

Methodology for Defining the Cost of Future Medical Care

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Defining cost of future medical care is a critical initial step in minimizing patient pain and suffering and preventing exacerbating symptoms and premature death as patient's age [1]. It is also essential to help loved ones manage expectations and develop strategies to ensure care is provided without producing significant financial hardship.

Unfortunately, lack of healthcare affordability is a major driver of disease progression and complications in the U.S., where more than 28 million people live without health insurance [2,3]. Even the insured are often underinsured and cannot afford the care they need to improve their quality of life or prolong their survival. Costly crisis management interventions are then often used to prolong life, leading to widespread economic burden.

A methodology for defining cost of future medical care must be reliable

Certain patient populations will require ongoing care for the duration of their lives. While defining the costs of that care upfront is complex, it is necessary to ensure these patients get the care they need to prevent life-threatening and costly complications and that the costs for that care are covered.

A systematic, comprehensive, and reliable methodology for determining the cost of future medical care is thus urgently needed to aid in the planning of care for these patients, such as those who suffer from chronic pain or who have experienced Traumatic Brain Injury (TBI), hypoxic ischemic encephalopathy, spinal cord injury, stroke, amputation, burns, or multiple orthopedic traumas.

Ideally, physiatrists develop and execute the methodology

Physiatrists are the most appropriate professionals to develop and execute a methodology for defining cost of future medical care, as they are ideally trained [1]. Specifically, they have the relevant clinical experience in long-term care and treatment of non-catastrophically and catastrophically injured patients [4].

These medical physicians have deep knowledge of all the goods and services that may be involved in long-term care patients, including medical care, diagnostic studies, pain management, aid and attendant care, durable medical equipment, personal supplies, transportation, mobility devices, and modifications to the home [5].

The methodology includes both clinical and non-clinical assessments

The methodology for defining cost of future medical care includes several clinical steps including [1,4]:

- Obtaining a history from the patient or family members
- Performing a physical examination or patient observation
- Reviewing all pertinent and available medical records and diagnostic data

In addition to clinical evaluation, physiatrists must also incorporate cost information. Critically, unlike clinical evaluation, the evaluation of this cost information depends on the patient's location. Given that state rules and regulations vary, as do costs associated with specific medical services, this aspect of the methodology for predicting future cost of care can be laborious and requires knowledge of individual state laws.

Continuation of care plans must be developed in accordance with state laws

To prevent disqualification, continuation of care plans must be developed in accordance with the laws of the relevant state and with an understanding of how those laws may change over time. For instance, in Georgia, Texas, and Washington, D.C., retail prices must be obtained to guarantee a patient's access to medical care, and these prices must reflect original costs that are independent of collateral sources such as Medicare, Medicaid and private health insurance. While this was also the case in Florida prior to March 24, 2023, House Bill 837, also known as the Tort Reform Bill, significantly expanded the types of evidence which can be presented to jurors when considering cost of future care.

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Under Florida's old law, jurors were only presented with the customary and reasonable charges for services, goods and procedures in the patient's community. However, Florida's new law also allows the opposing party to introduce into evidence the amount that Medicare, Medicaid, or the patient's health insurance would reimburse a provider for such charges.

CONCLUSION

While the specifics of how this law will be applied and which collateral sources will be considered is beyond the scope of this article, the author of a continuation of care plan will now be subjected to cross examination as to the applicable reimbursement schedules and should be prepared to explain the difference between customary charges and reimbursement amounts. The author of a continuation of care plan should confirm with counsel as to whether collateral source reimbursement amounts will be admissible in the patient's case and if so, which one(s).

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