

KPQ Episode 2: The Hidden Cost of Missed Care

Polly McKinney, Advocacy Director, Voices for Georgia's Children (00:04):

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*.

My guest today is Dr. Hugo Scornik, a physician with Conyers Pediatrics. Dr. Scornik received his medical degree from the University of Florida and completed his residency training at the Children's Hospital of Alabama. He's a board certified fellow of the American Academy of Pediatrics and has had lots of roles with the academy on the state and national levels, including serving as president of the Georgia AAP from 2020 to 2022, which as you may recall, was right through covid. Dr. Scornik and his wife Stacy have two young adult kids. In his spare time, he likes to play tennis, jog and read, though hopefully not all at the same time. Dr. Scornik, thanks for joining me.

Dr. Hugo Scornik, Pediatrician, Conyers Pediatrics (01:26):

Thank you for having me. I really appreciate it.

Polly (01:28):

So tell me a little bit about your practice, about how long you've been here, what kind of kids you see, that sort of thing.

Dr. Scornik (01:35):

Yeah, sure. So my name is Hugo Scornik. I'm a pediatrician, general pediatrician, and I work at Conyers Pediatrics in Conyers, Georgia. We have four pediatricians and one nurse practitioner here. We've been here since 1991, and I've been here for 28 years.

Polly (01:52):

Wow. So that must be scores of kids you've seen.

Dr. Scornik (01:56):

Yes, thousands.

Polly (01:58):

Tell me a little bit about your clientele.

Dr. Scornik (02:00):

So we're very proud that at Conyers Pediatrics, we see everybody. We take all insurances, and I feel like we have a good cross section of our community. We see some very wealthy families, and then we see some families who don't have as much.

Polly (02:15):

So when it comes to families coming through the door, you say you take all kinds of insurance. What if somebody doesn't have insurance?

Dr. Scornik (02:23):

We do have a reduced cost for people who don't have insurance. We really want to see everybody. We want to make sure all children get care. There is a cost. It's not free. We're a private practice. We have to pay our employees and we have to pay our light bills. And so there is a cost, but we do offer a discount.

Polly (02:43):

When people show up without insurance- do you find that they have more pressing needs? Do people delay coming because they don't have insurance?

Dr. Scornik (02:52):

Yeah, we do see that. We see people who I might not have seen for three years, and I was like, where were you? What happened? Did you move? And the answer is no. I lost my insurance. And so we've avoided care. We haven't gotten our routine childhood vaccinations because we couldn't afford to come to the doctor.

Polly (03:13):

How's that feel as a provider?

Dr. Scornik (03:16):

Well, it is concerning. It's something that we're used to dealing with here, and we do our best to catch the kids up on their vaccines. But what's really unfortunate is when something has gone wrong within that period of time, if they've been admitted to the hospital or had a bad asthma attack, then they've run up some really large bills.

Polly (03:41):

Is there a story that floats to the top of your mind?

Dr. Scornik (03:44):

I actually have a story about not having insurance from one of my parents. She came in, she didn't have health insurance. That's a big problem in our country that some people don't

have health insurance. And I saw her one day and I went to shake her hand and she couldn't see my hand. She had lost her vision, and I was, why have you lost your vision? And so a few months later, she didn't have insurance. She couldn't go to a doctor, but she finally went to an eye doctor and it was diabetes. So diabetes, it takes years to develop visual changes and blindness is just a stick of your finger and you get your glucose checked. But that hadn't happened for, she probably was without insurance for 15 years. And yeah, unfortunately she lost her life about five years after that. But so she is a good example of someone who was very, a small amount of money, a lot of that could have been prevented. And of course she has children. That's why she was coming to my practice. So those kids lost their mother.

Polly (04:55):

That's just heartbreaking.

Dr. Scornik (04:56):

It is. I think about her a lot

Polly (05:00):

And so simple. Right.

Dr. Scornik (05:01):

Yeah.

Polly (05:03):

That said, did her children have health insurance?

Dr. Scornik (05:06):

Yes, because her children were eligible for Medicaid. Adults in Georgia are not eligible for Medicaid, most adults, so that was the differentiator. So she got healthcare for her children through the Medicaid program, but she herself did not have insurance. And by the way, that's something I see every day here. So most of our parents who their children are on Medicaid, well, I want to know about most, but a large number. They themselves don't have insurance, but they're able to access insurance for their children.

Polly (05:39):

It just puts the whole family in a precarious position.

Dr. Scornik (05:42):

Yeah, I mean, I commonly get asked, can you look at my throat, Dr. Scornik, I mean, I'm a pediatrician. I deal with children, but the adults are asking me for advice because they don't have access to a doctor.

