

## Week 8 iHuman Reflection

The diagnostic tests I chose for this patient included a CMP (\$73), CBC (\$23), t TG IgG/IgA (\$44), Occult Stool (\$17), Calprotectin Stool (\$52), Lactoferrin Stool (\$67), abdominal xray (\$117), and a colonoscopy (\$3,288). The total cost for these tests if the patient was uninsured would be \$3,681 (MDsave, 2023). My initial management plan would not change whether the patient was insured, underinsured, or uninsured. The management plan would not change because it is based on evidence-based guidelines. However, because these tests can cause a large financial burden, I would work with the patient to modify her management plan to accommodate her finances. The largest cost is the colonoscopy, which would provide helpful information to rule out diseases like cancer and Crohn's. However, because her symptoms do not necessarily indicate further concern for things like colon cancer it is feasible to postpone this test if the patient cannot afford the cost out-of-pocket. My goal with modifying the plan would be to rule out must not miss diagnoses and the more serious diagnoses that would require specific treatments, procedures, referrals, etc. Because this is a chronic issue many of the more serious acute causes of these symptoms can be ruled out, which cuts out a large amount of tests/cost. Once the more serious, reasonable, differentials are ruled out I would aim our plan toward symptom management.

If my patient was experiencing food insecurity or lack of housing this could severely hinder her ability to initiate the first step of her treatment plan, which is lifestyle changes. My first action would be to get social work/case management involved in the patient's care to help her secure housing and adequate nutrition. Unfortunately, in these circumstances her money would be more appropriately utilized toward finding housing and food, so any type of extensive work-up may need to be postponed. Again, if finances allowed, I would do the bare minimum tests to rule out the must not miss diagnoses if the patient were agreeable. I would also consider finding local, state, or federal resources that could cover the costs of these tests if possible. If the patient is truly unable to afford any of the tests and needs to focus her finances toward food and housing I would recommend starting a conservative, low-cost treatment plan to see if her symptoms improve. I would recommend purchasing OTC anti-diarrhea medications and miralax. I would also provide her a print-out of suggestions for the low FODMAP diet. I might even give her resources to local farmer's markets, food pantries, or business that provide low- cost, healthy