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Kathryn C. Kokoczka

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SECRET SHOPPERS IN ILLINOIS: UNCOVERING STARTLING TRENDS IN ACCESS TO HEALTHCARE

by KATHRYN C. KOKOCZKA

Lisa Hannum received quite a shock recently when she took her daughter to their local urgent-care clinic with a dog bite wound.¹ Hannum thought she was doing what any conscientious, responsible parent would do: seeking medical help.² Instead of giving her urgent care, however, the clinic refused to treat the girl.³ The facility, its administrators told her, did not accept Medicaid.⁴

Hannum's story is not unique. In fact, researchers in Cook County, Ill., found that over half of their sample of those seeking doctors appointments in 2010 with only Medicaid were turned away.⁵ Clearly, those with Medicaid rather than private insurance have reason to feel unsettled.⁶

PRIVATE INSURANCE TRUMPS MEDICAID

Medicaid is an expansive public insurance program that serves more than 56 million Americans.⁷ Along with the State Children's Health Insurance Program ("S-CHIP"), Medicaid provides critical healthcare coverage for children in many low-income families.⁸ Created in 1997, S-CHIP is responsible for decreasing the rate of uninsured children by nearly one-third.⁹ Taken together, the programs have made major strides in covering children in Illinois.¹⁰

However, having coverage and actually receiving medical care are two different things. The 2010 study showed that children are routinely denied appointments because many healthcare providers are unwilling to accept Medicaid.¹¹ Furthermore, Medicaid beneficiaries often experience longer waiting periods before treatment and have more expensive co-pays for their care.¹²

In 2005, a class action lawsuit was filed against the State of Illinois on behalf of over 600,000 children in Cook County covered by Medicaid.¹³ Though ultimately settled, the suit resulted in a court order that led to the startling revelations in the 2010 study.¹⁴ As part of the settlement agreement, the district court required the State to complete a study of children's access to specialty care.¹⁵ To do this, state officials commissioned a "secret shopper" study¹⁶ in which "researchers would pose as prospective patients calling primary care practices to schedule appointments."¹⁷

Dr. Karin V. Rhodes was chosen to conduct the research.¹⁸ She noted that prior to the class action suit there had never been a study this "comprehensive or rigorous that actually measured access to specialty care, let alone children's access."¹⁹

The study uncovered discrepancies in access to care for children with Medicaid²⁰ and demonstrated "a failure to care for our most vulnerable children."²¹ Researchers determined that lower and slower Medicaid payments caused most of the disparities in patient care access.²²

Prof. John Blum of Loyola University Chicago School of Law also cites shortages of primary care physicians and pediatricians as contributing to difficulties in medical care access.²³ But, as Dr. Rhodes believes, the number or quality of doctors does not necessarily create these difficulties.²⁴ Rather, it is a “system-wide problem.”²⁵

In fact, a large segment of providers want to treat patients insured by Medicaid.²⁶ Unfortunately, many doctors work in healthcare systems that stress “payer status,”²⁷ or optimizing profit based on the type of payment utilized by the patient.²⁸ To reduce disparities in doctor reimbursement, the medical community may best serve patients by focusing on restructuring the reimbursement schemes in the healthcare system.²⁹

STRATEGIES FOR IMPROVING HEALTH CARE ACCESS

The 2010 class action settlement sparked positive changes in the landscape of Illinois healthcare.³⁰ Primary care access improved, and the state established a case management system for primary care physicians.³¹ However, certain areas still need progress.³²

In particular, access to specialty care in the fields of behavioral health, dentistry and orthopedics needs improvement.³³ For example, Dr. Rhodes’s research also revealed that “children with an acute oral injury seeking dental treatment were significantly less likely to be able to access dental care if they had public versus private insurance.”³⁴

Looking to successful international healthcare models may be a valuable resource in cultivating positive growth in the American healthcare system.³⁵ Dr. Rhodes recommends studying models in places like the United Kingdom, where primary care doctors are paid higher salaries and specialists are more efficiently utilized than in the United States.³⁶ Because many medical students show interest in specialty care due to higher pay and more favorable work schedules, incentives like forgiving student loans may spark interest in the field of primary care.³⁷

