

KPQ Episode 1: Why Medicaid Matters

Polly McKinney, Advocacy Director, Voices for Georgia's Children

"Welcome to Kid Pro Quo, a brand new podcast from Voices for Georgia's Children. I'm Polly McKinney, and I'll be your guide as we talk to all kinds of folks about how public policy actually affects kids' lives. Because what happens in government doesn't just stay there. It shows up in classrooms and kitchens, doctor's offices and playgrounds, courts and communities. So grab a cup of coffee or a popsicle or whatever you feel like. Put your feet up unless you're driving, and enjoy this week's episode of KPQ.

0:44

Polly:

My guest today is Georgia pediatrician Dr. Anu Sheth, founder of Pediatric Associates of Lawrenceville, or PAL. She received her medical degree from Southern Illinois University and completed her residency at UCLA Medical Center. Prior to starting PAL, she was the lead physician for Eggleston Children's Healthcare Systems Outpatient Clinic. Try fitting that on a business card. Her interests include nutrition and fitness, bicycling, tennis, and traveling with her husband and four kids. Dr. Sheth, thanks for joining me.

1:16

Dr. Anu Sheth, Founder, Pediatric Associates of Lawrenceville

Thank you. Thank you for coming out to Lawrenceville and sorry that you had to fight the traffic.

1:20

Polly:

It's my pleasure. It's a good trip, good little vacation.

1:24

Dr. Sheth:

Oh, wow. Thank you. Appreciate it.

1:27

Polly:

So Dr. Sheth, tell me about your practice, how many kids you see, what ages?

1:32

Dr. Sheth:

I am a pediatrician. I've been a pediatrician for 30 years and I started my practice 27 years ago and we have a total of 9 providers and we see patients from birth up until their 21st birthday. We see a mix of Medicaid, private self pay. Our Medicaid population is about 40% and they love what we do and we've been taking care of kids for a long time and we'll probably be doing it for a long time.

2:03

Polly:

So why is Medicaid so important to your practice? Other like the 40% I kind of get, but is there something more to it than being part of the business model?

2:13

Dr. Sheth:

Certainly, you know, Medicaid does not reimburse like private insurances do. But yet we went into this for a reason. I didn't become a plastic surgeon. I became a pediatrician to take care of kids. And children are not always covered by parents insurance and so they are dependent on Medicaid for some sort of coverage. So that's the reason we take Medicaid. But like I said, I can't imagine not taking Medicaid.

2:40

Polly:

So what happens when a kid shows up who maybe the parents thought they were covered and they're not right?

2:46

Dr. Sheth:

And that happens often. You know, any child who walks into this office who's sick will be seen and then, you know it as far as from a business standpoint, we bill the parent and, you know, may get paid. We may not get paid.

3:00

Polly:

You said it happens often. How often?

3:02

Dr. Sheth:

Yeah.

3:02

Polly:

What is the response like?

3:04

Dr. Sheth:

So we always check our kids before they're coming in, whether or not they're eligible or on Medicaid, which is fine for scheduled checkups. But if it's somebody who's sick, it's, you know, if they walk in the door, we check at that time whether or not they're covered on insurance or not. So, and then at that point, we have to deliver the bad news. It happens daily.

3:26

Polly:

Boy, that's hard.

3:28

Dr. Sheth:

Yeah.

Polly:

It's interesting to me because I think that there is sometimes a perception that when a child is not covered by private insurance or by Medicaid, that the parents don't care or that they should be doing something more than they're doing. Is that your perception?

3:46

Dr. Sheth:

The parents? No! I mean, my experience is that, you know, there's nothing that's more important to a parent than their child. So it's, it's not, I don't think it's the parents at all. It's the system. It's just the reality of, you know, where we are in our economy and finances. We see patients from all different socioeconomic statuses. Every single one of those parents loves their kids, and the issue is that there's nothing, no access for them.

4:13

Polly:

What is the difference in terms of kids who do and don't have health insurance coverage?

4:18

Dr. Sheth:

It's huge. I can just tell you the difference with one of the most chronic condition we treat is asthma. So the child who has insurance or Medicaid coverage will come in, they have their regular well checkups, and then they'll come in for their asthma maintenance visits so we can adjust the medications. And our whole goal is to keep them out of the emergency room and out of the urgent cares. I have families in which I've been very consistent with their asthma, you know, visits and then they lost their insurance and then they show up in my office after being in the emergency room. And I was surprised. I'm like, well, you're always well managed. I mean, what happened? They lost insurance. They couldn't afford their controller medication anymore because that can be anywhere from \$200 to \$400 per inhaler. If they can't afford that, then now these kids are getting, you know, sicker diagnosed later in the emergency room. And guess what we just did? We just increased our health care costs because our kids are getting their care from the ER. So the difference between having insurance and not having insurance for kids is matter of managing their chronic conditions, diagnosing them early, teaching them how to manage it so that ultimately they become adults that are healthy, that don't have chronic conditions, that don't have COPD later.

