

Physiatrist Expertise is Critical for Patients to Obtain Essential Medical Care

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ABSTRACT

Millions of patients each year suffer traumas or are diagnosed with diseases that will leave them in debilitated states that require long-term care. Evaluating the needs of these patients is critical for ensuring that they get the medical care they need to prevent future complications, costs, and poor outcomes. These assessments have long been performed by those lacking the relevant expertise. Instead, physiatrists, who undergo medical training in pain and dysfunction, should be consulted when determining the long-term care and associated costs for these patients. Given that the U.S. healthcare system does not tend to cover much of the needs of this population of patient and families are often bankrupt as a result, medical and financial planning are particularly important in this context.

Keywords: Trauma; Pain; Physiatrist

INTRODUCTION

Many of the millions of Americans who suffer catastrophic and non-catastrophic traumas and diseases each year are left in a debilitated state and require long-term care and treatment to help manage their loss of function. A major and urgent challenge for these patients and their families is anticipating survival and future medical needs including medical care, support services, and necessary durable medical equipment so that proper resources can be allocated to ensure the restoration and maintenance of as much functioning as possible and good quality of life [1].

Given the importance of accurately anticipating medical needs and costs, it is critical that evidence-based approaches with the greatest likelihood of successfully identifying ongoing needs and potential complications be employed. Unfortunately, these critical calculations are often left to those without the expertise to make the clinical judgments required to adequately foresee the unique medical realities that individuals from this population of patients will likely face [2,3].

A common devastating result of relying on those whose expertise

does not focus on improving function and relieving pain is a lack of adequate resources for the patient and their family that results in the withholding of much needed care to the detriment of the patient, significant financial hardship on the part of the family, or (all too frequently) a combination of the two [4,5]. To ensure that patients who suffer loss of function are not deprived of the basic care they need and that such care does not threaten to bankrupt their families, a detailed evaluation by clinical experts namely, physiatrists must be relied upon for medical and financial planning for continuation of care [6,7].

LITERATURE REVIEW

The complexity of care needs cannot be adequately addressed by non-experts or algorithms

Patients who suffer loss of function and pain are not only left with complex clinical needs directly related to their deficits, but they are also at a heightened risk for a variety of secondary complications, many of which significantly enhance mortality risk and healthcare costs [8-13]. Considerable expertise is required to navigate these dynamic clinical challenges and support these patients to ensure

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they receive adequate care for the duration of their lives.

With the proper clinical guidance, prevention strategies can be employed for this group of patients to improve outcomes and prevent the risk of rehospitalization [14,15]. For instance, implementing continuation of care plans that include support care that is conducive to the early identification and treatment of secondary complications is known to improve outcomes [7,13,16,17]. Similarly, lack of appropriate care is a major risk factor for adverse events [18].

Before the appropriate care can be deployed, however, the type, level, and duration of care must be identified based on the unique clinical status of the individual patient [6,7]. To address the duration part of this problem, life expectancy calculators have been developed. Nonetheless, the algorithms underlying these tools are based on population data and are not sensitive enough to provide accurate estimates for individual patients whose longevity depends on a variety of contextual factors that cannot be captured through these algorithms [2,3]. In addition, the rough longevity estimates that these calculators generate provide no specific information on what the patient will need throughout their lifespan.

Experts who can assess the unique circumstances of the individual patient are therefore needed to provide a more precise estimate of longevity as well as more detailed information on what the patient will need to prevent deteriorating health and exorbitant healthcare costs and to achieve the best quality of life possible [19]. Psychiatrists, whose training and clinical practice focus on improving function and relieving pain, are ideally suited to provide this type of evaluation.

Psychiatrists are specially trained to evaluate the needs of those with pain and loss of function

Some argue that Daubert's standard the standard of evidence that allows witness testimony to be admissible in court - is too strict in the context of medicine. However, if those striving to meet the standard have the relevant credentials and expertise, satisfying the criteria is plausible [20]. The relevant methodology requires that a history is directly obtained from the patient, that the patient undergoes a physical examination or direct observation, that pertinent medical records are reviewed, and that peer-reviewed accepted published literature is utilized to support the resulting clinical opinions or judgments.

Given psychiatrists expertise in loss of function and pain, they are arguably in the best possible position to provide evidence that meets the Daubert standard. Perhaps more importantly, they can contribute meaningfully to the lives of the patients by classifying the type and volume of care each patient needs. Through their vast knowledge in the relevant medical space, they can not only address the specific functioning and pain needs of the patient in real-time, but they can also anticipate which secondary complications each patient is most susceptible to and the best strategy for minimizing those risks [6,7].

With the type of training and experience that psychiatrists face, it is perhaps not surprising that when they are consulted on relevant cases, the length of acute care stays decreases, and functional outcomes are improved upon discharge. The combination of these improvements in care translates to more efficient care, which is a benefit to both the patient and the healthcare system

[21]. The specific value that psychiatrists add for patients suffering loss of function and pain likely explains their preference to have psychiatrists assume the responsibilities of their primary care [22].

Medical financial hardship is rampant in the U.S.

