CARDIO

Elective Report - Stephanie Parnell

When I was organising my elective in the USA I had pictured that I would be working in a wealthy area; where the patients you see in hospital and in outpatients clinics were only those who could afford insurance. This was a naive expectation based on my limited knowledge of the American health system from the news and things I have seen on the television in England.
I expected that the patients who had insurance would be very health conscious and would follow the advice of their doctors.

What I have experienced is completely different to what I expected.
I have been working in the heart failure service at St Francis Hospital in Connecticut. I have been shadowing the fellow of the service who covers mainly patients without insurance.
The population of patients I have been seeing are those with very low income who do not have insurance and therefore do not have a primary care physician (a general practitioner).
The patients I have seen are the patients that present to hospital with cardiac complaints.

In the UK if a patient presents with chest pain you will usually have a full history available from their GP of whether they have hypertension, hypercholesterolemia, diabetes etc. Therefore you can easily assess their risk factors and the likelihood this pain is of cardiac origin. Patients who are seen in the UK with risk factors are likely to be on some kind of prophylaxis such as aspirin or simvastatin etc, to manage their modifiable risk factors. If these patients are prescribed these drugs they are usually very compliant. Also in the UK if a patient presents with chest pain in the majority of cases it their only complaint and only diagnosis and this is treated and the patient is sent home. Where heart failure is concerned a patient will present with shortness of breath long before there is extensive damage to the heart.

In the US the patients I have experienced presenting to the emergency department are at the 2 ends of the scale.
As the majority of patients I have seen do not have a primary care physician they will present at the emergency department with none cardiac chest pain that they are concerned about. As they do not have a physician to go to for reassurance they present at the emergency department.

One patient I saw was an obese lady in her forties who presented with 30 seconds of pinching central chest pain at rest that did not recur. Her only risk factors where that she was morbidly obese and her sister had had a MI at the same age. She was seen in a different hospital where she had numerous tests; ECGs, blood tests and cardiac enzymes that were all negative for ischemic changes. She was transferred to St. Francis for a stress test as the other hospital did not have the facilities. When seen in the ED (emergency department) in St Francis another battery of tests were carried out and a cardiac consult requested. When we saw her as part of the cardiac consult it was decided the stress test was completely unnecessary and the patient was sent home.

The impression I got from the care of this patient was that it was important to carry out all the tests available to make sure nothing was missed and that doctors feel they have to cover themselves by backing up their clinical decisions with test results.

Another example of the effect not having a primary care physician has is when a patient came in who had previously had insurance through an old job that they left 7 years ago. When they had this cover they were diagnosed with hypertension. Because of this diagnosis when they lost their cover it was too expensive to fund insurance themselves. When they presented they had been 7 years without cover. On presentation they were diagnosed with obstructive sleep apnoea, hypertension, congestive heart failure and diabetes.

Another example of the difference in the approach to patients in the emergency department was when an 82yr old man was admitted after suffering from a cardiac arrest. He was very aggressively treated. He was intubated and had multiple chest x-rays within the first 30 minutes of arriving and had a central line inserted; this together with the chest compressions he received gave him a pneumothorax with some haemothorax, a chest drain was inserted. He remained hypoxic for 4 hours.

The patient was then taken to intensive care and the next day was started on dialysis. The patient remained in intensive care for a week.
If this patient had presented in the UK a decision regarding the patient's quality of live after the extended hypoxia would have been made and discussed with the family. This patient would have probably been made comfortable and would not have been started on dialysis.

There is a good system available for those patients who are uninsured to access affordable medication. There is a list of hundreds of common generic medications that a patient can get from walmart for $4 for a months supply of $10 for 3 months supply. This is very useful as many patients are non compliant with their medications because they simply can't afford them.

The hospitals get money from the insurance companies for procedures and tests they do for the patient and for medications they prescribe. In some cases the insurance company sometimes dictate how certain patients are treated. For example a doctor may want to prescribe a medication in 2 split doses of 20mg one in the morning and one in the evening whereas an insurance company will only pay if the patient is prescribed 40mg tablets. To get around this the patient would have to be advised to take half tablets.
Another example is when certain investigations are not covered by insurance they are not done; for example stress echocardiograms.

Experiencing healthcare in the US makes me look at the way our health system is run and analyse how it works well and things that can be improved. I think everyone having the same access to healthcare is important and everyone having a GP means less people turn up to the emergency department with ailments that can be treated or given reassurance for by their GP. They also rarely turn up with fulminant disease especially heart failure.