5:49

Polly:

So what about the human toll? And I don't know if people really understand what an ED visit for a child suffering from an asthma attack looks like.

5:59

Dr. Sheth:

Well, ultimately the parent goes to the emergency room because nobody is declined or denied care at the ER. So they bring the child in. And if it's something we can handle in the emergency room, they may be there for a few hours getting multiple rounds of treatments. Maybe they need oxygen, maybe they need a chest X-ray. Maybe we weren't able to get them under control. Now we're being hospitalized and we have kids that are hospitalized to the intensive care unit because there are severe asthmatics that don't have their controller medication. So it could be anywhere from the simplest visit \$3,000 or \$4,000 up to hundreds of thousands of dollars if they end up being admitted into the ICU and parents don't know, they're just trying to do the best that they can.

6:50

Polly:

Is there a particular story that comes to mind that sort of pulls on your heartstrings and are you able to share that?

6:58

Dr. Sheth:

Oh my goodness, there's so many. I think the one that really got me recently was a family that we've been seeing for a while and again, lost insurance and had...it was just so avoidable. It was a child that had a sore throat, had a fever, and they just thought it would go away. Did home remedies, didn't have insurance, ended up becoming a big, what we call a retropharyngeal abscess. And it's just an invasive infection behind the child's throat. They ended up in the emergency room, emergency surgery. The child ended up needing to be on a ventilator. And we almost lost the child. And it could have been a visit, a strep test, 24 hours, and everybody's back to school and back to work. But, you know, we almost lost the child over strep throat. So, you know, the child made it still recovering, but that's so preventable.

8:01

Polly:

That's awful.

8:02

Dr. Sheth:

Yeah.

8:02

Polly:

But thank goodness the child's OK.

8:04

Dr. Sheth:

Yes.

8:05

Polly:

But talk about a success story.

8:09

Dr. Sheth:

Oh, yes. I mean, there's so many success stories. Like, we recently diagnosed a child with leukemia early. Now this child has been coming to our practice and, you know, showed signs of fatigue and then a rash. And then, you know, we were able to do the labs that were needed and get intervention quickly. And that might be 100% success rate, you know, because we have good success with treating, you know, childhood cancers now. Now, if you have a situation like that where you don't have insurance, I mean, the parents not going to bring them to the doctor and you know, our disease is going to be far along gone. And again, you know, the outcome is probably not so good. Having Medicaid keeps them healthy, keeps the parents going to work, keep the kids going to school, diagnosing early disease, developmental disorders, all of that. You know, with Medicaid coverage, at least they get services. You know, I could probably talk forever about all my patients and all the kids.

9:09

Dr. Sheth:

One of my favorite stories is this family who was covered by Medicaid ended up having a really rare tumor on his foot, ended up needing an amputation. And, you know, over the years, we've watched him go through all this. He's like now gone on to school and he's become a physical therapist because he wants to help other kids with, you know, who actually in the amputee clinic. So it's just we've come from so much difficulty and, and he's doing so well and doing so much good. So those kind of stories just pop up all the time, you know, So I just, I just love what I do.

9:48

Polly:

Is there anything you'd like to talk about that I haven't asked you about?

Dr. Sheth: The importance of covering our kids when they're younger from a financial perspective? It's a no brainer. Cover the kids, keep them healthy when they're young so that they can become members of the workforce in the future. 10:06 I just wish we could get that message out.

10:08

Polly:

Yeah, you seem pretty excited about that.

10:11

Dr. Sheth:

I'm really passionate about that. It's just this is our future, you know, our these kids.

If we don't take care of these kids, what, what do we've got? What do we have as far as our workforce and our adults and our healthcare costs in the future?

10:24

Polly:

Well, it's been really a pleasure to speak with you today. It's just lovely. And I just admire you and the work you do.

10:30

Dr. Sheth:

Oh, wow, thank you. Appreciate it.

10:32

Polly:

All right, thanks for being with us.

10:34

Dr. Sheth:

Thank you.

10:36

Polly:

And thanks to all of you out there for listening to Kid Pro Quo. If you liked what you heard, be sure to follow Voices for George's Children or subscribe to our listserv and share this episode with someone who cares about kids as much as you do. I'm Polly McKinney. Catch you next time on KPQ.