

Charged to Medicare: How much is too much?

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Editor's note: Royce Haiman is a freelance writer and former reporter for *The St. Petersburg Times*. When she told me this story at a social gathering, I suggested she write about it. The entire country—and certainly Baylor University Medical Center—are working now to both avoid wasteful health care spending and increase customer satisfaction. Although the story occurred in Florida, it could easily have occurred anywhere, and health care professionals can learn from a patient's perspective.

It was just a tiny spot on my leg, but the dermatologist said it should come out soon—and he was booked for the month. So he called a plastic surgeon who was able to work me in right away—and whose specialty, we both knew, would result in a smaller scar. That, of course, appealed to the vanity in me. I had had some shoulder tissue removed years ago by a plastic surgeon, and I recalled it as a relatively simple office procedure.

But this plastic surgeon said his preference was to remove the tissue in the hospital where a pathologist was standing by to determine, immediately upon removal, if sufficient margins had been taken, obviating the need for a return visit if more tissue needed to come out.

I protested that I didn't want to go through conventional prehospital testing and was assured that such preliminaries were unnecessary. I was to show up at 11:30, sign some papers in "admitting," and the brief procedure would get under way about an hour later. "No need to have anyone accompany you—just drive yourself because all you'll need is a 'local.'" I figured I could swing into a favorite, nearby seafood spot for a delayed lunch on the way home—about 1:00.

Wrong. I showed up at 11:30, but admitting didn't get around to admitting me to the clerk's desk until 45 minutes later. Then the deluge of papers—and questions—began. What was my highest level of education? My religious preference? Did I want a chaplain to speak to me? "No," I said, "I'm not *in extremis*—just here to have a tiny little spot removed from my leg. Please—I'm due to see the surgeon in 10 minutes."

But we still had miles to go—copying insurance cards, filling out forms on my medical history, signing privacy notices, etc. The clerk printed out a white plastic bracelet with my name and birth date and fastened it on my wrist. The last time I'd had to wear one of those was when I was readied for a hysterectomy. This was not boding well.

"Don't you want to leave your valuables in the safe?" I replied that I hadn't brought valuables—just my purse. "Well," the clerk

said, "you can't take that into surgery, so if you have a wallet you might want to leave it with me." I opened my purse and decided to commit to the vault not only my wallet, but checkbook, car keys, and cell phone. There were more forms to sign to hand over the items—and then they went into an envelope which the clerk sealed; she hurried away.

The admitting phone rang; I could tell it was an inquiry about me. "You're late," she said. "They're waiting for you in pre-op. Tom will be your nurse." A nurse of my own? And male? *But this is only a tiny spot on my leg.* "I'm so late now—is a stop in pre-op really necessary?" Yes, she said, everybody goes there before going into the operating suite. And I had imagined that I'd be meeting the surgeon in a cubicle somewhere near the pathologist's lab—no big deal.

I followed directions down several corridors to a sign that said "Day Surgery Pre-Op." Tom was waiting for me and was not amused by my tardiness. He picked up my braceleted arm: "What's your name and when were you born?" I wanted to say "It's all right there on the bracelet" but thought better of it and spoke the information. "Here's your gown," he said. "Remove your clothes, including your bra, and put on the gown with the opening in the back."

"Really," I protested. "I wore loose-fitting slacks so I could just pull up the leg. The little spot he's going to remove is on my calf." Tom glared. "These are the rules. That is your gurney. Get up on it when you're changed." He drew the curtain around a steel rod which looped off an area all around me. I folded my clothes and put them in the white plastic bag marked with my name in black grease pen. Defiantly, I left on my sandals, crawled up on the gurney and opened the curtain.

Tom was waiting and did not miss my act of defiance. "Here," he said, "I'll take your sandals off." He shoved them into my bag of clothes. I was grateful I had left my "valuables" in the vault downstairs. But I hadn't thought to leave my gold earrings and a couple of finger rings. No matter. Tom whipped out a roll of cellophane tape and sealed the jewelry to my fingers and ears.

He opened up a notebook which, obviously, already contained information about me, but he peppered me with more questions: Did I have any metal in my body? Had I ever had surgery before? Was I allergic to any medications?

"Why is all this necessary?" I asked. "It's such overkill for a simple little procedure that's often done in an office." "Well," he

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said all-knowingly, “were you told a skin graft might be necessary?” I clutched. “No—no one ever mentioned such a thing.”

Tom finally finished with me and told me to lie back and relax until I “was called.” I looked at the clock over the nurses’ desk: now almost 1:30 (when I should have been pulling into the seafood restaurant), and I had been scheduled for 12:30 PM.

I looked around the pre-op room. A row of gurneys stretched to my left, each occupied by a man. I was the only female in this flotilla. Gratefully, I was the only one who wasn’t hooked up to a clear plastic bag dangling from an overhead hook. The minutes dragged on. The small amount of reading I had brought had been exhausted while waiting for admitting, so there was nothing to read now.