Polly (05:53):

Wow. Has there been a story on the other side of somebody who basically was saved because of having insurance or a child who has really helped because of being on Medicaid?

Dr. Scornik (06:05):

In our practice, 60% of the children that we see here have Medicaid. And when someone loses their Medicaid insurance, let's say someone has asthma and they might be having an asthma problem, wheezing an inhaler or two inhalers, I mean, that can run \$500. And then not to mention if someone's in a car accident and is hospitalized, I mean, how are you supposed to pay for the bill if you don't have insurance? So it's every day. People are being saved every single day, all the time just in our practice from the Medicaid program.

Polly (06:41):

What policies do you think could change that could really help kids?

Dr. Scornik (06:46):

Well, we talked about the Medicaid program that's funded both by the state government and by federal government. And that's an important program, but that's not the only one. New mothers rely on the WIC program. That's a federally funded program that helps infant nutrition and provides formula for people who can't afford formula for their babies. As pediatricians, we feel like we're part of the community. And so everything from having good schools to, we have kids who need different kinds of therapies, whether it's physical therapy, speech therapy, occupational therapy. Every day I am referring people to those therapies and they may not be able to find one. There's just a lot of things that the government could help out if there was a desire to do that.

Polly (07:34):

You've been a practicing pediatrician for quite a while. What is the biggest change you've seen since you started your practice?

Dr. Scornik (07:42):

One of the big changes was something, this is a little technical, but it's called the Vaccines for Children's Program, VFC for short. It used to be that when my mom would take me to the doctor back a long time ago, she would go to the pediatrician, but the pediatrician wouldn't stock the vaccines. I would have to have a second visit to the health department and get my vaccines there. And the VFC program changed the laws so that the vaccines

could be stocked at the pediatric office. And that was a huge, huge change because that allowed pediatricians to lay eyes on kids. A lot of kids would not go to the pediatrician and just go to the health department, just get their shots and not have a medical doctor or a nurse practitioner or a lay eyes on that child. And so we can catch a lot of things during these routine visits.

Dr. Scornik (08:36):

If a child's not growing well, we notice that if their head size is increasing too fast, if the child's not talking well and a host of other things. So that was a huge change, and that also caused the vaccine rates in this country to go way up, as you may know, to protect against vaccine preventable diseases. It's important not just for one person to be vaccinated, but for the whole community to be vaccinated. And until relatively recently, the majority of my career vaccine rates have been in about 90% of children were vaccinated, small tick down recently, but still holding steady at close to 90%. And I think that's in large part due to the VFC program. So that was one big change. I'll throw out another one. Car seats of course are huge, and just in general, the decrease in deaths from motor vehicle accidents, cars have become a lot safer than they used to be. And yeah, so that's been a huge change too.

Polly (09:39):

I'd love to ask you a few questions about vaccinations while we're on this. In your practice, have you seen kids with illnesses that could have been prevented by vaccines?

Dr. Scornik (09:49):

Well, we can prevent a lot of illnesses through vaccines. So every case of flu that I see in someone who's not vaccinated, it's not always preventable by vaccine, but it could have been made better. You can still get the flu if you've had the flu shot, but it tends to be less bad of a case. But yes, I've seen kids who have skipped vaccines and then got, for example, there's a type of pneumonia that's prevented by vaccines. And I've seen kids catch that kind of pneumonia and many, many more examples. Whooping cough is a big concern, and I've seen that in someone who did not get vaccinated, and of course in the headlines right now, or there's an outbreak of measles in this country where I never thought I'd ever see a case of measles in my career. I never have, and I never want to, but we're starting to, as pediatricians, we're having to go to classes and take seminars on what measles looks like and to make sure we don't miss it because there are more and more measles cases. And it's thought that's because there's just been a general decline in the vaccination rates in this country.

Polly (10:59):

I think a lot of people don't have any idea what it looks like. Can you describe?

Dr. Scornik (11:05):

Yeah. Measles is a serious illness. It gives you very high fever. It gives you a typical rash that looks like sort of like red dots on your body. Your eyes get red, and the babies are just very sick. Some people get over measles without much complications. Some children do 10 to 20% need to be hospitalized, and most commonly due to respiratory problems that they develop with measles. But measles can also affect your brain, so you can get measles encephalitis, and there are deaths from measles. So far, there have been two pediatric deaths in the United States from this current measles outbreak, one adult death from this measles outbreak. I know of one death in Canada from measles. So we're just starting to see more measles, and unfortunately that does present a risk to children.

Polly (12:01):

It's very contagious.

