

PATIENT VOICE

HFMA's 2008

ANI: The Healthcare Finance Conference



HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION



→ In June 2008, Terry Allison Rappuhn accepted HFMA's Board of Director's Award on behalf of the *PATIENT FRIENDLY BILLING*® project. In her acceptance speech, she told her story and relayed many of the eye-opening experiences she gained as a cancer patient.

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TERRY ALLISON RAPPUHN is no stranger to health care. The former hospital CFO has 30 years experience in the industry. She is also a passionate advocate for more transparent and understandable healthcare bills as project leader of the Healthcare Financial Management Association's (HFMA) *PATIENT FRIENDLY BILLING*® project. But in 2007, as she underwent numerous CT scans, PET scans, MRIs, and other screenings, she realized how little she knew about a patient's true experience. Rappuhn was diagnosed with breast cancer in December 2006. Despite spending decades in hospitals, the diagnosis stopped her in her tracks. "One day everything was good, and the next day I had a completely different set of expectations for my life," she says. "Everything was upside down."

Between December 2006 and August 2007, she had 10 chemotherapy treatments, a mastectomy, a hysterectomy, and dozens of radiation treatments, scans, and tests. All told, her treatments cost more than \$200,000.

Overall, she says, her bills were easy to track and understand. What surprised her, however, was how much responsibility she had to take for her own care. "There wasn't anyone coordinating my care," Rappuhn says. "It was my responsibility to understand what my choices were, to know what questions to ask. It was something I wasn't equipped to do being that sick."

In many cases, Rappuhn had to rely on her experience with hospitals and health systems to get the care she wanted and needed. For example, when she went into a health center for a scan, she was told that her out-of-pocket expense would be \$2,200. But Rappuhn had already talked to her insurance company and knew that was a mistake. She eventually got the matter settled, after speaking to a supervisor and her insurance company. But she realized that the average patient wouldn't have known what to do. "If I hadn't known the language and been able to push back, I would have been writing a \$2,200 check," she says.

Ultimately, Rappuhn says her experience ended on a positive note, but it was more grueling than she expected. "I was feeling sick, and my life revolved around countless medical visits, and the logistics of scheduling—and all of this was under an umbrella of terror. Hospitals and doctors don't understand the wear and tear on the patient."

That's a message Rappuhn hopes to share in future efforts to improve the patient side of health care. What form that advocacy will take, however, has yet to be determined. "I'm not far enough from it yet to crystallize what to do with it," she says. "But now I do stop periodically and appreciate the beauty of something as simple as a tree against a blue sky. That's not something I used to do. I was never a person to pause long enough before." ■