

In need of critical coverage

Health care: A nonscientific study indicates that the poor and minorities face growing debts and long waits for Medicaid that leave them without doctors.

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Larry Sigmon was able to shake a longtime alcohol and heroin habit, but he can't get free of the thousands of dollars of medical bills he ran up while becoming clean.

"I can't get no credit until these bills are paid off," Sigmon said yesterday. "You need credit to make it."

A group of Baltimore nonprofit organizations introduced Sigmon, 50, at a news conference yesterday to help illustrate the difficulties that low-income people and racial minorities have in getting and paying for medical care. Growing medical debt, long delays in the Medicaid application process and chronic illnesses among the low-income uninsured are among the problems identified in a study by the Open Society Institute-Baltimore and the new Baltimore REACH Community Health Consortium of eight safety-net organizations.

The study is one of several this week that shed light on similar issues.

Yesterday, Delmarva Foundation released a study showing mammography screening rates among elderly and disabled women who live in Baltimore City and parts of Baltimore County fall below the national and statewide averages.

The greatest disparities, Delmarva's study of women on Medicare found, occur among low-income and minority populations.

Another study of Medicare recipients, published in yesterday's New England Journal of Medicine, showed that the physicians black patients visit are less likely to be board-certified than those frequented by white patients. Board certification indicates that, in addition to getting a medical degree, a doctor has passed a rigorous test of expertise in a particular specialty.

The Baltimore REACH study isn't scientific. Done annually since 2001, it relies on a rotating number of medical student interns to conduct the interviews with clients of the member organizations, with whom there is no follow-up to check facts. Dr. Thomas P. O'Toole, of Georgetown University Medical Center and the study's author for the past four years, said that means both the bias of interviewers and some inaccurate statements by clients could affect results.

Still, he said, the survey -- which this year was based on interviews with 260 clients -- shows some fairly consistent trends, with the gender, education level and average age varying little over four years.

"Who is this population?" said [Johns Hopkins University](#) medical student Paulette Grey, an intern who conducted some of the surveys. "They are middle-aged, they are African-American, they are poor and they are chronically ill."

This year's study found some bright spots: A smaller percentage of those surveyed were homeless, with clients living in apartments or homes increasing from 40.3 percent four years ago to 54.2 percent this year. And the proportion of clients without health insurance has decreased from 59.5 percent in 2001 to 44.1 percent this year, mostly because of a concentrated effort to help enroll the uninsured in Medicaid, the study concludes.

Nevertheless, clients reported that they often had to wait months for coverage to kick in -- a period during which two-thirds said they went to emergency rooms for routine care, 43.3 percent said they stopped taking their medicine and 41.8 percent said they got sicker.

John Williams, 49, is among those who are still waiting. Every week for the past several weeks, Williams said, he has visited the Franciscan Center's clinic to get medicine for a seizure disorder. It is one of the few places he has been able to go for help during a weeks-long wait to find out whether he qualifies for medical assistance.

"It'll be another three, four weeks before I find out whether I get it," he said yesterday as he waited at the West 23rd Street clinic for more medicine.

At the news conference held downstairs from the clinic, medical student interns said they were particularly appalled at the conditions the uninsured suffer in the meantime. Johns Hopkins medical student Ariel Green, for example, said she met a woman who was exhausted and weak because massive, untreated uterine fibroids were causing her to have daily menstrual bleeding.

Some of the 60 or so people who attended the news conference at the Franciscan Center -- many of whom work with low-income and homeless people -- said they were particularly concerned about what the survey suggested was rising medical debt among the low-income Baltimoreans who use the eight agencies.

The percentage of those who reported current medical debt was relatively unchanged this year at 53.6 percent. But the average amount of medical debt per person has grown to \$4,621, up from \$3,409 in 2002.

Dr. Dan K. Morhaim, an emergency room physician and a state delegate from Owings Mills, said he plans to take the study's findings to the legislature for hearings next year.

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