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A Moving Experience: Italy vs. the US in the healthcare shell game

CFlisi
5 min read · Just now



by Paul Brennan from Pixabay

A shell game always involves deception or fraud. You'll find plenty of online videos to show you the tricks in a street game with shells and peas. But what about the game with bigger stakes — the health of a person . . . or a country? Let's look at the “guess what I cost” game in the US and compare it with Italy.

1. Keep your eye on the shell, er, pill.

How can one pill, one boring Tier One (Medicare speak for cheap and easy to produce) pill vacillate so much in price? I needed a refill for such a pill, so ubiquitous that 23 million Americans take it, and as accessible as aspirin, right?

Wrong. I asked the doctor to send the prescription to a new pharmacy because the posted price of various prescription drugs in that pharmacy seemed very competitive, and I am always happy to thwart the profit margins of Big Pharma.

But when I came to pick up this particular item (let's call it T), I encountered a bait-and-switch. The posted price was \$10, which I assumed was for a 90-day supply of T, since that is what my prescription called for. “Sorry,” said the pharmacist. “That is our price for a 30-day supply.”

It was useless to recall that I had been paying € 2 in Italy for a month's supply. Such prices belonged to rational, civilized health care systems, not the clown show found in the US. I knew that T was available in pharmacies nearer to me for half the price, or less. So I declined to pick up my order and requested that my primary care physician send another RX to a close-by pharmacy.

Before picking up, I checked online with GoodRX and found a price of \$12.99 for a 90-day supply. Great. Showed up at the counter and the pharmacist informed me that their price was \$23.20. Sure, cheaper than Pharmacy #1 but \$10 more than the online quote from GoodRX.

“Here's my coupon from GoodRX,” I waved my digital coupon at the pharmacist.
“How much was that? 12.99? We can do better. How about \$9.97?”

A three-dollar savings? Fine with me. But what happened to the \$23.20? It just disappeared into thin air? If I hadn't asked, that is presumably what I would have paid. So buying medicine for health in America is like buying carpets for pleasure in Istanbul? Or camels for commerce in Kashgar? There is something shockingly wrong with that concept.

In Italy you don't bargain with the cost of prescription pharmaceuticals. Prices are set by the state and that's it. Health benefits for the patient, not profit margins for the corporation — or the distributor or the individual pharmacy — are the priority.

Granted, I am simplifying things. Italian pharmaceutical companies obviously want to turn a profit. If there were no money to be made in Italy, there would be no drugs for needy patients. But private profit is balanced against public benefit, whereas profit is the ONLY consideration in the US.

2. Take your eye off the invoice.

In Italy, when you go to the doctor, you know in advance what you can expect to pay . . . IF you have to pay anything. Certain categories of patients, defined by age or illness or economic status, don't pay at all. Others pay a minimal amount defined by the state and known in advance.

If you prefer to visit a physician privately (outside the state medical service), and pay accordingly, you are free to do so. You got the money, you got the choice. In our three decades enrolled in the Italian health care system, we have occasionally “gone private”, perhaps to speed up the time for elective surgery, perhaps to ensure the services of a specialist for a particular condition. In such visits, the office tells you what the cost is beforehand, and then you pay as you leave. Now there are myriad variations and exceptions, but this is the general rule.

In the US, the first thing you do when you make an appointment with a doctor is prove that you can pay. Why you requested an appointment or how sick you feel is secondary to your wallet. Only when the online gatekeeper or the receptionist or office manager has decided you are creditworthy are you allowed into the sanctum sanctorum where you can explain your issue to a nurse, a nurse practitioner, or (my god! Bull's eye) a doctor for whatever time allotment the algorithm has assigned you.

(In some respects, things in Europe are not SO different. Your doctor in the state system is expected to see a certain number of patients per day. If you have an appointment in late afternoon, say, you may wind up waiting unplanned hours because many doctors — at least the ones in my experience — take the time needed to deal with each patient instead of rushing them through the clock. The difference with the US is that you don't go through a preliminary screening for credit-worthiness).

