

Chapter 8



Being an Informed Health Consumer



Access Health Check Ups and Health Behavior Change activities on the Companion Website:
go.jblearning.com/Empowering.

Learning Objectives

- Describe how to choose a healthcare provider.
- Discuss how to evaluate healthcare providers and hospitals.
- Define complementary alternative therapies and discuss their pros and cons.
- Describe self-care skills one should acquire and the self-care supplies and medications that should be on hand.
- Explain how to choose health and dental insurance coverage.

Imagine you walk into a grocery store intending to shop for the items on your shopping list. To your surprise, however, at the entrance of the store you are given a large shopping bag and instructed to proceed directly to the cash register. There, the cashier puts a lot of different foods, pharmacy items, and paper goods in your bag and charges you accordingly. At that point, what would you do? Pay for the items and leave the store? Probably not. Refuse to pay, stating you do not want those items and, in fact, came into the store with a list of items you did want? That is more probable.

This scenario may sound farfetched, but something akin to it occurs every day in the United States. Patients visit their healthcare providers with one intention (perhaps a physical exam) and are told they need to have other screenings, tests, or procedures—and often, they unquestioningly agree to these. This does not mean patients should not agree to such procedures, only that patients should not do so without understanding the reasons for the procedures, what they entail, how accurate they are, and how invasive they will be. In other words, we should be informed consumers when we go grocery shopping *and* when we seek healthcare. This chapter is designed to help you take a more active role in your healthcare.

Choosing a Healthcare Provider

One of the most important decisions you make regarding your healthcare is choosing a primary healthcare provider. This may be an internist, family practitioner, or some other medical provider. One of the best pieces of advice with respect to choosing a healthcare provider is to do it *before* you need care. In that way, you will have the time to make an informed decision rather than being rushed to receive treatment when you are ill. In addition, if you are already a patient, you will be more likely to receive care promptly.



Choosing a doctor should be done systematically.



What I Need to Know

How to Check Up on a Doctor

You can check on a doctor you are considering to use as your physician by using the following resources. Note that some of these are free, whereas others charge a fee.

Free:

- *Administrators in Medicine* (www.docfinder.org). Information on licensing and disciplinary actions taken against doctors in 18 states; links to state medical boards of remaining states.
- *American Board of Medical Specialties* (www.abms.org). List of board-certified doctors. Board certification means the doctor has completed an approved residency program and passed a detailed written exam in at least one of 24 specialty areas, such as family practice, internal medicine, or obstetrics and gynecology.
- *American Medical Association DoctorFinder* (webapps.ama-assn.org/doctorfinder). Comprehensive information, including educational history, board certification, and hospital admitting privileges, for the 40% of

doctors who belong to the American Medical Association.

Requires a Fee:

- *Consumers' Checkbook Guide to Top Doctors* (www.checkbook.org). Searchable database (with an annual subscription fee) of the top-rated doctors in 30 fields based on a survey of about 260,000 physicians. You can also receive a print copy by mail for the same price.
- *Federation of State Medical Boards Physician Profiles* (www.docinfo.org). Disciplinary sanctions, education, licensure history, and practice locations for U.S.-licensed physicians and some physician assistants. All information comes from the group's comprehensive, nationally consolidated data bank.
- *HealthGrades* (www.healthgrades.com). Reports on doctors, including education and training, board certification, professional misconduct or disciplinary actions, and satisfaction scores from patients.

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Choosing a Doctor

You have probably heard of the patient who tells the doctor, "It hurts when I do this," and the doctor replies, "Well, then don't do that." This is not a doctor you want. You want someone with medical knowledge and skills, but you also want a doctor who is more sympathetic than one who tells you, "Then don't do that." You want to be comfortable with his or her *bedside manner*, the way the doctor listens, communicates, and responds to your needs.

There are criteria you can use to make sure you select a doctor with solid appropriate expertise *and* good bedside manner. Health Check Up 8.1 will help you generate a list of doctors to consider for service as your primary care physician. Once that list is generated, Health Check Up 8.2 will help you select the doctor that best meets your needs (see Health Check Ups 8.1 and 8.2 on the companion website). Once completed, place Health Check Ups 8.1 and 8.2 in your Health Decision Portfolio.

You may be thinking that choosing a doctor is as simple as going with one recommended by a family member or friend. Your medical status, however, is not like anyone else's. The fact that a doctor is good for a family member or friend does not mean that doctor will be good for you. So, be careful with something as important as your health. Even if you are seriously considering a recommended doctor for your healthcare, take the time to use Health Check Ups 8.1 and 8.2 before finalizing that choice. Next, check out any doctor being considered. The accompanying What I Need to Know box shows how to conduct that evaluation.



Gynecologists sometimes serve as primary care physicians for women.

The Primary Care Physician: The Gatekeeper

Primary care doctors are trained to serve as your main doctor over the long term. They provide medical care when needed, encourage health-related behaviors and discourage risky behaviors to help you remain healthy, and oversee and coordinate your health and medical care. Primary care doctors can also refer you to other medical specialists when necessary. The primary care doctor is your first point of contact, a sort of “gatekeeper” for your medical and health needs.

Medical doctors (MDs) make up the majority of primary care providers: MDs have received training in 4-year medical schools and performed residencies after medical school in which they learned a specialty branch of medicine in a hospital setting. Internists and family practice physicians are the two largest groups of primary care physicians (Agency for Healthcare Research and Quality, 2001). Some women choose obstetrician/gynecologists as their primary care doctor, and many parents choose pediatricians to serve as the primary care doctor for their children. In addition, physician assistants, nurse practitioners, and certified nurse midwives deliver primary care. Physician assistants must practice in partnership with physicians, although nurse practitioners and certified nurse midwives can work independently. **Doctors of osteopathy (DOs)** are another type of primary care giver. A DO is different from an MD in that he or she has

received training in hands-on manual medicine and the body's musculoskeletal system and specializes in a hands-on approach to make sure that the body is moving freely.

