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The search for medical care

With Medi-Cal and Healthy Families paying doctors less than it costs to treat patients, medical care is often hard to find

By Eve Pearlman

If your child has digestive problems in Davis, you'll have to travel to the Bay Area to see a gastroenterologist. Need a children's orthopedist in the San Fernando Valley? You won't find one who takes Medi-Cal near home. Does your child need an eye exam in Los Angeles? Come back next year.

"You can say something like that about almost any [pediatric] specialist," says Lynn Kersey, director of Maternal and Child Health Access in Los Angeles. Having Medi-Cal doesn't guarantee service because there aren't enough providers."

Why aren't there enough doctors?

- California's publicly funded health insurance programs--Healthy Families, Medi-Cal, and California Children's Services (CCS), a program for children with special health care needs--pay very low rates to doctors.
- The health care for more than one-fifth of California children is paid by these programs.
- California's high cost of living affects doctors like everyone else.

The result? Many pediatric specialists are high-tailing it out of state. As doctors leave California--and as young M.D.s choose to take that first job elsewhere--it becomes increasingly difficult for everyone, not just those with government-funded insurance, to find proper care for their children.

A two-tiered system

California's publicly funded programs for children pay doctors some of the lowest rates in the nation.

They're far below the rates paid by private insurance and far below the rates for Medicare, which covers older adults. Have a tonsillectomy covered by CCS, whose rates are generally about five percent above Medi-Cal, and the physician gets \$156.37; have the same procedure paid by Medicare, and the physician gets \$275.

More but not enough

Medi-Cal payments to physicians did go up about 20 percent in 1998 and will go up a similar amount next year. But payments will still fall short of what it actually costs the doctor to see each patient. Kris Calvin, executive director of the California chapter of the American Academy of Pediatrics, says it would take something more like a 150 or 200 percent increase to cover costs.

"Thirty percent of a small number," says Dr. Michael Haight, chief of pediatric gastroenterology at UC Davis Medical Center, "is still a small number."

Pressure from managed care

Doctors used to bill their privately paying patients enough to cover the cost of treating Medi-Cal patients at a loss, says Calvin. But now, in the cost-cutting managed-care environment, that's not possible. "The money's not there at the top of the waterfall," says Calvin.

Except for a dozen or so in the Bay Area, Dr. Haight is the only full-time pediatric gastroenterologist in Northern California. His practice is now closed to new patients.

"I don't care who you are or what insurance you have," he says. "I don't have the staff to treat you."

Haight has had two faculty positions open for over a year. He can't lure young doctors to work with him, he says, when they can make tens of thousands of dollars more working in other states, free from California's intensely cost-controlling managed-care environment and from the state's high cost of living. "If I didn't have family in this state, I would not be practicing here," says Dr. Haight. "I can't even find a partner."

Slow change coming?

Dr. Haight, a member of the Children's Specialty Care Coalition, who lobbied in Sacramento for CCS increases, says the experience gave him a bit of hope: "I was surprised at how naïve the legislators were, and the lack of knowledge they had about how health care is paid for, but I was pleased by their response." Last session, legislators unanimously voted a 30 percent increase for CCS.

The thing to keep in mind, says Dr. Haight, is that it's about keeping appropriate pediatric specialty care available to everyone. "If CCS and Medi-Cal don't pay their way," he says, "then even those that can [pay] won't have any care either."

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Parent perspectives

SUSAN ARONSON:

"Children require different care than adults"

When Susan Aronson's infant son Chad stopped gaining weight, this Sacramento mother of two wanted to see just the right doctor. Though privately insured, she had to wait several months to see the only pediatric nutritionist in her area.

Aronson's heart ached while she waited. When she finally got an appointment three months later, her son's problem was solved in a flash: the pediatric nutritionist put her son back on the high-fat foods that Chad's allergist, well-known for his work with adults but not especially trained to treat children, had told her not to feed him.

"I'm learning that children require different care than adults," says Aronson, "The best adult doctor in town may be useless for an infant."

GRETCHEN HESTER:

"They won't do it at Medi-Cal rates."

"I pity the parent who only has CCS or Medi-Cal," says Gretchen Hester of Berkeley, whose four-year-old son Bruno is covered by a private HMO in addition to CCS. Bruno has been deaf and blind since birth and suffers from frequent seizures. For Hester, taking care of Bruno has turned into a full-time job, in part because, though entitled to CCS-funded home care, she hasn't been able to find a nursing agency who's willing to do the job.

"I'm pretty sure it's illegal," she says, "but they'll tell you outright that they'll take you if your private insurance will pick it up, but that they won't do it at the Medi-Cal rates."

Bruno has epilepsy and he used to have an excellent pediatric neurologist. But the neurologist stopped practicing medicine, and Hester's current neurologist is overworked and hard-to-reach. Recently Bruno had a two-hour seizure; Hester frantically paged the doctor. When he finally returned her page, he told her he didn't think she realized he was a very busy man.

"I needed him to tell me what to do," says Hester.

SALLY McDONALD:

"Another one gone"

Sally McDonald, a San Francisco mom whose disabled daughter Maggie is covered by Medi-Cal, says she's lucky her daughter was born six years ago. "People entering the system now have a lot harder time finding specialists than I did." The pediatric surgeon who operated on her daughter 18 times just retired. "You find yourself thinking, 'oh there's another one gone,'" she says. "It's gotten nightmarish out there."

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