An advantage of the financial screening stateside is that you aren't handed a bill at the end of your visit and expected to pay on the spot, as you do in Italy. Makes sense because you haven't gotten that far unless someone in the office decided that you or your insurance or SOMEBODY could foot this bill.

Not only don't you have to pay it immediately, you may not receive that invoice for weeks.

Last month I had a one-hour visit with an eye doctor for an annual exam. I spent 10 minutes with the doctor himself; the rest of the time was spent with lab technicians testing my eyes using (presumably expensive) lab equipment. The bill arrived this month and was for \$902.00. Fortunately, my insurance covered most — not all — of that expense.

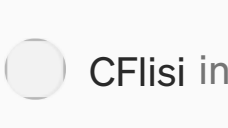
My husband receives insane bills like this all the time. They are so untethered to reality that he almost doesn't bother reading them anymore. So far Medicare and his supplemental have picked up the slack, but what would happen in a less clearcut situation?

Such as my current 10-session cycle for needed physical therapy on my knee. I asked the cost of these sessions before starting, and was assured by the clinic that Medicare would cover 80% and my supplemental insurance would handle the rest. I am halfway through and have not seen a bill. Medicare has received them (so I'm told) but has not responded. If Medicare balks at covering this expense for whatever reason, I face another interminable fight with their bureaucrats. Been there, done that three times already in the last 18 months. Meanwhile, I will have to pay the clinic.

Situations like this wreak havoc on financial planning for the unprepared. I need to learn some sleight-of-hand for my economic health, never mind the physical stuff.