Millions of U.S. citizens are adversely affected by the rising costs of U.S. healthcare [23]. Despite similar utilization rates, spending on healthcare is twice as much in the U.S. as in other wealthy nations [22]. As a result, medical financial hardship is a common challenge in the U.S., and the risks for this hardship may increase in the future [5].

National Health Interview Survey data from 2015-2017 showed that 131.7 million adults in the U.S. had reported a medical hardship within the past year. U.S. Consumer Financial Protection Bureau data has shown that medical bills are the most common cause for bills sent to collections agencies [24]. In addition, medical debt is the top reason that people consider filing for bankruptcy or cashing in their retirement savings [25]. One study found that 66.5% of people who declare bankruptcy cite at least one medical reason as the cause [24].

The potential for medical financial hardship is a cause of significant stress to Americans. According to 2020 Gallup data, half of the U.S. is afraid that a medical event in their family could bankrupt them [4]. Other Gallup survey data have shown that nearly 46 million people in the U.S. faced with a medical emergency would not be able to afford the necessary quality care [26].

U.S. health insurance does not adequately protect patients

Unfortunately, health insurance that should protect Americans from medical financial hardship fails to do so. The number of Americans without health insurance has been on the rise in recent years, and in 2020, 28 million people in the U.S. were without health insurance [27,28]. Nonetheless, even the insured are often bankrupt from medical debt in the U.S., partly owing to medical costs outpacing incomes [29]. Each year, more than half a million families go bankrupt due to medical bills [30].

The insured are often unaware that their insurance does not properly protect them financially [31]. In the case of the middle class, health insurance has been deemed to offer little protection because of the copayments, deductibles, and loopholes that can mean that illness leads to enormous costs for the insured. These costs also result in lack of access to healthcare, which is a prevalent problem for low-income families in the U.S [32].

Given these problems with rising healthcare costs, the frequency of medical hardship, and the insufficient coverage offered by collateral sources like Medicare and Medicaid, retail prices must be utilized in the zip code and/or area code (geozip) in the geographic location in which the patient lives to calculate financial needs to ensure patients have access to the medical care they need.

If care needs are not assessed correctly, we risk exacerbating the growing problem of financial hardship.

Unfortunately, the healthcare needs of those who are left in a debilitated state are poorly met by today's healthcare system, with a large gap existing between patients' needs and the long-term care coverage provided to them [33]. Exacerbating this problem is the

lack of strategic expert planning at the outset of patient care to prevent costly complications and the utilization of unnecessarily expensive products or services.

Long-term health care is not generally covered by Medicare [34]. Instead, only part-time coverage is offered and only for a limited period, with the requirement that care can only be provided on a noncontinuous basis [35]. There is therefore no coverage for those who need regular, ongoing monitoring, which places the financial burden of this type of care on the patient and the patient's family [36].

Because these costs lead to significant debt for most families, the necessary medical services are often forgone, to the detriment of the patient's health and quality of life. When instead these services are pursued, medical bankruptcy frequently occurs [26]. These problems could be ameliorated if future medical needs could be better anticipated and planned for, but meeting these goals requires deploying the appropriate experts with extensive clinical expertise rather than relying on antiquated or unproven methods.

By relying on physiatrists, we can get debilitated patients the long-term care they need

The value the physiatrist brings to the care of those who suffer from functional deficits and pain includes more than anticipating needs and treating these patients. Physiatrists can also navigate the local healthcare systems to ensure that patients get the long-term care they need at the most affordable prices. Specifically, once the physiatrist has evaluated the patient, they can research prices in the patient's zip code and/or area code (geozip) to obtain the lowest cost option that will satisfy the patient's needs. Thus, through their expert evaluation, physiatrists can provide better estimates of survival and needs while also helping guide decisions to reduce overall costs, whether these costs are related to secondary complications or direct spending on care.

The U.S. healthcare system is ranked 37th in the world, highlighting the inability of the system to provide patients with the care they need at reasonable costs [38]. In 2021, there were more than 31 million people in the U.S. without health insurance [39]. Many others have insurance that is inadequate and does not provide them with coverage for support care services and durable medical equipment that they need [16].

Litigation is thus critical for providing patients access to the medical care they need, particularly by equipping them with the funding they require to get the medical care, support services, and durable medical products they need. With more careful planning with the most appropriate medical experts that have obtained vast clinical knowledge through taking care of patients the amount of funding required may be minimized but more importantly, a sufficient amount can be allotted to the patient and their families to ensure appropriate care is received without draining the patient and their family of their assets.

CONCLUSION

Patients who are left in a debilitated state, with pain and dysfunction, are ill-served by the U.S. healthcare system. Their long-term needs and risk for costly complications are not well accounted for by coverage plans. Further, their current and future

healthcare requirements are not often evaluated early enough by professionals with the right competencies to ensure that the patients, families, and providers put forth adequate medical and financial plans to keep the patient healthy with good quality of life without bankrupting the patient or the patient's family.

Physiatrists are medical doctors specially trained in pain and dysfunction who can add significant value for this type of evaluation and continuation of care planning and can help prevent complications and poor outcomes, reduce overall healthcare costs, and bolster health and functioning in the patient. For these reasons, physiatrists should be more readily and frequently incorporated into the process of assessing patients who are likely to suffer long term pain, dysfunction, or both.

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