Reprioritizing the healthcare of American children will take work. As Dr. Rhodes stated, “We can fix this problem, but it will not happen unless we are

willing to make the health of American children a national priority.”³⁸ She believes that every state would benefit from a similar study.³⁹

Dr. Rhodes also takes care to note that the impetus for the research was the persistence of the public interest attorneys who represented the 600,000 children on Medicaid.⁴⁰ With the help of government resources, research specialists, and medical professionals, the legal community is perfectly situated to help ensure that children like Hannum’s are no longer turned away.

NOTES

1 Denise Grady, *Children on Medicaid Shown to Wait Longer for Care*, N.Y. TIMES, June 15, 2011, available at <http://www.nytimes.com/2011/06/16/health/policy/16care.html>.

2 *Id.*

3 *Id.*

4 *Id.*

5 Joanna Bisgaier & Karin Rhodes, *Auditing Access to Specialty Care for Children with Public Insurance*, 364 NEW ENG. J. MED. 2324, 2329 (2011).

6 Grady, *supra* note 1.

7 *Medicaid*, N.Y. TIMES, Sept. 20, 2007, available at <http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/medicaid/index.html>.

8 *State Children’s Health Insurance Program (S-CHIP)*, N.Y. TIMES, July 21, 2009, available at http://topics.nytimes.com/top/reference/timestopics/subjects/s/state_childrens_health_insurance_program_schip/index.html.

9 *Id.*

10 *Id.*; Illinois Dep’t of Healthcare and Family Serv’s, ALL KIDS FINAL REPORT, 215 ILCS 170/45 (Jul. 2010), http://www2.illinois.gov/hfs/agency/documents/072010_akfinal.pdf.

11 Grady, *supra* note 1.

12 *Id.*

13 *Id.*

14 *Id.*

15 *Id.*

16 *Id.*

17 Karin Rhodes, *Taking the Mystery out of “Mystery Shopper” Studies*, 10.1056 NEW ENG. J. MED., 1107779 (2011).

18 ALL KIDS FINAL REPORT, *supra* note 10.

19 Grady, *supra* note 1.

20 *Id.*

21 Press Release, Univ. of Pa. Sch. of Med., Specialty Physicians Turn Away Two-Thirds of Children with Public Insurance, Penn Study Shows (June 16, 2011), http://health.upenn.edu/news/News_Releases/2011/06/specialty-physicians/.

22 Grady, *supra* note 1.

23 Interview with John Blum, Professor of Law, Loyola Univ. Chicago Sch. of Law (Oct. 6, 2011).

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24 Telephone interview with Karin Rhodes, M.D., M.S., Director of Emergency Medicine, Univ. of Pa. (Oct. 7, 2011).

25 *Id.*

26 *Id.*

27 Blum, *supra* note 23.

28 John G. Canto et al., *Payer Status and the Utilization of Hospital Resources in Acute Myocardial Infarction*, 160 ARCH. INTERN. MED. 817, 817 (2000).

29 Press Release, *supra* note 21.

30 Rhodes, *supra* note 17.

31 *Id.*

32 *Id.*

33 *Id.*

34 Joanna Bisgaier, *Disparities in Child Access to Emergency Care For Acute Oral Injury*, 127 J. AM. PEDIATRICS 6 (2011).

35 Rhodes, *supra* note 17.

36 *Id.*

37 *Id.*; see also *Weigh Medical Student Debt, Specialty Choice*, U.S. NEWS, June 20, 2011, <http://www.usnews.com/education/blogs/medical-school-admissions-doctor/2011/06/20/weigh-medical-student-debt-specialty-choice> (The American Association of Medical Colleges compiled statistics that show the average debt of a medical student in 2010 was almost \$160,000. Moreover, the income gap between primary care doctors and specialists continues to grow by an average of over \$100,000 annually, making primary care less appealing to cash-strapped students).

38 Rhodes, *supra* note 17.

39 *Id.*

40 *Id.*