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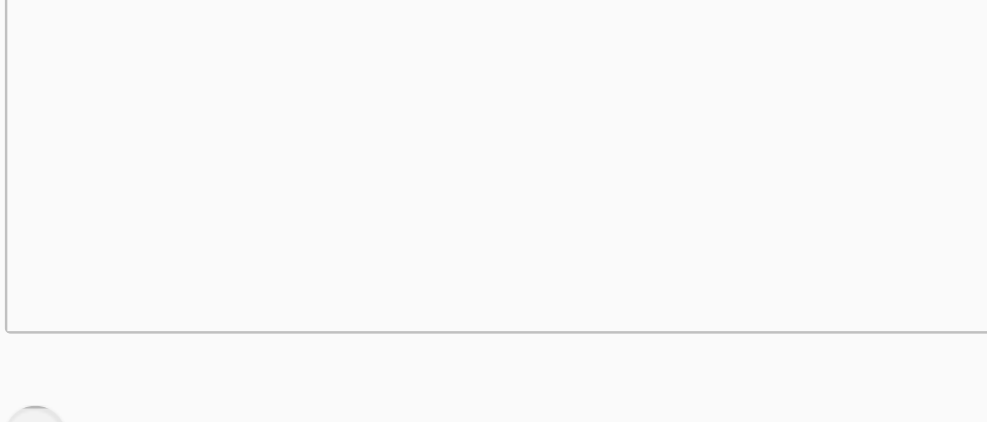
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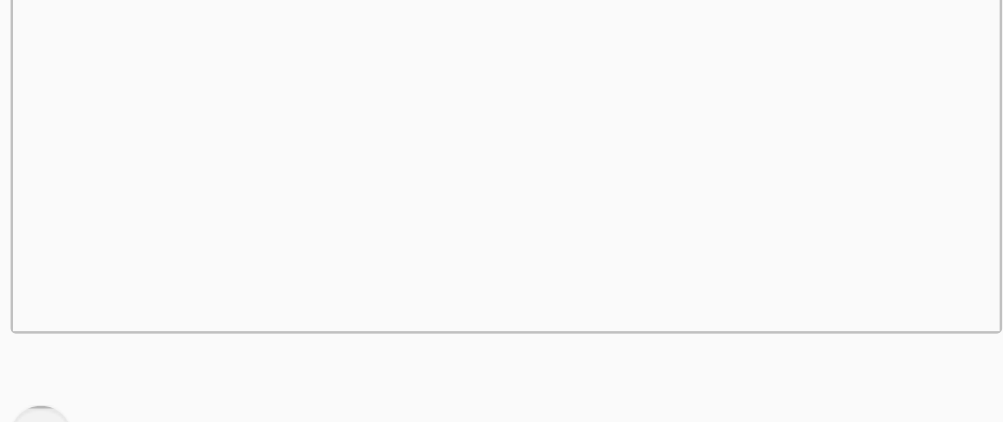
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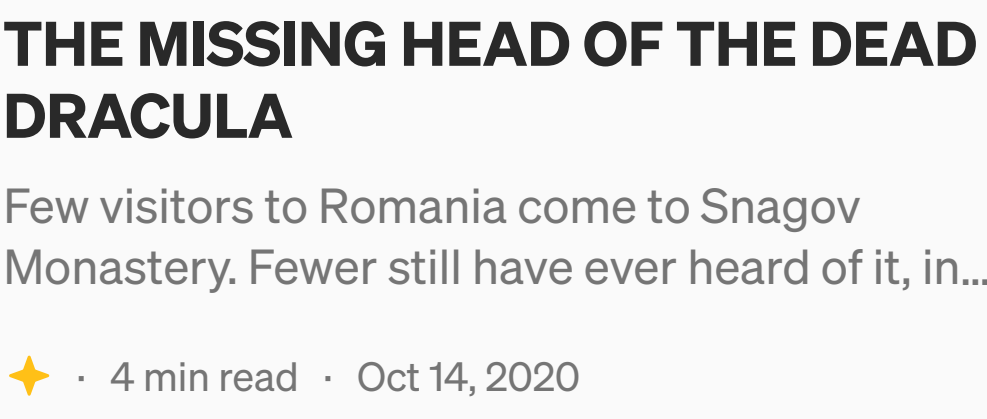
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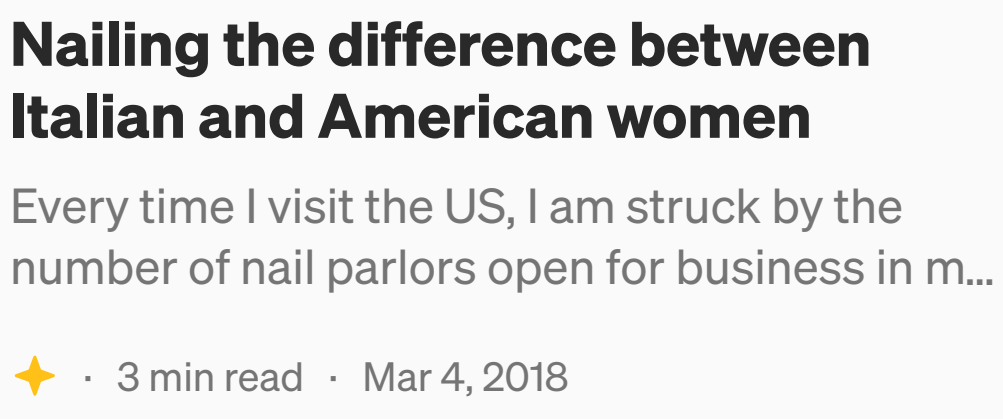
