



MEDICAID'S NOTORIOUSLY INFERIOR CARE

Medicaid provides substandard care.

The Harvard Medical School and Harvard School of Public Health recently issued a report published in the Journal of the American Medical Association that found, "Medicaid patients fare worse than commercial HMO patients on 10 of 11 quality measures. Though policy makers once hoped that HMOs would eliminate the quality of care gap between the Medicaid and commercial populations, this clearly hasn't happened."¹

Children receive inferior care under Medicaid.

According to the Journal of the American Medical Association, "Using standard indicators of clinical performance, children and adolescents enrolled in Medicaid received worse care compared with their commercial counterparts."²

Senior citizens receive inferior care under Medicaid/Medicare.

"If the care received by vulnerable older people concurrently enrolled in Medicare and Medicaid was evaluated on a grading scale, it would squeak by with a barely passing mark, a new UCLA study has found. ... Using quality-of-care measurements developed by the Assessing Care of Vulnerable Elders (ACOVE) project, researchers found that vulnerable elderly patients received only 65 percent of the tests and other diagnostic evaluations and treatments recommended for a variety of illnesses and conditions, including diabetes and heart disease."³

Medicaid patients are less likely to receive adequate treatment for heart attacks and more likely to die.

In a study of non-ST segment elevation acute coronary syndromes (NSTSE ACS), a form of heart attack that benefits significantly from innovative therapeutic approaches, including early invasive management strategies, researchers found, "Medicaid patients were statistically significantly less likely to receive short-term (less than 24 hours) medications and to undergo invasive cardiac procedures than patients covered by HMO and private insurance. They also had higher mortality rates."⁴

Medicaid patients are less likely to receive adequate treatment for cancer and more likely to die.

Just last month, an American Cancer Society study found that those covered by Medicaid are more likely than those with private insurance to receive a diagnosis of cancer in late stages, lowering their chance of survival."⁵

Medicaid patients do not have adequate access to primary care physicians.

“Medicaid payment rates, which are considerably lower than physician payment rates under Medicare or private insurance, historically have deterred physician participation in Medicaid. About one-fifth of physicians (21 percent) reported accepting no new Medicaid patients in 2004-05, a rate six times higher than for Medicare patients and five times higher than for privately insured patients... Low physician participation in Medicaid has been shown to negatively affect enrollee access to medical care.... Relatively low Medicaid payment rates and high administrative burdens are major reasons for not accepting Medicaid patients, according to physicians.⁶

Medicaid beneficiaries face more difficulties scheduling adequate and timely follow-up care, according to the Journal of the American Medical Association.

“‘Privately insured’ callers were much more likely to get timely appointments than were those posing as Medicaid patients -- nearly 64 percent versus 34 percent.”⁷

Medicaid’s failure to provide adequate access to adequate primary care forces patients to use hospital Emergency Departments; ER’s are the most dangerous department in a hospital.

According to the Center for Disease Control, “In 2004, the [Emergency Department] ED visit rate for Medicaid and SCHIP patients (80.3 visits per 100 persons) was higher than the rate for those in any other payer group, including those in Medicare (47.1 visits per 100 persons), without insurance (44.6 visits per 100 persons), and with private insurance (20.3 visits per 100 persons).⁸

According to the Institute of Medicine, the hospital location with the highest proportion of negligent adverse events (52.6 percent) is the emergency department.⁹

NOTES

¹ News Alert, Harvard Medical School Office Of Public Affairs, “HMOs Fail To Bridge The Gap Between Medicaid And Commercial Patients,” October 10, 2007; Bruce E. Landon, MD, MBA; Eric C. Schneider, MD, MSc; Sharon-Lise T. Normand, PhD; Sarah Hudson Scholle, MPH, DrPH; L. Gregory Pawlson, MD, MPH; Arnold M. Epstein, MD, MA, “Quality of Care in Medicaid Managed Care and Commercial Health Plans,” JAMA. 2007; 298:1674-1681.

² Joseph W. Thompson, MD, MPH; Kevin W. Ryan, JD; Sathiska D. Pinidiya, MEd; James E. Bost, PhD, “Quality of Care for Children in Commercial and Medicaid Managed Care,” JAMA. 2003; 290:1486-1493.

³ Enrique Rivero, “Elderly Medicare and Medicaid patients are not receiving high-quality care; Study of Medicare and Medicaid billing data represents advance in health care quality measurement,” UCLA Newsroom, October 16, 2007.

⁴ James E. Calvin, Matthew T. Roe, Anita Y. Chen, et al, “Insurance Coverage and Care of Patients with Non-ST Segment Elevation Acute Coronary Syndrome,” Annals of Internal Medicine, (Nov. 21, 2006) 145 (10): 739-748.

⁵ Kevin Sack, “Study Finds Cancer Diagnosis Linked to Insurance,” *New York Times*, February 18, 2008.

⁶ Peter J. Cunningham, Jessica H. May, “Medicaid Patients Increasingly Concentrated Among Physicians”, Center for Studying Health System Change, Tracking Report No. 16, August 2006.

⁷ Lindsey Tanner, “Study Says Uninsured Lack Follow-Up Care,” *Associated Press*, September 13, 2005; Brent R. Asplin, MD, MPH; Karin V. Rhodes, MD; Helen Levy, PhD; Nicole Lurie, MD, MSPH; A. Lauren Crain, PhD; Bradley P. Carlin, PhD; Arthur L. Kellermann, MD, MPH, “Insurance Status and Access to Urgent Ambulatory Care Follow-up Appointments, JAMA. 2005; 294:1248-1254.

⁸ Linda F. McCaig, M.P.H., and Eric W. Nawar, M.H.S., Division of Health Care Statistics, National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary, Center for Disease Control, Advance Data, From Vital and Health Statistics, No. 372, June 23, 2006 ; www.cdc.gov/nchs/data/ad/ad372.pdf. at 3.

⁹ Kohn, Corrigan and Donaldson, Eds., *To Err Is Human; Building a Safer Health System*, Institute of Medicine, National Academy Press: Washington, D.C. (1999), p. 30.