

Medicine Without Doctors

Julien Nitzberg tried just about everything to ease the pain from a medical condition that caused severe swelling in his eyes: hot compresses, antibiotics, eye drops, and finally ... needles. Nitzberg says that therapy from a Los Angeles acupuncturist did the trick—and he was even able to snare weekend appointments when his condition flared up again. “Good luck finding that kind of service with a regular doc,” he says.

In surprising numbers, Americans are cheating on their doctors, tapping alternatives that many might not have considered before. For years, of course, rising prices and long wait times at doctors' offices have prompted patients with stomachaches and migraines to seek help elsewhere, whether online or at the yoga studio. But the tough economy and tougher stances by employers and insurers on costs are changing habits even more, with consumers not only trying nontraditional therapies when they're ill, but seeking new sources for guidance about staying well. Indeed, more than 90 percent of large companies now offer “wellness programs” that dispense free counsel to employees on health care and healthier living. Insurers and hospitals, meanwhile, are deploying nurses to offer advice on lowering cholesterol or finding a specialist. The result: The number of “care managers” has doubled in the past decade, to about 250,000.

The no-doctor movement, of course, is giving the medical profession its own set of headaches, not the least of which is lost business. The Medical Group Management Association recently reported that the number of patients at large multispecialty medical practices dropped 11 percent between 2006 and 2008—the first decline in the survey's 30-year history. Beyond the bottom line, physicians worry that patients are straying too far afield with the non-pros, dabbling with unproven treatments and home remedies. Others say the race to get help on the Web is particularly troublesome; for two years in a row, more patients have gone to the Internet for health advice than have consulted physicians, according to Manhattan Research, which studies health trends. Gabriela Cora, a psychiatrist and a managing partner of the Florida Neuroscience Center, says patients with mental health conditions are especially vulnerable to bad advice. “Patients really need a doctor, not an Internet friend,” she says.

But some physicians see a potential upside to the competition—alternative sources of care and advice that can free doctors to focus their energy on the patients who need them most. Here's a look at this new group of health care helpers.

Care managers

When John Todd's elderly uncle began missing bill payments and showing other troubling signs of dementia, Todd turned to Mary Kay Krokowski for help. Soon the Pennington, N.J., care manager was going with Todd's uncle to physician appointments. When the older man was hospitalized after a fall, Krokowski served as a traffic cop for the ever-rotating hospital staff. For providing all that personal attention, Todd says he pays Krokowski as much as \$3,000 a month. “She's been worth every penny,” he says.

As the health care system grows more complex, care managers are stepping in to sort out things for patients and their families. While adding another level of care to a system that already has multiple layers sounds counterintuitive, experts say care managers can save time and cut costs. About one in five Medicare patients discharged from the hospital is readmitted within 30 days—often for problems that could have been avoided if, say, someone had shown them how to properly take their medications. “Get the patient the right care at the right time and it saves everybody money,” says Nancy Skinner, president of Tennessee-based Riverside HealthCare Consulting.

It doesn't always work out so neatly. Some studies have found that telephone-based disease-management programs—usually offered by insurers—aren't as effective at reducing hospitalizations as in-person contact. And even though insurers and hospitals typically provide care managers only to patients who want them, some patients who've declined such help say they've received repeated phone calls or room visits pressuring them to change their minds. Insurers say they keep a Chinese wall between the cost- and the care-management sides of their business. But Jennifer Jaff, executive director of Advocacy for Patients With Chronic Illness, a consumer-aid group, fears that nurses employed by insurers may be overly focused on the bottom line. “If case management is intended to help make the patient experience better, I'm all for it,” says Jaff. “But I don't believe that's what it's always being used for.”