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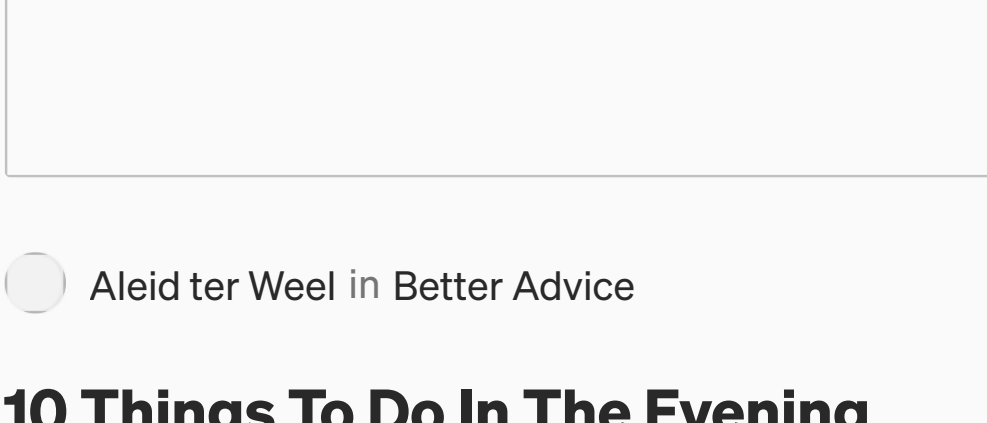
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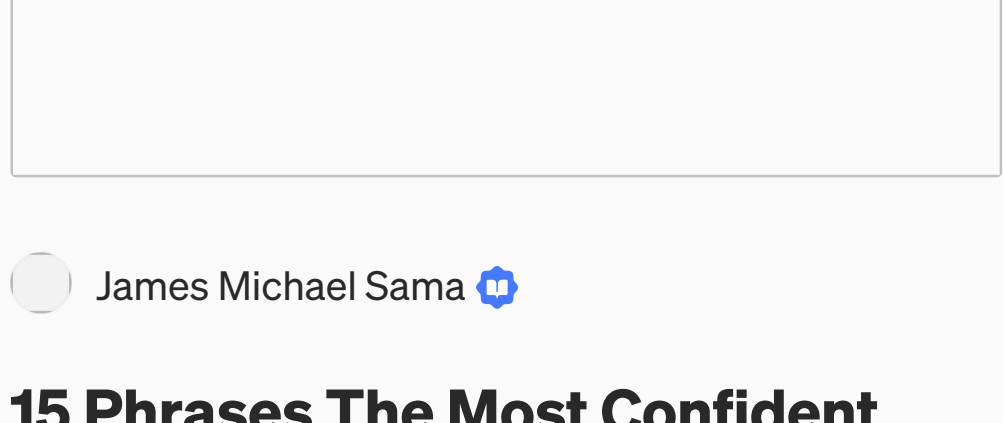
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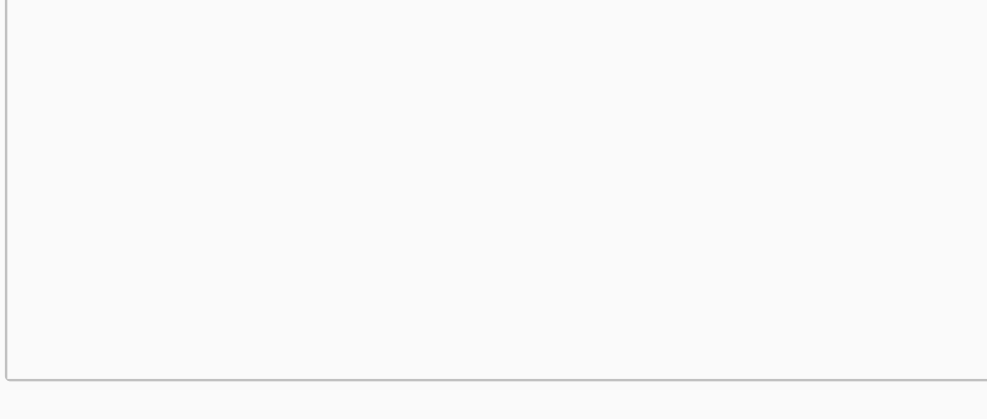
