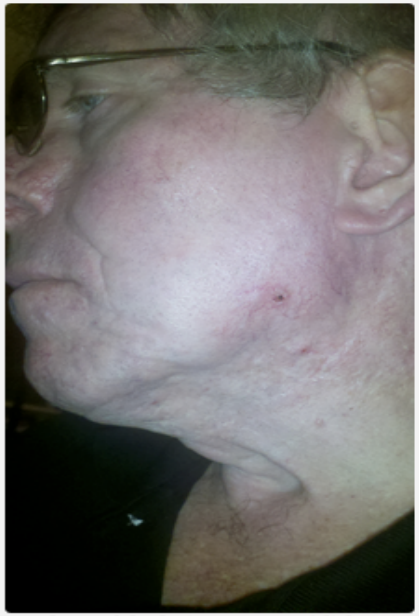


Photo of the lesion, Nov. 15 (click to enlarge, if you really want)

Update Feb. 11: I've decided to publish what I want to find in a provider: see this post.

Be sure too to read the substantial information contributed below in comments, some by e-patients and some by participatory providers. This process is interesting to observe!

An odd consequence of speaking at medical conferences is that sometimes my face is displayed, *real* big, on monitors at the front of a room. That happened in November at the Aligning Forces for Quality (AF4Q) annual meeting in Washington.

At the end, Lisa Letourneau MD, MPH of Maine Quality Counts raced up, pointed to my jaw, and said "You should have that checked. I think it's a basal cell." (That's the least serious type of skin cancer – see Wikipedia: "**Basal-cell carcinoma** (BCC) is the most common type of skin cancer. It rarely metastasizes or kills.") A few days later I took the picture at left, and started watching.

I had a basal cell removed from my nose 30+ years ago. (More on this in a moment.)

To me it was just a shaving cut... but, I realized, it wouldn't heal. For the next two months I was a slug (a not-engaged patient!), but I did take pictures, and son of a gun it did not get better, even when I thought it was finally going away.

When I had my annual physical recently, I asked my doctor, and he looked and said, "Get a biopsy." I did, this week, and today they called. Yup, it's a basal cell. Thanks, Dr. L!

Doing what empowered buyers do

dave.pt/skincancerRFP

Home > Boot Camp! < Schedule For Patients Pt. Communities For Providers Videos Boards & Awards Medi

I've started an RFP for my skin cancer

The other day I announced my new skin cancer diagnosis and discussed how I'll blog my approach to it as an e-patient.

I've decided to explore my options by doing what companies do when they're shopping for a solution: they write a Request for Proposals, and let vendors reply. But in this case what I published isn't cast in stone – I invite discussion and suggestions. And, significantly, I start with the context: partnership; participatory medicine -

> *I'm approaching this through an RFP process because I believe in "participatory medicine," in which patients play an active and responsible role in all aspects of healthcare. I believe patients should play an active role in making care more cost-effective and patient-centered, by being responsible about costs and by saying what*

Request for Proposals: remove a basal cell carcinoma

First version 9 a.m. ET 2/11/2012. Minor edits 12:37 pm. Some additions labeled 8:30 pm.

Client: Dave deBronkart
Primary physician: Daniel Z. Sands, MD, MPH, Beth Israel Deaconess (BID), Boston

Summary: I seek a care partner to remove a basal cell carcinoma (BCC) from my left jawline, under the ear. For a brief introduction, see blog post and photo (low quality) at http://bit.ly/ePDaveBCC.

I'm educating myself about the condition, I want to explore the available treatment options, and I'm "shopping" for a partner to do the work and follow-up with a good combination of quality, partnership, and cost.

Responses and questions to: rfp@epatientdave.com

Introduction: Partnership

The context for this exercise is responsible partnership between patient and provider, with open discussion of wants and of what works for each.

Participatory medicine:

I'm approaching this through an RFP process because I believe in "participatory medicine," in

"p" = professional charge only; all other prices include facility charge ("f") if any						
	Facility 1		**Facility 2**		**Facility 3**	
Mohs	**CPT**	**Cost**	**CPT**	**Cost**	**CPT**	**Cost**
Stage 1	17311	$2000 ($1444p)	17311	$1900; allowable: $4597	17311	$1904 ($1,178p)
Additional stages	17312	($673p)$1600	17312 -15	$1400	17312	$1752 ($627p)
Total if 3 stages		$5200		$4700		$5408
Pathology billing		May cost extra	No extra			May cost extra
Closing – simple	Intermed: 12051	$552	12001-	$900	12001-18	$1246 ($278-$686p)
Closing – complex		$2700	12018	$2900	12051	$1246 ($492p)
Total – Minimum / simplest case		$2000 + 552 **$2552**		$ 200 $1900 $ 900 **$3000**		$1904 $1524 **$3428**
Total cost for 3 stages and medium repair		$5200 +$1600 **$6800**		$ 200 $4500 +$1900 **$6600**		$5408 +$1738 **$7146**

e-Pati

Obstacle to adoption: "My patients aren't asking for this."

Why don't patients behave like consumers?

TEDMED2012 Jon Cohen

e-P

Dupl

Vote NO on Woman Suffrage

Household Hints

BECAUSE 90% of the women either do not want it, or *do not care*.

BECAUSE 80% of the women eligible to vote are married and can only double or annul their husbands' votes.

BECAUSE it is unwise to risk the good we already have for the evil which may occur.

Votes of Women can accomplish no more than votes of Men. Why waste time, energy and money, without result?

e-Patier

A patient perspective: What might we be overlooking?

A risk of selection bias in our view of the field

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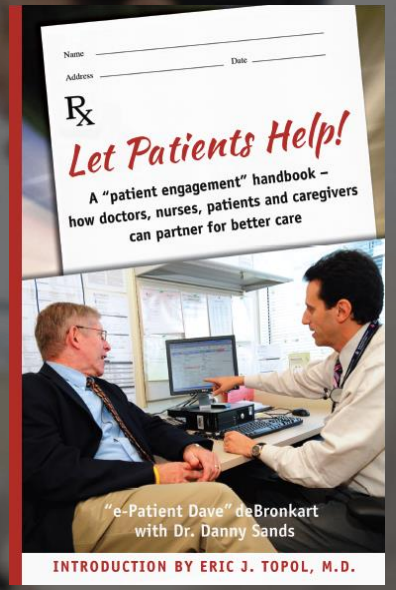

Society for Participatory Medicine
Bringing together e-patients and health care professionals