Regardless of which kind of primary care provider you choose, one skill you should develop is how to talk to your doctor to get the most out of the care provided. The accompanying What I Need to Know box advises you how to speak with your doctor during office visits.

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Doctors of osteopathy (DOs): physicians who have received training in hands-on manual medicine and the body's musculoskeletal system.



What I Need to Know

How to Communicate with Doctors

The single most important way you can stay healthy is to be an active member of your own healthcare team. One way to get high-quality healthcare is to find and use information and take an active role in all the decisions made about your care.

This information can help you communicate effectively with your doctor.

Give Information. Don't Wait to Be Asked!

- You know important things about your symptoms and your health history. Tell your doctor what you think he or she needs to know. It is important to tell your doctor personal information—even if it makes you feel embarrassed or uncomfortable.
- Bring a *health history* list with you, and keep it up to date.
- Always bring any medicines you are taking or a list of those medicines (include what strength and when and how often you take them; for example, 100 mg sertraline, once a day, at 8 a.m.). Talk about any allergies or reactions you have had to your medicines.
- Bring other medical information, such as x-ray films, test results, and medical records.

Get Information

- Ask questions. If you don't, your doctor may think you understand everything that was said.
- Write down your questions before your visit. List the most important ones first to make sure they get asked and answered.
- You might want to bring a family member or friend along to help you ask questions. This person can also help you understand and/or remember the answers.
- Take notes.
- Let your doctor know if you need more time. If there is not time that day, perhaps you can

speak to a nurse or physician assistant on staff. Or, ask if you can call later to speak with someone.

Take Information Home

- Ask for written instructions.
- Take any brochures that might help you. If not, ask how you can get such materials or ask for website links that would be helpful.

Once You Leave the Doctor's Office, Follow Up

- If you have questions, call.
- If your symptoms get worse or if you have problems with your medicine, call.
- If you had tests and do not hear from your doctor, call for your test results.
- If your doctor said you need to have certain tests, make appointments at the lab or other offices to get them done.
- If your doctor said you should see a specialist, make an appointment.
- Get copies of all test results for your records. Also request that x-ray films be given to you. These may be available on disk, but the actual films are more reliable. Keep your records organized at home. Years from now, you may need to compare new tests with ones you had in college. It may be difficult to access the original results unless you keep them yourself.

For more on healthcare quality and materials to help you make healthcare decisions, go to the website of the Agency for Healthcare Research and Quality (www.ahrq.gov).

REPRODUCED FROM: *Quick Tips—When Talking with Your Doctor*. AHRQ Publication No. 01-0040a. Rockville, MD: Agency for Healthcare Research and Quality, May 2002. Available at: <http://www.ahrq.gov/consumer/quicktips/doctalk.htm>.

Choosing a Dentist

There are several factors to consider when choosing a dentist. Among these are location and hours, cost, personal comfort, professional qualifications, and availability of emergency care (WebMD, 2009; Colgate World of Care, 2011).

- **Location.** Choose a dentist close to home or work. This will make it easier to schedule visits and to arrive on time.
- **Hours.** What are the office hours? Are they convenient for your schedule?
- **Cost.** Does the dentist accept your insurance? Does the dentist offer multiple payment options (credit cards, personal checks, payment plans)? If your insurance plan requires referrals to specialists, can this dentist provide them? What is the dentist's office policy on missed appointments? Also, be aware that costs vary by practice. If you can, get estimates of what your dentist might charge for common procedures such as fillings, crowns, or root canal therapy. Even if you have dental insurance, you may be paying part of the costs yourself.
- **Personal comfort.** One of the most important things to consider when you choose a dentist is whether you feel comfortable with that person. Are you able to explain symptoms and ask questions? Do you feel like the dentist hears and understands your concerns? Would you feel comfortable asking for pain medicine, expressing your fear or anxiety, or asking questions about a procedure? What type of anesthesia is the dentist certified to administer to help you relax and feel more comfortable during any necessary dental treatment?
- **Professional qualifications.** The dentist's office staff should be able to tell you about the dentist's training, and the practice should have policies on infection control. If the staff seems uncomfortable answering your questions or you are uncomfortable with their answers, consider finding another dentist. You can also obtain information about a dentist's qualifications from the local dental society or your insurance carrier. Most organizations of specialty dentists also list the qualifications of their members.

- **Emergency care.** Find out what happens if you have an emergency either during normal office hours or at night or on a weekend. A dentist should not refer you to a hospital emergency room. You should be able to contact your dentist (or a suitable substitute) at any time by calling an answering service, cell phone, or pager.

Friends or family can also be good sources to aid you in choosing a dentist. Ask them the following questions:

- How well does the dentist explain treatment options?
- Do you feel comfortable asking questions?
- How does the office handle emergencies?
- How long do you have to wait for an appointment?



One of the most important considerations when you choose a dentist is whether you feel comfortable with that person.

- How long do you have to sit in the waiting room?
- How are bills handled?

Evaluating Healthcare Providers

Just because you choose a particular healthcare provider does not mean you are stuck with that person. You should periodically evaluate the care you receive; if it does not meet your standards, choose another provider.

Evaluating Your Doctor

One means of evaluation is to determine whether your doctor is providing the basic preventive healthcare and screenings recommended by national and professional guidelines. Table 8.1 shows these guidelines.

In addition, decide if you are satisfied with the access you have to your doctor. Is the office reachable by telephone or email? Can you make appointments easily and be seen in a reasonable period of time? Are any laboratory results communicated to you in a timely fashion? Has the doctor been able to diagnose your illnesses accurately, and has treatment been effective? Is the doctor easy to talk to and responsive to your questions and concerns?

