

BURDA ON HEALTHCARE

# Health System Capacity Problems Hit Home

By David Burda

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I'm superstitious, and I knew it was only a matter of time until a monthly column I wrote last December would come back to bite me.

In that column, "[Patient Stories from the Front Lines Tell of a Healthcare Capacity Problem](#)," I wrote about three patients, all family members or friends, who experienced ridiculous delays in seeing a doctor when they were sick despite having health insurance and using in-network providers. One needed urgent care. The second needed to see a neurologist for unexplained headaches. The third needed to see a cardiologist for an irregular heart rhythm.

Well, as it turns out, I need to see an allergist.



## HOLDING A SNEEZE

I had my annual wellness visit with my primary care physician a few weeks back. Everything is fine, or as fine as it could be when you're a 62-year-old man who takes five different pills a day to control various chronic conditions like high blood pressure and high cholesterol.

I also take one Claritin in the morning to control my allergy symptoms. I spend a lot of time outdoors, and I'm prone to itchy and goopy eyes, a runny nose and sneezing from whatever I breath in or come in contact with. My symptoms

have gotten progressively worse as I've gotten older, and I'm at the point where one Claritin just won't cut it anymore.

I told my PCP about it, and she wrote me a referral to an in-network allergist. That was on Wednesday, Aug. 24. And guess when my appointment with the allergist is? That's right, Monday, Dec. 5. More than three months later. One hundred and three days later to be exact. They did put me on a waiting list in case another patient with itchy, goopy eyes and a runny nose cancels. I guess I'm supposed to be grateful if someone dies from a bee sting and I get their slot.

## SLEEPING ON REPLACEMENT PARTS

I also have sleep apnea. Both kinds — obstructive and central. Like *country and western*. I sleep with a sophisticated CPAP machine called an APAP. Nothing average for me. My health insurer covers the APAP machine and all the stuff that comes with it like masks, hoses, air filters and water tanks. Yes, I am pathetic.

Every three months or so, my durable medical equipment supplier sends me a fresh set of replacement parts. A new mask, a new hose, new air filters and a new water tank. Again, all covered by my insurer.

Then, out of the blue, my DME supplier calls and says the next quarterly shipment of replacement parts is delayed because my health insurer hasn't approved them yet. That's despite the fact that my insurer has approved them each time for more than a year. I still have sleep apnea. It didn't go away.

I haven't called my insurer and read them the riot act yet. I regularly clean my mask, hose and water tank and replace my filter. So, I'm good for now. I used to own an aquarium. Like I said, I am pathetic.

Being superstitious, I took the situation — inexplicable delays in seeing an allergist and getting fresh parts for my approved



APAP machine — as a sign that I should follow up with the three patients I wrote about in that December column.

Patient A has used urgent care on several occasions again because they couldn't get an appointment to see their regular PCP for weeks when they were under the weather and needed medical care that day.

Patient C did see the cardiologist in December, and everything is fine thanks to a prescription drug called Metoprolol that, for various reasons, slows your heart down so it doesn't have to work so hard.

But Patient B told me just this crazy story that proves the point of healthcare having a capacity problem.

## OFFICE VISIT REQUIREMENT IS A BIG HEADACHE

Patient B did see the neurologist in December as scheduled albeit six months after a referral from their PCP. The neurologist diagnosed Patient B with tension headaches. Not tension as in emotional stress but as in muscle tension from poor posture. The neurologist prescribed Patient B a drug called Gabapentin, which, like Metoprolol, for various reasons, chills overexcited nerves in your brain.

The drug is working, according to Patient B, who said their headaches are less frequent and less severe when they happen.

Here's the crazy part. After six months of taking Gabapentin, the neurologist won't refill the prescription unless Patient C came in for another office visit. I get that from a clinical point of view. If I were a doctor, I'd want to make sure things were going well for the patient before I re-upped their meds for another six months. I also get that from a financial point of view. If I were a businessperson, like all doctors are, I can charge for an unnecessary office visit by making the visit a condition of re-upping the patient's meds for another six months. Like medical blackmail.



Patient C needs the drug, agreed to the visit to get a refill and asked for a telemedicine visit the next day or two before their prescription ran out. But the neurologist no longer does telemedicine, according to the doctor's office staff, and the next available in-person appointment for Patient C wasn't until Jan. 19, 2023. Yes, that's not for another six months.

## MEDICATION ADHERENCE GONE WRONG

Patient C explained to the office staff that if they couldn't get an office visit for six months, and an office visit is required for a six-month refill, it would mean Patient C would be off their medication for the next six months with the frequency and severity of headaches likely to return.

That seemed to stump the office staff, per Patient C. Patient C repeated the unintended consequences of the office visit requirement to get a refill of a life-altering drug several times to the office staff. Only after Patient C demanded to speak to the neurologist did the office staff relent. As long as Patient C made the Jan. 19, 2023, appointment, the doctor would refill the prescription.

Patient C got the refill and continued to take the Gabapentin prescription uninterrupted.

I suggested to Patient C that they talk to their primary-care doc about taking over the prescription. In other words, have the PCP prescribe the drug instead of the neurologist. That way, Patient C wouldn't have to bow down to the neurologist in person every six months to get a drug that's working. Patient C liked the idea but said they won't do it. Why?

"You know how long it takes to get an appointment with a neurologist?" Patient C said.

Thank you. Thank you very much. I'm here 'til Thursday. [Try the veal.](#)

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## AUTHOR



**Dave Burda** began covering healthcare in 1983 and hasn't stopped since. Dave writes this monthly column "Burda on Healthcare," contributes weekly blog posts, manages our weekly newsletter 4sight Friday, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers—patients—are king. If you do what's right for patients, good business results will follow.

Dave's personnel experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 35 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 35 years and his three children, none of whom want to be journalists or lobster fishermen.

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