Healthcare Roleplay Scavenger Hunt

Character: _____

1) Find someone whose experience of the healthcare system is similar to your character's experience. What's the similarity?

2) Find someone who has been harmed by the current healthcare system. What harmed them? What changes might help them?

3) Find someone who likes something about the current healthcare system. What is positive about their experience? What would they not want to change?

4) Find someone whose choices and options have been limited in our current healthcare system. What choices would they want to have?

5) Find someone who has had to make life changes because of our healthcare system. How did this person's life change?

6) Find someone who has an idea about how our healthcare system should change. What action could your character take, together with this person?

Role sheets: Healthcare Roleplay Scavenger Hunt

Amy Vilela

I am the mom of a daughter who died because she didn't have health insurance. Shalynne was 22 when she went to an emergency room with symptoms of deep vein thrombosis, which is treatable but very dangerous if not caught in time. Hospitals are required by law to treat anyone in need of emergency care even if they can't pay, but when Shalynne told the ER she didn't have insurance, they pressured her to leave without treatment, saying her pain probably wasn't an emergency. They said; "If you leave now, you won't have to pay. Go get insurance and see a specialist."

Her leg was so swollen and in pain, but they didn't even give her Tylenol. The blood clot broke off and stopped her heart a few days later. She had two jobs, and was enrolling in nursing school. She was so happy and full of dreams and ambition. She had her whole life ahead of her.

Now, I am running for Congress to change our current healthcare system into one where everyone is covered, no matter what, so no one ever falls through the cracks again like my daughter did.

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Barbara Dyskant

My daughter survived leukemia as a young adult. 40,000 people in the U.S. die from lack of health insurance each year. My daughter could have been number 40,001.

We came scarily close to not catching her leukemia in time to save her. She was pale and tired and I thought she was "just anemic." With our high-deductible insurance we would have to pay for a blood test. After some thought, I got her the test anyway "just in case," picking up an iron supplement on the way to the lab. After the test we got a call: "Take her to the emergency room now." She underwent more than two years of chemotherapy. The oncologist told us we'd caught the leukemia in time for her to have the best chance of survival; had we waited much longer it could have been too late.

The fact that our fear of the cost of going to the doctor could have led to her death makes me wonder how many of those 40,000 needless deaths were because of people not having the tests they needed due to costs. My daughter will forever be at risk and needs periodic monitoring. My husband is putting off retirement in order to keep her on his medical insurance. Once she's off his insurance, she's in a black hole. I worry desperately about what health options she'll have, whether she'll be free to pursue her dreams despite insurance concerns, what will happen when we can no longer help, and whether she'll end up sick and poor and unable to get lifesaving care if she needs it.

Dr. Daniel Lugassy

I am an emergency room doctor. I love my work, but I hate how so many of my patients get sicker because financial obstacles prevent them from getting the medications they need. I had a patient who was having a heart attack and kept shouting for us to stop treatment, worried that she couldn't afford the bills. Finally we convinced her to let us continue treatment, but she was terrified because she didn't have prior authorization from her insurance company.

Another patient came in with a urinary tract infection, and I prescribed her a generic antibiotic. A week later, she was back with a kidney infection, much more dangerous. Frightened and in pain, she explained that she had gone to buy the medicine but her insurance had wanted to charge a copay of $300, so she skipped it. Because she could not afford her medication, even with insurance, her condition got much, much worse.

I wish I were more surprised that insurance didn't cover the basic treatment for these conditions. But this is so common: standard medications routinely get denied coverage. As a result, even with insurance, sometimes my patients literally have to choose between paying for food or the medications I prescribe! Something needs to change.

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Judith Lieben

My husband recently died after a long illness. He had great insurance that supposedly covered everything. But I can't tell you how many hours I spent on the phone arguing with the insurance company about bills they sent us in error. Sometimes I heard that a "prior authorization" was required and hadn't been received. Sometimes I heard that his card number had been rejected. Sometimes I heard that the insurance had paid X dollars and that he still owed 3X dollars. Then I called our "benefits" people and was put on hold, listening to music, being transferred around to different people, repeating the same numbers and dates. I kept a notebook of every number I called, every person I talked to, everything they'd said.

The HR person at the employer would tell me that the bill was fully covered and she'd look into it. When I'd finally get through to an insurance benefits person who could handle his policy, I'd usually be told it was covered and the doctor, the hospital, the lab, the treatment place had filed the wrong paperwork. Too many times to count, we received letters from collection agencies, demanding payment, threatening lawsuits, describing punitive finance charges, saying things that were scary to read.

My husband was too sick to deal with details like this. It became my part-time job. Sick people shouldn't have to argue to get the benefits they've paid for.