Recall the scenario at the beginning of this chapter, which described having no choice at a supermarket but having to pay for grocery items anyway. This kind of scenario need not apply to your initial choice of a doctor or to your continued choice to stay with him or her. You are the one in charge of getting your money's worth for your healthcare.

Evaluating Your Dentist

There are several factors you should consider when evaluating your dentist. One is whether you are satisfied with the charges you pay for dental services. Dental fees vary widely. One investigation involved two patients with completely healthy mouths and teeth who were seen by six dentists. One patient was given estimates for dental work by the six dentists that ranged from \$645 to \$2,563, and the other patient's estimated costs ranged from \$2,135 and \$7,960 (Dodes, 1997). Other investigations have disclosed similar variation in prices quoted by dentists. If

the charges for your dental services seem excessively high or you suspect unnecessary procedures are being recommended, consider choosing another dentist.

Next, evaluate your satisfaction with any dental work you have had done (How to Choose a Dentist, 1997):

- How does your bite feel?
- Is any of the dental work irritating your gums?
- Does the treated tooth look like a tooth?
- Does dental floss or your tongue catch on the tooth?
- Did the dentist take time to polish your fillings?
- Do you feel pain when drinking hot or cold liquids?
- Was any debris left in your mouth after treatment?

If you are not satisfied with the dental care you receive, go through the process detailed earlier to choose another dentist that better meets your needs.

Choosing and Evaluating Hospitals

If you need hospitalization, you will most likely choose a hospital recommended by your physician or, in the case of an emergency, you will simply go to the hospital to which the ambulance transports you. However, for elective surgeries (such as arthroscopic surgery on your knee) or for procedures for which you have sufficient advance notice (such as birth delivery), you have a choice as to which hospital you use. In these instances, it is important to consider quality, because research shows that some hospitals simply do a better job than others. For example, studies comparing hospitals that offer the same kind of surgery have found that *more-experienced* hospitals (those that perform the surgery more often) have better outcomes for their patients.

One criterion to consider is whether the hospital is accredited. Hospitals can, but are not required to, seek accreditation from The Joint Commission, an independent, nonprofit organization. The Joint Commission uses 28 areas of performance that include infection control, patients' rights, social services, and surgical procedures. Six different accreditation levels may be awarded:

TABLE 8.1

Basic Preventive Healthcare and Screenings Recommended by National and Professional Guidelines

Test or Procedure	To Detect or Prevent	How Often
Physical exam		
Abdomen	Enlarged liver or spleen, aortic aneurysm	Every few years, especially in men after age 50
Breasts	Breast cancer	Every 1–2 years starting at age 40
Heart	Murmur, irregular heartbeat	Every visit
Height and weight	Overweight; also osteoporosis in postmenopausal women	Every visit
Neck	Thyroid nodules and narrowed carotid arteries	Every few years, especially after age 60
Pelvic	Cancer and other problems in bladder, ovaries, rectum, uterus, vagina	Annually until age 30, then every 2 to 3 years
Rectal	Colorectal and prostate cancer	Every 1–2 years starting at age 40
Testicles and groin	Inguinal hernia and cancer	Every few years, especially between age 20 and 35
Immunizations		
Hepatitis B	Hepatitis B, a liver disease	Once by age 20
Influenza	Flu	Annually
Pneumococcal	Pneumonia	Once at age 65
Tetanus booster	Tetanus	Every 10 years
Varicella	Chicken pox	Given to anyone who has not had chicken pox
Screening tests: definitely or probably needed		
Blood pressure	Hypertension	Every visit
Bone densitometry	Osteoporosis	Every 2–3 years after menopause in women; at least once after age 65 in men
Colonoscopy or sigmoidoscopy plus fecal occult blood test (FOBT)	Colon and rectal cancer	Starting at age 50, colonoscopy every 10 years or sigmoidoscopy every 5 years, plus FOBT annually
Complete lipid profile	High LDL-cholesterol or tri-glyceride levels or low HDL level	Every 5 years starting at age 20
Eye exam	Glaucoma, macular degeneration, and other vision problems	Every 3–5 years before age 45 and every 1–3 years after that
Fasting plasma glucose (FPG)	Diabetes and metabolic syndrome	Every 3 years starting at age 45
Mammography	Breast cancer	Every 1–2 years starting at age 40
Pap smear and human papillomavirus (HPV) testing	Cervical cancer (Pap smear) and virus that causes it (HPV test)	Annual Pap smear through age 30, then Pap smear alone or combined with HPV test every 2–3 years; can usually stop testing after hysterectomy or age 65
Thyroid-stimulating hormone (TSH)	Thyroid disease	Every 5 years starting at age 35

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Sometimes patients must use the hospital with which their doctor is affiliated. Other times, however, patients have a choice about which hospital they will use.

- **Provisional Accreditation.** This only applies to new hospitals that have passed an initial assessment. They will be assessed twice more in the next 6 months, at which time their status will change depending on the results.

The federal government has made available an on-line source to compare hospitals. All you need do is go to <http://www.hospitalcompare.hhs.gov> and type in your area code. You then have the opportunity to compare up to three hospitals at a time against each other based on the following criteria:

- **Accreditation with Recommendations for Improvement.** The hospital meets most standards, but regarding at least one critical area it does not. The hospital is given a time frame in which to meet this standard; if it fails to do so, accreditation is withdrawn. About 90% of hospitals that apply are given this status.
- **Full Accreditation.** The hospital meets all standards in every area of performance. This accreditation is earned by about 4% of hospitals that apply.
- **Accreditation with Commendation.** In these cases, the hospital not only meets all standards but also proves to be outstanding overall. This accreditation is also earned by about 4% of hospitals that apply.
- **Conditional Accreditation.** The hospital's performance is considered marginal at best. The hospital is given a time frame in which to improve certain areas or risk losing Conditional Accreditation. This accreditation is earned by about 1% of hospitals that apply.
- **Denied Accreditation.** The hospital fails to meet Joint Commission standards. Less than 1% of hospitals that apply are denied accreditation.
- Patients who reported that their nurses *always* communicated well.
- Patients who reported that their doctors *always* communicated well.
- Patients who reported that they *always* received help as soon as they wanted.
- Patients who reported that their pain was *always* well controlled.
- Patients who reported that staff *always* explained medicines before administering them.
- Patients who reported that their room and bathroom were *always* clean.
- Patients who reported that the area around their room was *always* quiet at night.
- Patients at each hospital who reported that *yes*, they were given information about what to do during their recovery at home.