Online advice

Last fall, Suzanna Vatter logged on to PatientsLikeMe.com and began noting the 10 medications she takes for her nerve-pain disorder, as well as daily ratings of her pain and fatigue levels. After reading that another patient thought low vitamin D levels worsened her pain, the 46-year-old asked her doctor to check her levels. They were low, and the supplements she got as a result relieved her bone ache. “Lots of medical providers don't have a clue what fibromyalgia is,” she says. “Why would I trust them to have all the answers?”

At a time when it seems harder than ever to get a busy MD on the telephone, a new crop of Web sites are giving patients an unprecedented level of detail about their illnesses. Going a step beyond the individual anecdotes on online message boards, sites can help patients find more-advanced data, such as the percentage of patients with certain diseases who have had success with specific treatments. But experts say information from other patients should be taken with a dose of skepticism. The Pew Internet & American Life Project reported in 2008 that 3 percent of adults say they or someone they know has been harmed by following medical advice or health information they found online. There's also the matter of privacy. Like other sites, PatientsLikeMe

acknowledges that it sells data—with identifying information obscured—to partners like insurers and drug companies. Mark Rothstein, director of the Bioethics Institute at the University of Louisville School of Medicine, says because such information could still be traced back to specific consumers, he'd be careful about putting detailed health information online.

PatientsLikeMe cofounder Ben Heywood says any potential risks are worth the trade-off of accelerating research on poorly understood diseases.

Workplace wellness

Not long ago Amanda Hershon got some bad news at a free health screening at Campbell Soup Co. A nurse told the 29-year-old that she had high cholesterol and too much body fat. So Hershon signed up for the company gym and began a training regime. Today she's 30 pounds lighter and has normal cholesterol.

Hershon's experience is a small victory in a corporate war against high-cost medical issues like smoking and obesity. And more such campaigns may be on the way: Under the new health care law, employers can cut health insurance premiums for workers who participate in wellness programs by as much as 30 percent, up from a previous maximum of 20 percent. At mailing specialist Pitney Bowes, workers can join weekly conference calls to hear the company's dietitian walk them through a weight-loss program. And at Campbell Soup, workers diagnosed with one of more than 60 serious conditions can request to have a medical researcher and doctor weigh in on their care and educate them on proven treatments.

Some critics worry such programs give too much power to the people writing the checks. Although by law companies can't see health data on individual employees, they can see statistics on groups that go through health screenings. Rothstein, the bioethicist, finds that troubling. He cites a scenario in which an employer learns some of its workers need heart transplants. "Who's to stop the bosses from changing the health insurance so it doesn't cover transplants next year?" he asks. Employers say that's nonsense. "It's just the opposite of what employers are trying to accomplish," says Greg Heaslip, PepsiCo's vice president for benefits.

Alternative medicine

Fans of alternative healing don't have to venture far to find people who question their treatments. The Food and Drug Administration classifies the supplements and herbs given out by alternative practitioners as "food" and gives them substantially less scrutiny than prescription drugs. A 2009 article in the journal *Academic Medicine* that summarized research on alternative therapies reported acupuncture wasn't proven to help patients with problems other than pain or nausea. And homeopathy, which often involves giving patients diluted medications, was said to be "only very marginally more effective than a placebo."

But that hasn't deterred Americans from sucking up aromatherapy remedies and sweat lodge steam. Indeed, as the economy headed south, some people became even more reliant on home remedies. For many, part of the allure of the acupuncture or chiropractic table is the personal attention they get from practitioners. Those relationships are even thought to enhance the placebo effect, making people feel better—whether the treatment really works or not.

Cindy Romasco LeMieux, a 46-year-old from Portland, Maine, remembers feeling hesitant when she first went to True North, a practice of traditional doctors and alternative healers. But she says a digestive problem began to clear up once she took bacteria-filled supplements prescribed by the center. And after she had vocal chord surgery, "positive visualization" exercises helped her recover without pain pills. She even had friends and family send her "positive energy" while she was under the knife. "I don't know how in the heck it worked," LeMieux says. "But I figured it wouldn't hurt me."

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