

# The Salt Lake Tribune

---

Fewer Utah doctors willing to care for Medicaid patients

Utah expects the number of Medicaid patients to keep growing in 2014 as federal health care reform kicks in.

BY JENNIFER DOBNER

THE SALT LAKE TRIBUNE

PUBLISHED: JULY 17, 2013 07:32AM

UPDATED: JULY 17, 2013 02:41PM

The number of Utah medical providers willing to treat Medicaid patients has been dropping since 2008 — even as the number of Utahns on the public health program has climbed, according to new data from state analysts.

And with Utah's Medicaid rolls expected to grow in 2014 — when penalties in the Affordable Care Act spur eligible Utahns to apply — even more patients may be relying on the dwindling number of providers.

In 2008, Utah's Medicaid system had fewer than 294,000 enrollees and 3,366 willing doctors, with more than 100 providers shouldering the bulk of the care.

In 2012, Utah had more than 379,000 Medicaid enrollees and 2,517 providers. Of those doctors, clinics and other facilities, 82 — or 3 percent — logged 506,000 patient visits, seeing one of every two Utahns on Medicaid that year.

And 15 percent of those key providers appeared to be emergency-care facilities.

No single factor explains the downward trend, according to Russell Frandsen, the analyst who shared the data last week with the Legislature's Social Services Appropriations Subcommittee.

But doctors say Medicaid often feels like a hassle that isn't worth their time.

Among their anecdotal complaints: Fees have gone down, the paperwork is voluminous, it's hard to get some procedures and surgeries approved, and the patients are often sicker.

“In the current system, the biggest hassles and the lowest reimbursements are paired together,” said Brian Hales, a Davis Hospital anesthesiologist and president of the Utah Medical Association. “I pay my car mechanic much more per hour than [doctors get] to sit for an hour with a very sick patient.”

The data pertain to the fee-for-service version of Medicaid, which covered about 60 percent of enrollees during those five years. Now, about 70 percent see providers through managed care organizations.

Medicaid provides medical and dental coverage for pregnant women and children living at 133 percent of the federal poverty level, or earning about \$31,000 annually for a family of four.

Without the benefit of patients with private insurance, many doctors can't survive financially, Hales and others said.

"If you're a private provider in Milford, you're losing money," said King Udall, a family doctor who works for Intermountain Healthcare.

It's a Catch-22, Udall notes. Doctors are compelled by their profession to provide care, but "some of that idealism runs low after awhile," he said. "You'd like to break even."

Utah already has a low doctor-to-patient ratio, Udall and Hales noted, before the predicted boost in Medicaid enrollment and other insurance coverage in 2014.

Advocates for the poor say they understand doctors' complaints, but add that multiple variables determine what doctors get paid, including what type of medicine they practice.

Specialists, for example, get paid more than family doctors. Managed care providers may also pay different rates than doctors in the fee-for-service plan receive.

The primary concern should be whether access to care has gone down along with the loss of providers, said Lincoln Nehring, a policy analyst with Voices for Utah Children.

That doesn't appear to be happening widely. Eighty-nine percent of Medicaid patients reported they typically get quick access to their fee-for-service doctors, according to a snapshot of satisfaction scores for 2012 from the Utah Department of Health.

That was slightly lower than the 90-plus percent of patients in two managed care organizations with state contracts to see patients.

In the analysts' data, a provider could be a physician, a group practice, a hospital or one of its departments (such as an emergency room), a public health clinic or a walk-in emergency care facility.

Utah lawmakers are concerned about both the overall provider shortages and the need to address the shrinking pool of doctors in the Medicaid program, said Rep. Ronda Rudd Menlove, R-Garland, who co-chairs the Health and Human Services Committee.

Lawmakers funded additional slots at the University of Utah's medical school and are talking about ways Utah might change its health care delivery models, she said. That could include expanding the use of community-based clinics and relying on nurses to provide more care.

“We really have to be innovative. We can’t just say we’re going to do things the way we’ve always done it,” Menlove said. “We’re also going to have to look at the payment structure. I don’t know how we deal with that, but I think we can’t ignore what [doctors] are talking about, which is low pay.”

jdobner@sltrib.com

Twitter: @jenniferdobner

—

Fewer doctors will see you now

The number of health care providers willing to care for Medicaid patients has been dropping, as enrollment has increased.

Number of providers seeing Utah Medicaid patients

2008: 3,366

2009: 3,277

2010: 2,919

2011: 2,464

2012: 2,517

Number of providers seeing 50 percent of Medicaid patients

2008: 101

2009: 88

2010: 85

2011: 83

2012: 82

Source: Office of the Legislative Fiscal Analyst

---

**© Copyright 2013 The Salt Lake Tribune. All rights reserved. This material may not be published, broadcast, rewritten or redistributed.**