What I Need to Know

Using a Worksheet to Choose a Hospital

The following questions can help you choose the best hospital for your needs.

You may not have a choice right now because of your health plan or doctor, but keep these questions in mind for when you might make a change.

Does the hospital meet Joint Commission national quality standards?

☐ Yes ☐ No

You can order The Joint Commission's performance reports free of charge by calling 630-792-5800. Or, check its website at www.jointcommission.org for a hospital's performance report or for its accreditation status.

How does the hospital compare with others in my area?

One effective way to learn about hospital quality is to look at hospital report cards developed by state governments and consumer groups. Some states—for example, Pennsylvania, California, and Ohio—have laws that require hospitals to report data on the quality of their care. The information is then given to the public so consumers can compare hospitals. Some groups gather information on how well hospitals perform and how satisfied their patients are. An example is the Cleveland Health Quality Choice Program, which is made up of businesses, doctors, and hospitals. Consumer groups also publish guides to hospitals and other healthcare facilities in various cities. You can find out what kind of information is available where you live by calling your state department of health, healthcare council, or hospital association. Also, ask your doctor what he or she thinks about the hospital.

Does my doctor have privileges at the hospital (is he or she permitted to admit patients)?

☐ Yes ☐ No

If not, you would need to be under the care of another doctor while at the hospital.

Does my health plan cover care at the hospital?

☐ Yes ☐ No

If not, do you have another way to pay for your care? If going to a certain hospital is important to you, keep that in mind when choosing a doctor and/or health plan. In general, you will need to go to a hospital where your doctor has *privileges*.

Does the hospital have experience with my condition?

☐ Yes ☐ No

For example, *general* hospitals treat a wide range of routine conditions, such as hernias and pneumonia, whereas *specialty* hospitals have a lot of experience with certain conditions (such as cancer) or certain groups (such as children). You may be able to choose one hospital for gallbladder surgery and another hospital if you need care for a heart condition.

Has the hospital had success with my condition?

☐ Yes ☐ No

Research shows that hospitals that do many of the same types of procedures tend to have better success with them. In other words, *practice makes perfect*. Ask your doctor or the hospital if there is information on how often the procedure is done there, how often the doctor does the procedure, and how well the patients do (patient outcomes). Note that some health departments and other organizations publish reports on outcomes for certain procedures.

REPRODUCED FROM: Agency for Healthcare Research and Quality. *Choosing a Hospital*. 2001. Available at: <http://archive.ahrq.gov/consumer/qnt/qnthosp.htm#choosing>.

- Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).
- Patients who reported *yes*, they would definitely recommend the hospital.

A worksheet for choosing a hospital is presented in the accompanying What I Need to Know box.

Deciding Whether to Use Complementary or Alternative Medicine

Some people believe that conventional medical procedures are not enough to keep them healthy or to treat effectively the conditions they develop. Many of these people turn to complementary or alternative medicine. In fact, the 2007 National Health Interview Survey conducted by the federal government found that 38% of American adults use complementary or alternative medicine (Centers for Disease Control and Prevention, 2004).

What Is Complementary or Alternative Medicine?

Complementary or alternative medicine (CAM) comprises diverse medical and health care systems, practices, therapies, and products that are not currently considered to be part of conventional medicine (Table 8.2). **Conventional medicine** (also called Western or allopathic medicine) is medicine as practiced by holders of MD or DO degrees and by allied health professionals, such as physical therapists, psychologists, and registered nurses. *Complementary medicine* refers to the use of CAM together with

conventional medicine, such as use of relaxation techniques together with prescribed medications to lessen pain. *Alternative medicine* refers to the use of CAM in place of conventional medicine, such as spinal manipulation by a chiropractor rather than back surgery (National Center for Complementary and Alternative Medicine, 2010).

TABLE 8.2

Common Complementary or Alternative Therapies

Natural Products

Dietary supplements: such as multivitamins

Probiotics: live microorganisms (usually bacteria) that are similar to microorganisms found in the digestive tract

Botanical medicines: such as herbal medicine

Mind and Body Medicine

Meditation

Yoga

Acupuncture

Deep-breathing exercises

Guided imagery

Hypnotherapy

Progressive relaxation

Qi gong

Tai chi

Manipulative and Body-Based Practices

Spinal manipulation

Massage therapy

Other CAM Practices

Movement therapies: such as pilates and rolfing

Manipulation of energy fields: such as magnet therapy, light therapy, qi gong, Reiki, and healing touch

Whole Medical Systems

Ayurvedic medicine

Traditional Chinese medicine

Homeopathy

Naturopathy

REPRODUCED FROM: National Center for Complementary and Alternative Medicine. *What Is Complementary and Alternative Medicine?* 2011. Available at: <http://nccam.nih.gov/health/whatiscam/#types>.

Complementary or alternative medicine (CAM): diverse medical and healthcare systems, practices, therapies, and products that are not currently considered to be part of conventional medicine.

Conventional medicine: medicine as practiced by holders of MD or DO degrees and by allied health professionals, such as physical therapists, psychologists, and registered nurses.



A person considering use of complementary or alternative medicine therapies should read the research on the safety and effectiveness of those therapies before pursuing them.

What Does the Research Show?