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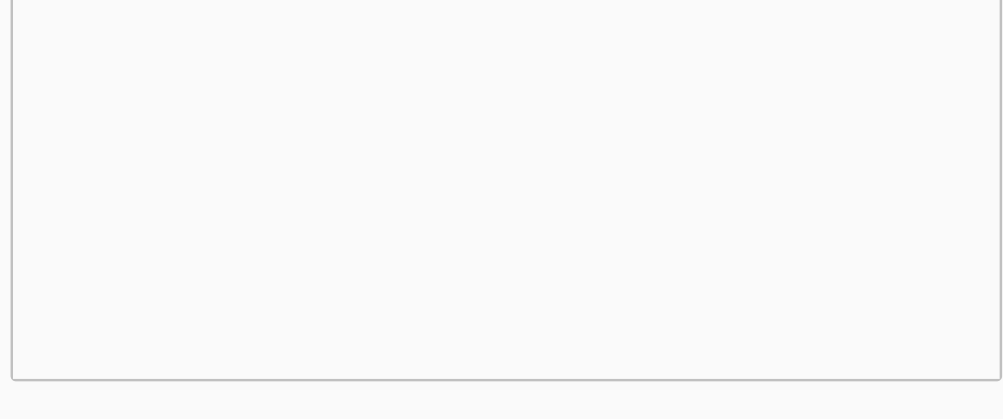
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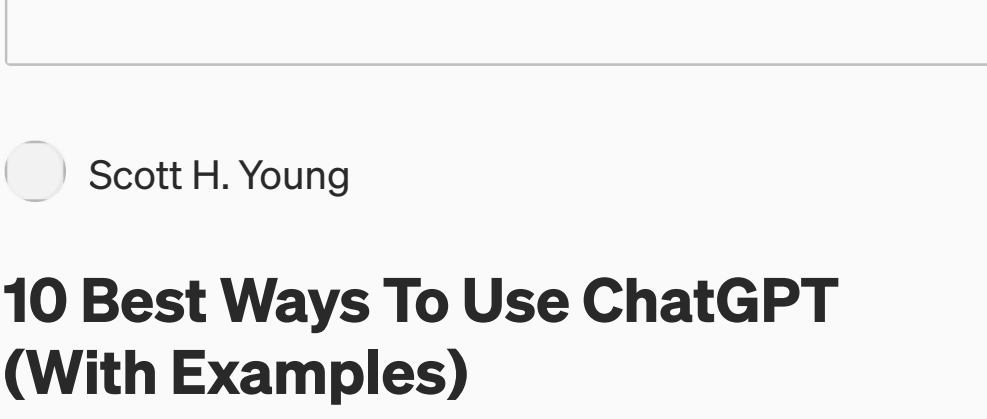
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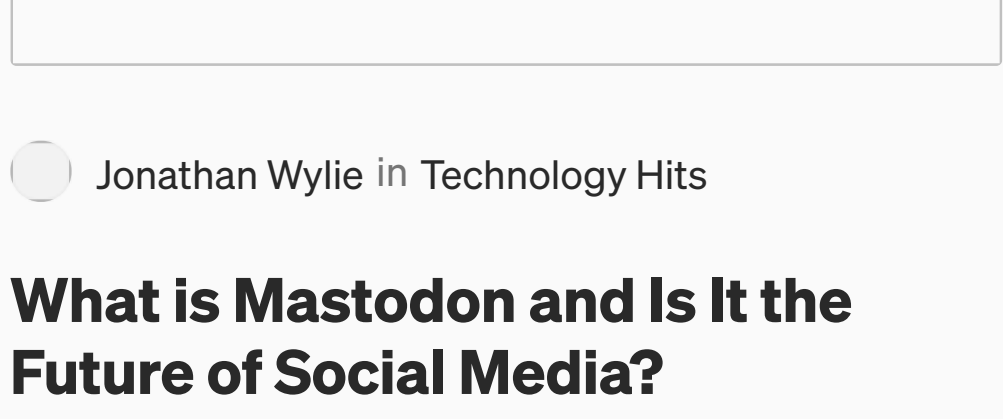
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