Catherine Wolf

I have a chronic disease that has left me paralyzed. Recently, my insurance company denied me coverage for two drugs I have taken for years. They demanded my physician reassess his prescription and get a "prior authorization." The doctor called to provide his expert medical judgment, but the insurance representative still denied the authorization, saying my use of this drug is "either unknown or does not meet the requirement." "Prior authorization" clerks are paid to ensure profits, which depend on denying expensive medications. So my doctor took time away from seeing other patients to write a strongly worded, three-page appeal letter.

How many of my doctor's other patients are suffering because, despite his many hours of advocating each day, his treatment decisions are blocked to promote profits, not health? Most American doctors spend only 25 percent of each day with patients. They spend twice as much on the phone and at their desks. That increases healthcare costs without helping anyone's health! Canadian doctors, without insurers intruding into their doctor-patient relationship, spend about 5 percent of their time on the phone and at their desks. Insurance should cover what doctors prescribe, period. Anything else is a waste of everyone's time and money.

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"Dr. Maria"

I have been a mental health professional for 30 years. I am very frustrated with the current healthcare system. Private insurance companies do not provide adequate coverage, with constant delays and strict limits on how much care clients should receive – from the number of office visits to how long each appointment should be. They keep lowering reimbursement rates, forcing my agency to stop taking most private insurances because it is too much effort to keep fighting with them. The clinicians have little say over this process and we're left with telling our clients they need to pay out of pocket. It's despicable. A lack of insurance coverage is causing so many people to go without the care that they need. This becomes all-consuming in people's lives, creating such anxiety, as they fret over the procedures and treatments that they need, but cannot afford.

As a self-employed doctor, I have also personally experienced the challenges of affording healthcare. I purchased the most basic single policy available on the Affordable Care Act health exchange, which costs me $5200 a year but covers nothing until I pay for a $4000 deductible. Each year, the "health plan" that is offered costs more and covers less, since the deductible keeps increasing. No wonder that in the U.S., we pay twice what other countries pay for health care, with far worse health outcomes.

"Kelly"

I'm a farmer so I'm self-employed. Several years ago, before the Affordable Care Act, my health insurance was about $350 per month, which was impossible for me on my income. Many of my farming friends work another full-time job just for the health insurance. Once the Affordable Care Act passed, my health insurance went down to $20 a month, and last year my income was low enough that I qualified for Medicaid so now my coverage is free. It would be disastrous for me if the ACA were repealed.

But even now, the insurance system causes unnecessary stress and worry. With my small business, my income changes every year, so I don't know if I'll qualify for Medicaid or the ACA in the future. And I have to reapply every year for the ACA insurance, constantly jumping through hoops and changing my insurance. I never know if my doctor will accept the new insurance or if I will have to change doctors. Or my doctor would stay the same, but I never know if I'll get a huge bill from the new insurance plan for the same care, if the same doctor is suddenly out of network. Doctors can't predict what things will cost. And patients can't predict what insurance will make us pay. There is no continuity of care, and the worry about billing is always in the back of my mind.

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"Michael"

I used to work 60 hours a week at a fancy job in NYC. I was in a car accident and had a spinal injury that disabled me for months. As a result, I lost my job and when I lost my job, I lost my health insurance too. There is temporary insurance called COBRA for when you lose a job, but it's insanely expensive. It took years to get through all the paperwork to qualify for disability coverage. Even so, I still have to pay 20% coinsurance on all the care I get.

I ended up having tens of thousands of dollars of medical debt while still unemployed, and I had to file for bankruptcy as a result. I lost my home and had to move in with relatives instead. It is terrifying knowing that to get the care you need, you have to use up everything you've worked for your whole life.

"Fred"

My fiancée and I were planning to get married in November. But in April, my fiancée was offered a great job in a new career field that she's been wanting to get into for a long time. The only catch was that it didn't come with health insurance, and she has some chronic conditions that make it impossible for her to go without healthcare. So we decided to get married at the courthouse six months before the official wedding so that she could go onto my insurance plan. The courthouse official told us that she sees people like us all the time getting married mainly for the health insurance.

Our situation isn't too bad: we were committed to each other anyway, and we're happy to be married. I'm glad we were able to make it work for my new wife to follow her dreams in taking this job. But it feels a little weird to still be planning this big wedding when we're already legally married, but none of our friends and family know about it. I wonder what it would be like to live in a country like Canada or Italy, where healthcare doesn't depend on your job or your marital status.

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"Monique"

I am a billing coder, and I work as part of a big team of coders at a hospital. It's my job to go through medical records and get my hospital the highest payment from insurance companies for the treatment it provided to patients. I have to know all the rules and little tricks for each different payer. There are dozens of different insurance companies, plus Medicaid, Medicare, and self-paying patients all have different procedures to follow. Plus, each insurance company has its own team of coders who work to try to deny payments and block my billing. They are supposedly trying to prevent fraud, but really it's all about them paying as little as possible.