If you are considering use of a CAM therapy, consult with the *National Center for Complementary and Alternative Medicine* to determine what research has been conducted regarding that therapy and what the results showed. The center's research can be accessed at its website: <http://nccam.nih.gov/research>.

Self-Care

Medical self-care is defined as the things that individuals do to deal with minor illness and injuries at home.

This includes preventing, detecting, and treating illness and disease. It is estimated that 80% of health problems can be treated at home (Carlson, 2009). Furthermore, it is estimated that 70% of visits to physicians are for conditions that could be treated at home. When you take an over-the-counter drug for a headache, this is an example of medical self-care. Other examples of health issues that can be treated at home are acne, many allergies, bruises and minor burns, colds, and most cases of back pain, influenza, headache, vomiting and diarrhea, and sore throat (Tajeu, 2005).

Self-Care Skills

To perform self-care, you need to develop certain skills. Generally, you need to know how to prevent common illnesses, be able to recognize signs and symptoms of illness, know how to treat these illnesses, and recognize when it is necessary to seek care from a healthcare provider. Among the specific skills and knowledge you should acquire are the following:

1. Which immunizations to receive and when.
2. How to eat nutritionally and maintain a healthy weight.
3. How to exercise at the recommended frequency, intensity, and duration and the proper amount of sleep to get each night.
4. How to use drugs appropriately: refrain from use of alcohol or use it in moderation, refrain from use of tobacco, and use over-the-counter medications as recommended.
5. Which health screenings to obtain and when (see Table 8.1).
6. How to control stress through the use of stress-management techniques.

Medical self-care: those things individuals do to deal with minor illness and injuries at home; this includes preventing, detecting, and treating illness and disease.

Myths *and* Facts

About Complementary and Alternative Medicine



MYTH	FACT
There are rigorous, well-designed clinical trials for most complementary and alternative therapies.	Well-designed clinical trials for many complementary and alternative therapies are lacking; therefore, the safety and effectiveness of many CAM therapies are uncertain. The National Center for Complementary and Alternative Medicine is sponsoring research designed to fill this knowledge gap by building a scientific evidence base about CAM therapies—whether they are safe and whether they work for the conditions for which people use them and, if so, how they work.
Although CAM therapies may not be effective, they are not harmful.	CAM therapies can potentially be unsafe. For example, manipulation of the spine can result in injury. Furthermore, if CAM therapies are substituted for traditional medical practices rather than used as supplements to those practices, effective treatment is withheld and illnesses and disease may be exacerbated.
Dietary supplements are among the safest CAM therapies and can be used by almost everyone.	Dietary supplements may interact with medications or other supplements, may have side effects of their own, or may contain potentially harmful ingredients not listed on the label. In addition, most supplements have not been tested in pregnant women, nursing mothers, or children.
Costs of CAM therapies are not of concern because health insurance companies will reimburse patients for these services.	Most CAM therapies are expensive, long term, and costs are not reimbursable from health insurance providers.

7. How to behave safely: drive and bike safely, practice safer sex, follow firearm safety rules, and keep poisonous products out of the reach of children.
8. How to take a temperature, count pulse rates, and take blood pressure.
9. First aid skills such as CPR, the Heimlich maneuver, wrapping a sprain, and applying compression bandages (to stop bleeding) and butterfly bandages (to keep deep cuts closed).
10. How to acquire and maintain your medical records and personal health history. Health Check Up 8.3 guides you through this process (see Health Check Up 8.3 on the companion website).

Once completed, place Health Check Up 8.3 in your Health Decision Portfolio.

11. How to evaluate health-related websites (see the HONcode box later in the “Using the Internet” section).

Self-Care Supplies and Medications

There are specific supplies and medications you should have at home in order to perform basic self-care procedures:

1. Adhesive bandages
2. Support bandages for wrapping sprains
3. Sterile gauze
4. Antiseptic ointments or wipes
5. Cotton balls
6. Petroleum jelly
7. Thermometer
8. Tweezers
9. Cold packs
10. Heating pad
11. Medicine spoon
12. Sunscreen

Among the medications you should have are the following:

1. Acetaminophen (Tylenol)
2. Aspirin
3. Ibuprofen (e.g., Advil or Motrin)
4. Antacids (e.g., Rolaids or Tums)
5. An antidiarrhea medication (e.g., Kaopectate or Imodium-AD)
6. Cough suppressant (e.g., Robitussin-DM)
7. Decongestant (e.g., Sudafed)
8. Laxative (e.g., Metamucil or Correctol)
9. Throat anesthetic (e.g., Sucrets)



To administer medical self-care requires preparation in terms of maintaining necessary supplies and medications.

10. Toothache anesthetic (e.g., Anbesol)
11. Ointments or creams to relieve rashes and itching
12. Antibiotic ointments
13. Syrup of ipecac to induce vomiting (when poisoning is suspected)

Complete Health Check Up 8.4 to identify those self-care supplies and medications you already have on hand and those you need to acquire (see Health Check Up 8.4 on the companion website). Once completed, place Health Check Up 8.4 in your Health Decision Portfolio.

Self-Care Resources

There are many resources that can help you provide medical self-care. Several of these are listed here:

American College of Emergency Physicians. *American College of Emergency Physicians First Aid Manual, Second Edition*. London, England: DK Adult, 2004.

Fries, J. F. and Vickery, D. M. *Take Care of Yourself, 9th Edition: The Complete Illustrated Guide to Medical Self-Care*. Cambridge, MA: Da Capo Lifelong Books, 2009.

Mayo Clinic Health Solutions. *Embody Health: Guide to Self-Care*. Rochester, MN: Mayo Clinic Health Solutions, 2009.

Porter, R. *The Merck Manual Home Health Handbook: Third Home Edition*. Whitehouse Station, NJ: Merck, 2009.