I decided to visit the restroom. Given the line of men lying to my left, I leaned toward the nurses’ desk and, cupping my lips, asked, *sotto voce*, for directions. “The bathroom’s right there,” she replied loudly, gesturing to a door in front of the male-occupied gurneys. “I’ll get some booties for your feet.”

“No, thanks,” I said, “I’ll use my sandals.” I fished them out of my white plastic bag. Now I had to go through with this visit. Down from the gurney, past the trussed-up men-in-waiting, hands behind me holding my gown together. I ducked inside the door and turned up the faucets for maximum volume.

Back on the gurney, I overheard one nurse saying to another that my doctor was never late, especially without phoning, so a complication must be under way. How reassuring.

Someone else stepped up to me with a thermometer and blood pressure cuff, lifted my braceleted arm and asked me my name and birth date.

Next to me, the man-in-waiting was visited by a guy in green scrubs who announced himself as his anesthesiologist. He pulled the curtain, but it didn’t block out his message: a step-by-step, graphic description of what was to follow in that patient’s surgery—obviously, a major one.

Mercifully, that patient was soon rolled out, as were all the others, a veritable gurney parade. That left me. “Honey, we don’t know what’s wrong,” said the reassuring nurse at the desk. Just then, as if on cue, another man in green scrubs, wearing a plaid kerchief around his head, stepped up to my gurney. I prayed it wasn’t an anesthesiologist.

It wasn’t. But he did lift my braceleted arm and ask me my name and birth date. I couldn’t resist; I said, “It’s written right there on the plastic, so you can read it for yourself.” He had more humor than Tom and said “Just checking for the ride.”

With that, he pushed my gurney into gear, and we headed down the corridor. Feeling foolish being wheeled, I asked if I could walk; but the orderly said that wasn’t allowed.

After numerous turns, we came upon doors marked “Surgery.” They opened automatically. I recognized my surgeon standing in front of one of the suites. As we approached, I thrust my braceleted arm forward and asked sarcastically, “Do you want to know my name and birth date?”

He’s a kind man and said, “I’m sorry if you’ve been bothered.” “Well, that’s not the half of it,” I replied irritably . . . and recounted the long waits, indignities, and overkill I had encountered. “Well, it’s almost over,” he said. “You’ll be in here only a

few minutes. And the nurse never should have mentioned a skin graft because there’s no chance of that.”

The “few minutes” began with preparation fit for a major operation: I was shifted, prone, from the gurney to the operating table (stepping to the floor to hasten the shift was not allowed); draped from head to toe; hooked up to heart monitors; and clamped with a device for monitoring the oxygen flow into my system.

The years-earlier simple tissue excision in a doctor’s office was a dim memory.

The surgeon had two assistants. The three assisted one another in donning long gowns to cover scrub suits, positioning head covers and pulling on gloves. Dressed to the nines, we were ready.

The procedure started, of course, with some numbing injections. From there, the incision and tissue removal went quite quickly. One of the nurses left the room to take the tissue to the waiting pathologist. I thought some conversation would ensue while we awaited the verdict from the lab.

But, no. Immediately, the surgeon began sewing. I sat bolt upright on the operating table and said, “I thought the deal was that we were going to the hospital so we could get a lab report before sewing the incision . . . in case more tissue needed to be removed?”

Without dropping a stitch the surgeon replied confidently, “I’m 99% sure I’ve gotten it all,” and continued sewing. As he snipped the last thread, the phone call came from the lab: margins were clear—sufficient tissue had been removed. Ninety-nine percent confidence had morphed into 100% success.

With surgical skills like that, I’d take my odds in an office procedure any day.

It wasn’t over yet . . . at least for me. The others exited, but I awaited an orderly who wheeled me (after asking my name and birth date) to “post-op.” Again: “Is this really necessary?” “Well, your clothes are there, and you have to get checked out properly.”

In post-op my name and birth date were asked—and my temperature and blood pressure were taken. The now-fat notebook with my name on the cover was opened, and I was read instructions for at-home care (i.e., for the 1” incision that could be covered with a Band-aid).

The plastic bag with my clothes was returned. After dressing, I headed toward the door but was restrained by the rules: “You must be taken back to admitting in a wheelchair.” I didn’t know whether to laugh or to cry—but probably was too exhausted by now to do either.

At admitting I redeemed the contents of my purse from the vault and signed several release papers. I was told I could exit the wheelchair. I stood—and practically ran to the parking lot before anyone else could stop me and ask my name and birth date.

It was 3:30 PM—4 hours and four tons of exasperation later. And, of course, the seafood restaurant had just closed.

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The original area targeted for removal, according to the dermatologist, had measured 0.25 cm. The hospital bill (\$3900+) and other fees are being filed with Medicare. Is this a defensible use of taxpayer dollars?