Dr. Scornik (12:02):

Yeah, the most contagious illness there is, there's a general decline in vaccination. I mentioned that it used to be around 90%. I think in Georgia right now, we're hovering it around 87% is the last number I heard. And unfortunately, the trend is down. There's a lot of skepticism about certain vaccines, and because measles is the most contagious illness, it tends to be the canary in the coal. Mine tends to be the things that infectious disease doctors and pediatricians will see first. But if the vaccination rate keeps going down, we'll start to see the other ones. So we'll start to see whooping cough, we'll see more cases of whooping cough, more cases of polio. There's a lot of different illnesses that we protect for.

Polly (12:47):

So if you had a magic wand and you could make any big policy change that you wanted to help kids, what would that be?

Dr. Scornik (12:57):

It wouldn't be one. I have a whole list to make the child the center of a lot of our discussions. What's more important than our children? So I feel like our children should be the center of the discussions, whether it's about health insurance, whether it's about our schools, whether it's about social media and protecting our kids from the harms of social media, whether it's nutrition and the way that advertising to little kids about sugary sweets. So there's lots of different ways that we can impact children's health, both physically and emotionally and mentally. We would love to have the government as a partner, and we do a lot of times, but I think more could be done. But the point is, is that it takes a whole community to help children, and especially those children who are in families who don't have a lot, because every child is special, every child is worth it. We don't want to write off a large number of children just because their parents can't afford formula, for example.

Polly (14:18):

When you say write off, what does that look like?

Dr. Scornik (14:21):

Well, it takes a lot of forms. That child that I told you who wasn't able to go to a doctor for several years, that's someone who fell through the cracks of our system. When I see someone who I might be diagnosing with a developmental disability and I refer them to a speech therapist and they can't get to a speech therapist, they're full, they're booked, they're just not available. That's a way that a child is falling through the cracks. If a child has a special need in school, let's say that they can't hear well, and they need auditory devices to hear the teacher, but the school doesn't have the funding to provide those services, that's a child who's falling through the cracks. So it's multifactorial. It's not just one thing.

Polly (15:15):

Is there anything you'd like to talk about that I haven't asked you that you feel like it's important for this audience to know?

Dr. Scornik (15:22):

Well, you mentioned about Medicaid. It is a very important program for children. 60% of the patients in Georgia are on Medicaid. 60% of our patients at Coner Pediatrics are on Medicaid in some rural communities. In Georgia, 75% of the county is on Medicaid. It's also very important for our rural hospitals. It's a very, very important program. And Medicaid doesn't only serve children, as you may know, it also serves the disabled. So a child who has Down syndrome or Cerebral Palsy or a number of other diseases is eligible for care for Medicaid. And their insurance company does not cover everything that child needs. So if you know someone who has a child with a disability, talk to them, they know about the Medicaid program and how important it is to their family. So it pains me when I hear that the budget needs to be cut, and the first thing they go to is the Medicaid program. And I feel that that children don't vote. It has a lot to do with that. Children don't have a voice sometimes when other groups do.

Polly (16:38):

How do you stay hopeful?

Dr. Scornik (16:40):

Well, it's my patience, of course, Polly. So I see them every day, and they're a joy. I see French fries in their ears and chicken nuggets in their ears, and they laugh and they giggle. And I am very hopeful. Our kids are great. I mean, kids are doing fine. I just feel like they could be doing better.

Polly (16:57):

This work is important to you?

Dr. Scornik (16:58):

It is. It is. It's my life's work. Like I said, I'm a father as well. But yeah, I come in every day and I'm passionate about it.

Polly (17:08):

Why?

Dr. Scornik (17:10):

Children are a hundred percent of our future. This is our legacy. How these kids turn out is very, very important and very important to me. And I do feel that sometimes they're an afterthought in the national conversations. And yeah, I see a lot of hope for the future, but we can always make things better in our country. So I do think that there's room for improvement too.

Polly (17:39):

What a wonderful note to end on. Thank you so much, and thanks for making time for our little podcast.

Dr. Scornik (17:45):

Oh, absolutely, Polly. Thank you for having me. I really appreciate it.

Polly (17:47):

It's been a total pleasure.

Dr. Scornik (17:49):

Thank you.

Polly (17:50):

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 Georgia's Children and leave us a review. And great news. This episode as well as prior ones are now streaming on your favorite podcast platform, including Apple, Spotify, iHeartRadio, Amazon Music, Audible and Podbean. Anyway, you can find this easily all over the place. Just search *Kid Pro Quo* to tune in. Don't forget to like and follow this podcast and share it with someone who cares about kids just as much as you do. I'm Polly McKinney. Catch you next time on *KPQ*.