Recently I've been hearing a lot about Medicare for All. At first I thought it sounded great, since I always feel bad when patients call upset about their bills or have trouble paying and want us to keep trying to bill the insurance company even when they have already refused to pay. I want people to get the care they need. But I just realized the other day that if healthcare becomes a single-payer system, with only the government paying for healthcare costs, then a lot of people like me will lose our jobs. Most of us won't be needed anymore if insurance companies are gone and the cost of healthcare is negotiated just with the government. I'm worried. Healthcare might get cheaper, and everyone would have coverage, but what kind of work would I do?

"John"

I am the CEO at a big software company. I am proud that our company can provide excellent health insurance for our employees, which helps us retain and attract the top-quality workers we need to remain competitive in today's market. Of course, providing private insurance does cost us quite a bit -- $20,000 per employee to provide family coverage. And it's worrying that costs keep going up. A decade ago, that insurance only cost $10,000 per employee! But at the same time, this is the system we have, and we're all used to it.

If we were to switch to Medicare for All, I know I would have to pay higher taxes, and I'm not sure if the healthcare coverage would be as good. For example, last year my wife delivered our son in a very nice hospital. Our insurance covered everything, even when he had some medical complications. We got to choose the best doctor who specializes in his condition. If everyone was on the same government plan, we might not have gotten to pick the nicest hospital or choose that same doctor, since everyone else would want the best too. I'm worried that Medicare for All will mean my employees and my family don't get the best anymore.

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"Ethan"

I work for a big insurance company. We are doing well: our profits go up every year, and I got a big bonus last year. Our CEO made about $20 million dollars! But we're a little concerned about the political situation. With all the discussion of Medicare for All, our industry is feeling a little nervous. If this law were to pass, the private insurance industry would be eliminated! My company would have to close.

And this isn't just about me keeping my job. Health care is a solid 18% of the American economy. Anyone who has investments in the stock market should be worried about all this talk of eliminating private insurance. This year, when the new Medicare for All bill was introduced in the House of Representatives, our stock dropped about 5% in three weeks. I don't think these changes will actually happen, but the uncertainty isn't good for the economy.

But there's one consolation: only a few Democrats are on board with Medicare for All. Some of them are proposing a more cautious "public option," where people could choose to buy into Medicare. This wouldn't be so bad, since offering a public option would stop all this talk of Medicare for All and most people would just stay on their private insurance plans anyway. Plus, it might actually even help our profits, since the sickest, most expensive patients might be the more motivated to switch to the better government funded coverage, saving insurance companies money.

"Richard"

I run a small company with 18 employees. Health insurance costs have become prohibitively expensive for both my company and my employees. Although my company pays half the premiums and helps pay the very high deductible, some of my employees pay as much as 20% of their income for family health coverage. It makes it hard for us to hire quality employees when our health benefits are not as great as the benefits that bigger companies can negotiate.

Healthcare costs also put my business at a disadvantage compared with the Canadian companies just over the border, where health insurance is covered by the government and businesses don't have to pay for it themselves. I agree with Warren Buffett who said, "healthcare costs are a tapeworm on American competitiveness."

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"Annie"

I'm in my 30s and I have stage 4 cancer. My disease could have been caught at an earlier stage, but I had no healthcare coverage for 10 years even though I was working two jobs. At one job, I did not qualify for coverage as I averaged 33 hours a week there and 35 hours was the minimum required. Even though my other full-time employer offered coverage, it was too expensive for me to afford. Because I couldn't afford insurance, I did not get regular checkups that could have caught my cancer earlier. Furthermore, the emergency bills that I received were astronomical, causing misery and anxiety just as I was dealing with my terrifying new medical reality. It's so scary to have to deal with these medical bills at the same time as you are trying to go through dangerous, exhausting treatments.

Alisha

I work for Medicare, the government agency that pays for healthcare and prescription drugs for millions of Americans over the age of 65. Medicare began in 1965 when only about half of elderly Americans could afford health insurance. At the time many people opposed Medicare because they said it would "put the government into your hospital." But now the program is very popular because everyone over 65 qualifies for Medicare.

My job is to help manage the prescription drug coverage for Medicare. The main problem is that Medicare is legally banned from negotiating with drug companies about price. The drug companies set their own prices and Medicare just has to pay it for almost all drugs. That's particularly difficult because together, Medicare and Medicaid (the government insurance for low-income people) pay for about two-thirds of all drugs sold in America. It would save our government so much money if we could negotiate drug prices with the manufacturers. Every other country does, but not us.

Drugs also get more expensive because America is the only country in the world where drug companies are allowed to advertise on television. Sometimes drugs are in high demand only because of the ads, even if they're not very different from the cheap generic. That's another reason why America pays more for its medicine than any other country in the world.