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Uncovered California, part two: emergency rooms see increased numbers after Affordable Care Act

By: Tricia Caspers of the Auburn Journal



Todd Pittman with his mom, Charlene Sanborn. Pittman says his mom, a Medi-Cal patient, died of cancer while she was waiting for care.

Medi-Cal update

Undocumented children 19 and younger are covered by Medi-Cal for the first time this month after a law signed by Governor Jerry Brown last October went into effect May 1. The law provides \$176 billion to provide healthcare for 170,000 children.

Editor's Note: Sunday, the Auburn Journal shared the story of Todd Pittman, a man who believes his mother, Charlene Sanborn, a new Medi-Cal patient covered for the first time under the Affordable Care Act, died of cancer waiting for the care she needed. Officials say Sanborn is one example of how the Affordable Care Act is failing to meet the needs of America's un- and underinsured. This is the second of two parts. Read part one here.

Emergency rooms are still swamped in Placer County and beyond. Many visits are from people who have insurance for the first time. Some say patients continue to use the ER because it's where they've always gone; others say patients turn to ERs when doctors are too busy or too far away, and the pain is too great.

When the Affordable Care Act was passed, one of its goals was to move non-urgent patients out of the ER, but a nation-wide study shows ER visits have either increased or stayed the same since January, 2014.

In a poll of more than 2,000 ER doctors, 75 percent said they're seeing more patients than ever, according to the American College of Emergency Physicians.

There's definitely been an increase in ER patients at Mercy Folsom, said Dr. Dwight Stalker, medical director of emergency services at the hospital.

Many are patients newly-covered by the Affordable Care Act, including some that were previously visiting the ER without insurance and paying out-of-pocket.

The increase in emergency room visits could be because, as some health officials suggest, newly-covered patients don't realize they have to sign up for a primary care physician. They go to the ER because it's what they've always done.

It could also be because, like Charlene Sanborn, patients can't wait a long time to see the available doctor, so they cut through the red tape by going straight to the ER, said Lisa Boch, community organizer at Placer People of Faith Together. Also, more people have insurance to cover the cost, so more people are seeking care when they need it.

Because so many ER patients at Dignity Health hospitals are there for non-emergency reasons, Stalker said, Dignity now employs patient navigators at four of its ERs in the Sacramento area. They help patients find a primary care doctor and schedule appointments for follow-up visits.

In the last two years, patient navigators have assisted 11,500 non-urgent care patients in the ER, 73 percent of whom needed help scheduling follow-up care.

They also help the uninsured access community clinics, Stalker said.

Who are the uninsured or under-insured? They include undocumented immigrants, which until this month included children, who are not eligible for Covered California, as well as homeless folks who refuse insurance because they don't trust the system. They continue to use emergency rooms as their only source of care, Boch said.

In response to the increased need, said Dr. Christine Griger, president of Sutter Medical Group, Sutter is piloting lower-cost, walk-in retail clinics (inside shopping centers) where patients can be seen by a physician's assistant or nurse practitioner for less urgent care such as a sinus infection.

While Sutter has an urgent care office in Auburn with evening and weekend hours, there isn't a plan to open a retail location in the area at this time, she said.

Western Sierra Medical Clinic, though, has plans to open an Auburn location within a few months, and it will accept Medi-Cal patients as well as private insurance, according to a press release.

'Difficult to find care'

When a resident signs up for health insurance, the system will direct him toward Medi-Cal or Covered California, depending on his income level. The income requirement for Medi-Cal is about \$16,400 per year for an individual and close to \$33,000 for a family of four.

Covered California has varied types of insurance, depending on income level.

As of June 2015, there were more than 13,000 residents of Placer County enrolled in Covered California, according to spokesperson James Scullery.

While those who are enrolled in health plans through Covered California report fewer issues, enrollees say they are also struggling to find primary care providers and specialists.

Auburn resident, Nancy Polli, has experience with Covered California as a private marriage and family therapist and as a patient.

“There are good things (about Covered California), and there are bad things,” she said. “It was really difficult to find care.”

Many Covered California enrollees sign up for the bronze, silver, gold or platinum insurance plans which are offered based on income level.

Polli signed up for the silver plan and looked into having a bladder surgery she’d put off for three years because she couldn’t afford it with her previous insurance plan.

She wasn’t able to find a surgeon in Auburn who would take her insurance.

Her surgery took place in Grass Valley, and she currently drives to Sacramento for follow-up appointments.

“I don’t know what people with the bronze plan are doing Basically they have the county medical clinic.”

In the mental health field, she said, clients wait up to 12 weeks to see a psychiatrist, and those in crisis have to go to an emergency room.

Recent changes to the system

Covered California representatives realize the system is not serving everyone equally, according to its public information office, and the state plans to make changes. Some of those include providing better care to racial groups and improving doctor repayment plans based on quality of care.

All plans will require the enrollee to choose a primary care provider or to be assigned one, and physicians will be notified when a patient visits the emergency room.

Providers will be required to track disparities in care, particularly among patients with diabetes, hypertension, asthma and depression.

While the Medi-Cal and Covered California systems are far from perfect, Boch said, they are a step in the right direction.

She still believes that everyone has a right to health care.

She has the opposite story of Sanborn’s – a friend who detected cancer early because of expanded Medi-Cal coverage – and is still alive.

“(Sanborn) unfortunately is one of the statistics that made people want (national health care),” said Boch, who is still working with local groups to improve medical care for the underserved in Placer County. “You can’t go without healthcare, and it can’t just be something you can use only when you’re not breathing.”

For Todd Pittman, who feels that his mother died because no one was willing to take her insurance because she was poor, the system is clearly broken.

“When she thought she was (cancer-free), she said, ‘Thank God for Obamacare. I would have never known I was sick,’” he said, shaking his head at the irony.

Reach reporter Tricia Caspers at triciar@goldcountrymedia.com