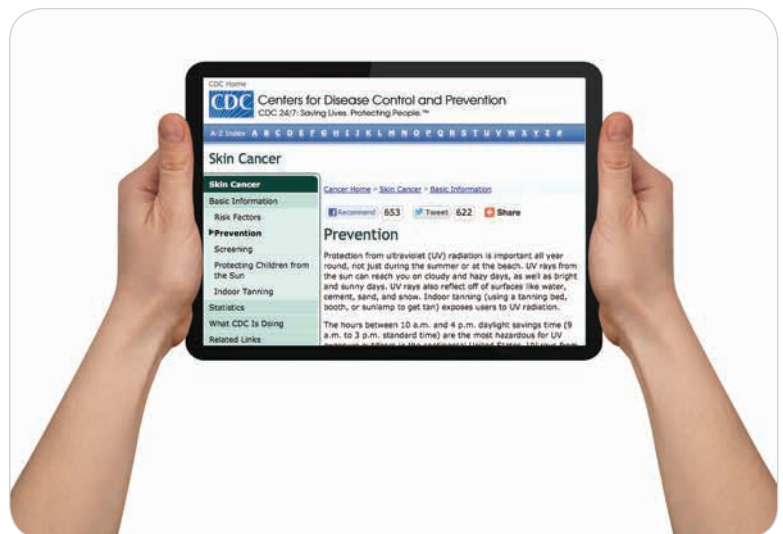
Powell, D. *Healthier at Home*. Farmington Hills, MI: American Institute for Preventive Medicine Press, 2005.

Using the Internet

One of the most commonly used tools for medical self-care skills is the internet. Fifty-nine percent of the U.S. adult population access health information online. In fact, online searches for health information are the

third most popular online pursuit, after email and use of a search engine for general information. A study conducted by the Pew Internet Project found (Fox, 2011):

- Sixty-six percent of internet users look online for information about a specific disease or medical problem.
- Fifty-six percent of internet users look online for information about a certain medical treatment or procedure.
- Forty-four percent of internet users look online for information about doctors or other health professionals.
- Thirty-six percent of internet users look online for information about hospitals or other medical facilities.
- Thirty-three percent of internet users look online for information related to health insurance, including private insurance, Medicare, or Medicaid.



When obtaining health-related information on the internet, make sure you know who runs the site, who pays for the site, what the source of information is, and if that information is reliably documented and up-to-date.



What I Need to Know

HONcode Principles

The Health on the Net Foundation evaluates health websites to determine if they can be trusted. If a website meets these standards, it can display an HON symbol. To be sure the health information you obtain via the internet is valid, look for the HON symbol on a website. The **HONcode** principles that are used to certify a health-related website appear below.

1. Authoritative

All medical or health advice provided and hosted on this site is only given by medically trained and qualified professionals unless a clear statement is made that a piece of advice offered is from a non-medically qualified individual or organization.

2. Complementarity

The information provided on this site is designed to support, not replace, the relationship that exists between a patient/site visitor and his/her existing physician.

3. Privacy

Confidentiality of data relating to individual patients and visitors to a medical/health website, including their identity, is respected by this website. The website owners undertake to honor or exceed the legal requirements of medical/health information privacy that apply in the country and state where the website is located.

4. Attribution

Where appropriate, information contained on this site will be supported by clear references to source data and, where possible, have specific HTML links to that data. The date when a clinical page was

last modified will be clearly displayed (e.g., at the bottom of the page).

5. Justifiability

Any claims relating to the benefits/performance of a specific treatment, commercial product, or service will be supported by appropriate, balanced evidence in the manner outlined above in Principle 4.

6. Transparency

The designers of this website will seek to provide information in the clearest possible manner and provide contact addresses for visitors who seek further information or support. The webmaster will display his/her email address clearly throughout the website.

7. Financial disclosure

Support for this website will be clearly identified, including the identities of commercial and non-commercial organizations that have contributed funding, services, or material for the site.

8. Advertising policy

If advertising is a source of funding, it will be clearly stated. A brief description of the advertising policy adopted by the website owners will be displayed on the site. Advertising and other promotional material will be presented to viewers in a manner and context that facilitates differentiation between it and the original material created by the institution operating the site.

REPRODUCED FROM: Health on the Net Foundation. *HONcode Principles*. 1997. Available at: <http://www.hon.ch/HONcode/Patients/Conduct.html>.

- Twenty-two percent of internet users look online for information about environmental health hazards.

Given the likelihood that you, too, will use this self-care skill to learn more about a health-related issue, it is

HONcode: a symbol that health-related websites can display if certified valid by the Health on the Net Foundation.

essential that you know how to evaluate critically the information you obtain. Review skills you learned earlier in this text about assessing the validity of health information you find on the internet.

When to Consult with a Healthcare Provider

It is important to know when self-care is inappropriate and a healthcare professional should be consulted. If any of the following emergency conditions occur, a call to a physician, hospital, or 9-1-1 should be made immediately (Tajeu, 2005):

- Heavy bleeding or if bleeding does not stop after 15 minutes of pressure is applied.
- Unconsciousness.
- A stupor or dazed condition occurs.
- Cold sweats with chest pain, abdominal pain, or lightheadedness.
- Difficulty breathing.
- Seizure.
- Spinal or neck injury.
- Head injury followed by confusion, deep sleepiness, vomiting, or inability to move arms or legs.
- Choking.
- Chemical or acid burns or serious burns from fire and/or smoke inhalation.
- Headache accompanied by stiff neck, drowsiness, confusion, paralysis, numbness, slurred speech, or visual disturbance.

Choosing Health Insurance

In 2014, the major provisions of the health reform law passed in 2010 will start. Health insurers will be required to offer comprehensive plans and accept all customers regardless of any preexisting conditions. By 2014, all Americans will be required to have health coverage except in cases of severe financial hardship. The government will subsidize health insurance costs for low-income households.

