

HEALTHY LIVING

Asthma health management program on the cutting-edge of treatment

BY DANA THIMONS

Special To Florida Weekly

More than 22 million people in the United States suffer from asthma. Although asthma never goes away, it is totally treatable. Proper asthma management improves quality of life and lung function, which is why outpatient asthma management education programs are among the latest advancements in health care.

“Previously, asthma patients only received education through inpatient programs in the hospitals and their physicians. Now they can receive in-depth education and learn self-management skills when they’re newly diagnosed or already have a pre-existing diagnosis,” says Teresa Summe, RRT, AE-C.

Area residents can now do so through Lee Memorial Health System’s Asthma Health Management Program—the only outpatient education program in Southwest Florida.

Participants in the outpatient program learn how to identify asthma symptoms and recognize triggers. Additionally, they learn how to manage symptoms on a daily basis and in an emergency situation. An asthma action plan is designed to help the patient and family determine the action they should take before they have to go to the emergency department, or to prevent them from needing to go at all. This results in fewer absences from school or work,

as well as decreased emergency department visits and hospitalizations.

Reducing asthma-related visits to the emergency department or hospitalizations also saves money.

“There has been a 75 percent increase in asthma-related pediatric and adult emergency room visits and hospitalizations. Outpatient asthma education programs are a way to reduce both patient and hospital costs,” says Ms. Summe, the program’s coordinator and full-time board certified asthma educator. “Learning how to recognize and reduce asthma symptoms and triggers, as well as understanding the asthma medications, helps to keep patients healthy and out of the hospital.”

The Asthma Health Management Program — based on guidelines by the National Heart, Lung & Blood Institute — is comprised of a multidisciplinary team of health professionals, including a certified asthma educator, medical directors for adult and pediatric patients, and respiratory therapists. Patients are referred by their primary care physician, pediatrician, pulmonologist or emergency department physician, and are usually scheduled for five visits during the six-month program. Follow-up visits are then scheduled six months and one year after completing the program to ensure patients have the knowledge and resources to lead a healthy life.

The program provides each patient



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Education is one of the most important tool in treating asthma.

with an age-based information pack, which includes the asthma action plan, an educational CD and various devices and materials to educate the patient and family about asthma and ways to make their homes safer for the asthma sufferer.

LMHS will be applying for certification by the American Association for

Respiratory Care after the program has been up and running for six months — the amount of time required by the AARC before a program can apply for certification. Once certified, LMHS’ Asthma Health Management Program will be the only program of its kind certified in Florida. There is only one other AARC-certified program in the U.S. ■

Hospital bills can make you really ill

BY RANA CASH

Special To Florida Weekly

The intravenous dye cost the hospital \$14. The patient’s bill for it? Try \$600.

“That’s more than a 4,000 percent markup. I think about that bill a lot,” said Holly Lang of Georgia Watch, a nonprofit consumer advocacy group.

Then there are stories of \$11 for a box of tissues — also known as a disposable mucus recovery system. Or \$15 for thermal therapy. We call it an ice pack. Tylenol for \$140. A charge of \$30 for a thermometer or \$52 for a commode.

According to the Medical Billing Advocates of America, 80 percent of hospital and medical care bills have errors and overcharges on them. You’re likely to get stuck with a bill more painful than any needle.

“I would say that is the norm,” said Cindy Holtzman, director of operations for MBAA. “It’s horrible, or we wouldn’t be out here.”

More than 36 million Americans have medical debt, in many cases leading to bankruptcy. Making matters worse are common and outlandish billing errors that consumers can ill-afford. Hospital bills are complicated, and combing through them is time-consuming and overwhelming.

And if you aren’t careful, you could pay for a private room when you shared one. Or pay for six nights when you were there for four. One patient, admitted for a virus, was charged a fee from a radiologist, and many are hit with unnecessary laboratory fees.

“You’ve got the physician seeing you



COURTESY PHOTO

Hospital bills are complicated, and combing through them is time-consuming and overwhelming. Experts claim these are primary reasons why billing errors are so common.

and someone else keying in the data,” said Ms. Holtzman, who is based in Woodstock, Ga. “The front office is preparing a bill. The doctors don’t even have a clue (about the billing).”

That’s where advocacy groups such as Georgia Watch, MBAA and the Alliance of Claims Assistance Professionals come in. Georgia Watch’s hospital accountability project start-



ed in 2007 and is a small organization compared with for-profit groups like MBAA and ACAP that generally charge a percentage of your total bill or a percentage of your savings. You could pay an hourly fee of \$100 or more. Plus, there is no licensing associated with the advocacy business.

The groups are made up of health-care professionals with backgrounds in insurance and medical billing. They can negotiate with your insurer to appeal coverage denials, work to get you lower fees and dispute charges on your bill.

“Sometimes this is so complicated, you want to throw up your hands,” said Dr. Margaret Lewin, medical director of Cinergy Health. “Don’t do that. There are professionals who can help you go through your bills.”

And you can help yourself.

Never leave the hospital without an itemized bill. After you’ve been discharged, it is harder to get.

- Know who is treating you, and for what. Ask a family member or friend to help.

- Never pay the bill immediately upon discharge.

- Don’t let the hospital shrug off a bill and tell you insurance will pay for it.

- Remember, you’re your own best advocate.

“I’m not saying be argumentative, but the consumer has a strong role,” Ms. Lang said. ■