

Where are the doctors who accept Medicaid?

Kirsten Stewart - The Salt Lake Tribune

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PROVO - Sergey Sargsyan has lost 80 pounds since his symptoms began more than three months ago. He's in pain and getting weaker. Emergency room visits and surgery to remove gallstones have done little to help. Doctors say he needs a specialist to fine-tune his diagnosis.

But finding one willing to accept Medicaid as payment has been an exercise in futility, said Susanna McPhilomy, the 77-year-old's daughter. "The first question isn't, 'How can we help you?' " she said, "but, 'What type of insurance do you have?' "

Sargsyan is not alone. Health care experts are seeing the first of what they say could become widespread lack of access to care for Medicaid patients.

In Utah, the number of doctors who accept Medicaid is shrinking. In fiscal year 2007, which ended in July, 3,540 physicians billed the state-run health insurance program for their services.

Due to the way the state keeps records, some of these providers may be listed twice. But that is also true for the number of doctors who billed the state in 2000 - which was 4,210, revealing a 16 percent drop in seven years.

Dentists are also in short supply, down 14 percent from seven years ago, state Health Department data show.

'I was crying'

Health officials say the shortage hasn't reached a crisis. Patients aren't being turned away, though they may have to hunt around for a doctor willing to see them, or wait weeks for an appointment, said Utah Medicaid director Michael Hales.

There are roughly 4,700 doctors estimated to be practicing in Utah.

But that's small comfort for people like McPhilomy, who said her father's condition, chronic urinary retention possibly stemming from an enlarged prostate, could be lethal if left untreated.

Sargsyan's problems started in mid-July. He was having problems urinating, so McPhilomy took him to the emergency room, where doctors inserted a catheter.

The hope was the problem would resolve itself. It didn't.

On a return visit days later to the E.R., a doctor at Utah Valley Regional Medical Center referred Sargsyan to a urologist for testing to see if his health woes stemmed from an enlarged prostate.

McPhilomy scheduled an appointment with a doctor who said he accepted Medicaid. But when the family got to the American Fork office of physician Vernon Calhoon, she said, they were turned away.

When McPhilomy objected, the receptionist threatened to call police, she said.

"I was crying because I felt so humiliated. Here was my father, sweating and very weak, and I was helpless to do anything about it," said McPhilomy. "If they were not serving Medicaid patients, they should not have scheduled an appointment and dragged my poor sick father from Provo to American Fork."

None of Sargsyan's care providers would comment, citing federal privacy laws.

A secretary in Calhoon's office, who refused to give her name, said, "We didn't refuse to see the family. We explained we're not on their panel of providers and they got all upset. . . . These days you have to be careful. People say they have insurance, and they don't."

Medicaid patients in Utah are covered under three different plans, each with their own doctors.

Relying on good will

Thanks to a referral from a friend who is a pediatrician, McPhilomy was able to get her father in to see a urologist on Aug. 15, but he was treated by a physician's assistant.

Later, her father saw a gastrointestinal specialist for a colonoscopy, a biopsy and treatments for bacterial infections.

But Sargsyan, an Armenian-born U.S. citizen, still hasn't seen a urologist and is still wearing a catheter, and his urinary problems have gone diagnosed.

"How can this country deny its sickest and oldest citizens help? It's discrimination. It's immoral," said McPhilomy.

Data on urologists confirm McPhilomy's frustrations. There are in Utah 26 doctors on Medicaid's provider rolls who do urological surgery. In 2006 and 2007, only three of those providers billed Medicaid for their services.

Doctor groups and health care reformists say there's an easy fix: Increase Medicaid reimbursement rates. Medicaid, which provides care to the poor, but also the disabled and some elderly, pays health care providers significantly less than Medicare and private insurers.

But state health officials say it's not that simple.

"You also have to factor in supply and demand," said Hales. The general supply of doctors is dwindling as more reach retirement age and fewer graduate from medical school. Meanwhile, aging baby boomers feed a growing demand for care.

In leaner times, "a doctor might not care so much about reimbursement so long as somebody is in the chair," said Hales. But today, "we really rely on the good naturedness of our doctors," he said.

'Now it's happening'

Persuading states to pour more money into Medicaid has gotten tougher.

As Congress looks to reduce the federal deficit and wring savings from entitlement programs like Medicaid, more of the funding burden has fallen to states.

Despite the penny-pinching climate, Utah lawmakers boosted Medicaid's reimbursement rates for doctors by 2.5 percent last year.

If the state realizes savings through a preferred drug list, doctors could get another 2.5 percent to 6 percent raise in January.

Hales couldn't speak to the likelihood of another hike.

There is no "fair market" benchmark, because costs vary so much, said Hales. "One dentist's office might run really lean, while another might think it necessary to have TVs in the ceiling. You could look at costs for 20 different offices and get 20 different answers."

But advocates warn the "access problem" for Medicaid patients is getting worse.

"We've been telling people for years this will happen, and now it's happening," said Mark Fotheringham, spokesman for the Utah Medical Association.

Fotheringham said doctors aren't shunning their Medicaid clients, but refusing to take new ones.

"Someone new to the program or the state will have to make a lot of phone calls before they're going to find somebody.

And it will probably be a young doctor, someone who is building a practice," said Fotheringham.

The specialist is not in

Specialists are in even shorter supply.

In 2007, eight specialty groups had zero Medicaid billings: abdominal surgeon, cardiovascular surgeon, geriatrician, hand surgeon, head and neck surgeon, neuroradiologist, pediatric radiologist and therapeutic radiologist.

That means patients are going to the emergency room for specialty care, said Fotheringham.

"You hope, at that point, the guy you need is on-call," he said. "And there are some doctors, such as orthopedic specialists, who won't work on-call for the simple reason they don't get paid."

Lincoln Nehring, an analyst at the **Utah Health Policy Project**, said he has also started to hear of Medicaid patients being pushed to emergency rooms for primary care.

Another common practice is for doctors to space their Medicaid patients, which can mean monthlong waits, said Nehring.

When McPhilomy tells people her story, she says they're sympathetic, but respond, "That's the case everywhere."

"Why is that?" asks McPhilomy. "It shouldn't be the case everywhere, not in this country."