Below are some ways to evaluate a health insurance plan in which you are considering to enroll (Consumer Reports Health, 2010):

Make sure everything is covered. Insurance should cover hospitalization, doctor visits, emergency services, diagnostic tests, and prescription drugs. Verify that there are no major exclusions listed.

Choice of doctors. Consider whether you can choose your own doctors or must use a doctor in the plan. If you can go out of the plan, how much does it cost you out-of-pocket? Are the doctors in the plan of sufficient quality that you would not object to using them?

Ask your employer. Your human resources department may be able to help you choose an appropriate plan. Many large employers offer online tools to compare plans.

Consult HealthCare.gov. Some 5,500 products from about 1,000 insurers are listed by state. Also included are cost information and tools to compare plans.

Review the rankings of health plans. Check out the rating of insurance plans you are considering. Rankings of private health insurance plans are available at <http://www.consumerreports.org/health/insurance/best-health-insurance-1.htm>.

PLAN I	PLAN II	LOSS OR TREATMENT
\$1,500	\$2,250	SPECIFIED LOSS
\$600	\$900	Burns treated within 72 hours. Payable once per accident.
up to \$2,500	up to \$3,750	Tendon / Ligament
		Diagnosis
		Dislocation (separated joint)
		Payable only for the first dislocation of a joint. Subsequent dislocation of the same joint will not be covered.
up to \$450		Eye injury requiring surgery or removal of a foreign object within 30 days. Payable once per accident.
up to \$1,750		Fracture
		diagnosis
		Payable once per accident.

Health insurance companies may differ on which medical conditions they cover, the amount of copayments and deductibles, premium costs, and other variables. Gather as much information as you can before choosing a company for your health insurance.



What I Need to Know

Questions to Ask When Prescribed Medications

One of the medical self-care skills that you should acquire is adherence to medication regimens prescribed by your physician. If your doctor prescribes a medication for you, you should understand how to take the medication. Here are some questions to ask your doctor regarding prescribed medications:

- How do you spell the name of the medication?
- Can I take a generic version of this medicine (to save money)?
- What is the medicine for?
- How am I supposed to take it?
- When should I take my medicine?
- How much medicine should I take?
- How long do I need to take the medicine?
- 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'm 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 about this medication I can take home with me?
- Are there any tests I need to take while I'm on this medicine?

REPRODUCED FROM: *Build Your Question List*. Rockville, MD: Agency for Healthcare Research and Quality, 2009. Available at: <http://www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx>.

Run the numbers. Employee share of group insurance continues to rise. That means it is important to select a plan that balances cost, coverage, and quality of care. What is the monthly premium you must pay? One basic tradeoff to consider is this: A higher **deductible**, **copay**, or **out-of-pocket limit** can lower your overall monthly premium.

The Various Health Insurance Plan Options

Managed healthcare plans are types of health insurance policies that help employers offer their employees discounted medical insurance services by negotiating reduced charges with hospitals and physicians. This group of healthcare providers is called a *network*. There are three

basic types of managed healthcare plans: health maintenance organizations, preferred provider organizations, and point of service.

Deductible: the amount of the covered expenses a patient must pay each year before the plan starts to reimburse the patient.

Copay: fees needing to be paid when visiting a doctor, hospital, or emergency room.

Out-of-pocket limit: the maximum amount of money per year a patient would have to pay for healthcare.

Health Maintenance Organization

A **health maintenance organization (HMO)** is a health insurance plan that negotiates payments with specific doctors, hospitals, and clinics that are part of a network. Patients must receive all of their medical care from network providers, except in emergencies, for the reduced fees to be provided. Premiums are usually lower in HMOs than in preferred provider organization and point of service plans.

Preferred Provider Organizations

A **preferred provider organization (PPO)** is similar to an HMO, but the insured person can choose the physician he or she wants to see instead of being solely restricted to the PPO providers. An insured person can choose between a member or nonmember provider. The member provider would be the least expensive choice for the insured. Using a nonmember provider requires additional costs.

Point of Service

In **point of service (POS)** health insurance plans, insured patients can choose their own physician as long as that physician has previously agreed to provide services at a discounted fee. In a POS plan, the insured would have to use the chosen physician as a gateway first before moving on to a specialist. In other words, whenever there is a medical issue, the POS physician must always be contacted first and, if deemed appropriate, that physician will refer the patient to a specialist (Sage, 2011a, b).

Indemnity Plans

In addition to managed care plans, there are indemnity health insurance plans. **Indemnity plans** offer more flexibility in choice of doctors and hospitals because there are no networks involved. Usually, you can choose any doctor you wish, you can change doctors at any time, and you usually will not need a referral to see a specialist or to go for x-ray procedures or tests. Indemnity insurance pays a portion of the bill—usually 80%—after the deductible has been met, although this may vary. You pay the remainder. Indemnity policies typically have an out-of-pocket limit. This means that once your expenses reach a certain amount in a given calendar year, the fee for

covered benefits typically will be paid in full by your insurance plan.

The Various Dental Insurance Options

Many people choose not to pay for dental insurance. Instead, they decide to pay for each service rendered according to the fees established by the dentist. This is called *fee-for-service*. If you are lucky (and diligent about brushing and flossing) and your teeth and gums remain healthy, you can save money by not paying dental insurance premiums. However, if you have a dental problem such as need for a root canal or a dental crown, the costs can be prohibitive. If you decide not to gamble on your dental health, you might consider enrolling in a dental insurance plan. In that case, you have several options as described in the sections that follow.

Direct Reimbursement

Direct reimbursement dental plans allow patients to go to the dentist of their choice. Depending on the plan, the

Health maintenance organization (HMO): a health insurance plan that negotiates payments with specific doctors, hospitals, and clinics that are part of a network; members must receive all of their medical care from network providers, except in emergencies, for the reduced fees to be provided.

Preferred provider organization (PPO): a health insurance plan that negotiates payments with specific doctors, hospitals, and clinics that are part of a network, but members can choose the physician they want to see instead of being solely restricted to the network providers.

Point of service (POS): a health insurance plan in which members can choose their own physician as long as that physician has previously agreed to provide services at a discounted fee.

Indemnity plans: managed care plans in which there are no networks involved so patients can change doctors at any time and usually do not need a referral to see a specialist or to go for x-ray procedures or tests.

patient pays the dentist directly and then submits a paid receipt as proof of treatment. The plan then reimburses the member a percentage of the dental care costs.

Indemnity Plans

In an indemnity dental plan, the insurance company pays claims based on the procedures performed, usually as a percentage of the charges. Generally, an indemnity plan allows patients to choose their own dentists. Most plans have a maximum allowance for each procedure, which does not usually cover the total cost of the dental care.

Preferred Provider Organization

A PPO dental plan is an indemnity plan combined with a network of dentists under contract to the insurance company to deliver specified services for set fees. Contracted dentists must usually accept the fee schedule as dictated by the plan. Patients who see a dentist who is not part of the plan incur a greater out-of-pocket expense.

Dental Health Maintenance Organization

Under a dental health maintenance organization (DHMO) plan, patients must receive treatment at a contracted office in order to receive a benefit. If considering a DHMO, ask the following questions:

- What is the average waiting period for an initial appointment?
- What is the average period between appointments?

- What is the dentist/patient ratio for the program?
- Does the plan have adequate specialist participation?
- How does the program provide for emergency treatment?
- What provisions are in the program for emergency care away from home?

Issues to Consider When Choosing Dental Insurance

Because the benefits and limitations vary significantly between types of dental plans, there are several issues you should consider when making your selection:

- What dentists are in the plan (*in-network*), and can patients choose their *in-network* dentists? If an *out-of-network* dentist is chosen, what services are covered?
- Does the patient have input into the type of dental service provided?
- Does the plan cover diagnosis to identify dental problems, preventive services such as cleanings, and services in case of emergency? Are full-mouth x-ray procedures covered?
- Does the plan cover specialized services such as crowns and root canals?
- Are major dental procedures covered such as dental implants?
- If away from home and dental services are needed, are these services covered by the plan?

SUMMARY

The goal of this chapter is to provide you with the tools you need to be an informed consumer. To help you do that, a summary of important information included in this chapter is provided.

- When choosing a healthcare provider, make that choice *before* you need care. In this way, you will have the time to make an informed decision rather than being rushed to receive treatment when you are ill.
- There are several websites that can provide you with useful information about a doctor you are considering for your healthcare. Some of these websites are free, whereas others charge a fee.
- Primary care doctors are trained to serve as your main doctor over the long term and are your first point of contact for your medical needs. They provide medical care when needed, encourage health-related behavior and discourage risky behaviors to help you remain healthy, and oversee and coordinate your health and medical care. Primary care doctors can also refer you to other medical specialists when necessary.
- There are several factors to consider when choosing a dentist. Among these are location, hours, cost, personal comfort, professional qualifications, and availability of emergency care.
- Once a doctor or dentist is selected to provide you with healthcare, continue to evaluate that care over time. If dissatisfied, choose a different doctor or dentist.
- Hospitals can be evaluated in several ways. One way is to determine if the hospital is accredited by The Joint Commission. The federal government has a website you can access to compare hospitals on a number of criteria.
- Many people decide to use CAM. CAM therapies are diverse medical and healthcare systems, practices, and products that are not currently considered to be part of conventional medicine. Complementary medicine refers to the use of CAM together with conventional medicine, whereas alternative medicine refers to the use of CAM in place of conventional medicine.
- Medical self-care is defined as those things that individuals do to deal with minor illness and injuries at home. This includes preventing, detecting, and treating illness and disease. It is estimated that 80% of health problems can be treated at home, and 70% of visits to physicians are for conditions that could be treated at home. To perform medical self-care, you need certain skills and should keep medical supplies and medications on hand.
- One of the most used medical self-care skills is the use of the internet. Fifty-nine percent of the U.S. adult population access health information online. Online searches for health information are the third most popular online pursuit, after email and use of a search engine. The Health on the Net Foundation evaluates health websites to determine if they can be trusted and permits approved websites to display a symbol attesting to the validity of the information provided there.
- It is important to know when self-care is not sufficient and a health professional should be consulted. Among conditions requiring a health professional are heavy bleeding, unconsciousness, difficulty breathing, and choking.
- Health insurance can take different forms. There are three basic types of managed healthcare plans: HMOs, PPOs, and POS. An HMO is a health insurance plan that negotiates payments with specific doctors, hospitals, and clinics that are part of a network. Patients must receive all of their medical care from network providers. A PPO is similar to an HMO, but the insured can choose the physician he or she wants to see instead of being solely restricted to the PPO providers. In POS health insurance plans, insured patients can choose their own physician as long as that physician has previously agreed to provide services at a discounted fee.
- Indemnity insurance plans are different from managed healthcare insurance plans. Indemnity plans offer more flexibility in choice of doctors and hospitals because there are no networks involved. Usually, you can

choose any doctor you wish, with insurance paying a portion of the bill—usually 80%. You pay the remainder, usually 20% of the total bill.

- Dental insurance plans come in different varieties. There are direct reimbursement plans, indemnity plans, PPO plans, and DHMO plans.
- When selecting a dental insurance plan, consider whether the plan allows you to choose your own dentist, the dental services covered, if the plan allows for referrals to specialists, and the emergency care available.

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INTERNET RESOURCES

Agency for Health Research and Quality

<http://www.ahrq.gov>

Consumers Reports Health

<http://www.consumerreports.org/health>

Legacy Health

<http://www.legacyhealth.org>

Joint Commission Center for Transforming Healthcare

<http://www.centerfortransforminghealthcare.org/>

Consumer Health Foundation

<http://www.consumerhealthfdn.org>