

Interview with a Grand Junction resident

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22 November 2010

Joanne Laurier of the WSWWS recently spoke to Shanae L., a resident of Grand Junction, Colorado, whose story may help explain how medical costs are kept down in that community. The following is an edited version of Shanae's comments:

I recently learned that Grand Junction, Colorado, was designated by the Dartmouth Atlas of Health Care report as having one of the lowest costs of Medicare spending per capita. There may be a reason for this that is not so ethical or well-known. Let me explain.

I moved to Grand Junction from Cleveland, Ohio, not too long ago. I enrolled in my insurance at the beginning of October and started calling various practices around the city to make an appointment with a PCP [primary care physician]. I looked up the doctors accepting patients on my insurance's provider directory and called three major physician practices and five or six individual practitioners. I could not get an appointment. It wasn't because they are not accepting patients, but because I believe the doctors and hospitals in Grand Junction have a common practice of "screening" patients, that is, having prospective patients apply to be seen by the doctor.

This application/screening process consists of giving the doctor your entire medical history (all conditions you have or have ever been diagnosed with) and all medications you are taking at the present time. One of the practices, Grand Valley Primary Care, to which I disclosed one of my illnesses, denied me as a patient. When I asked for an explanation, they told me that they do not give reasons...all decisions are at the doctors' discretion. This practice has their application process online, which requires a person to disclose 10 years of medical history and all their medications. Their website does not specify how this information is protected or

even if it is protected.

I told each practice thereafter that I refused to give this information because this information is not protected under HIPAA [Health Insurance Portability and Accountability Act of 1996] until I become a patient. I think that it is quite unethical to say that you are accepting patients, but then screen them so that you can only take the healthiest patients. Each practice has denied me an appointment...even the PCP that was assigned to me by my HMO. I now have to drive to Delta and/or Montrose, Colorado, in order to see a PCP or any other specialist. These towns are some 50 miles away.

I asked a HIPAA specialist who said these doctors are treading a fine line. They are supposed to give a guarantee that this information is protected, but they are not doing so. It's not exactly clear to me whether it's legal for them to get this information from me before they accept me as a patient. All I know is that they are required to protect this information.

Primary Care Partners is another practice that requires a complete medical history and medications before accepting a person as a patient. Their policy states: "How Primary Care Partners, PC may Use or Disclose Your Health Information Primary Care Partners, PC collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Primary Care Partners, PC, but the information in the medical record belongs to you. Primary Care Partners, PC protects the privacy of your health information."

If you are not yet a patient, then you don't have a medical record—so where does this information end up? And do they provide this information to other physicians in order to warn them of this person?

Grand Junction has 50,000 people or so. It's a small area in which to choose a doctor. I also found out that one practice controls three others, even though all are

listed separately in my HMO provider directory.

The only health provider here is Rocky Mountain Health Plans—I don't know anyone who has any other insurance. I was rejected by all the PCPs on the insurance plan, both when I gave them my health history and when I refused to do so. In Cleveland, I was a social worker at an AIDS Service Organization and I just can't imagine my clients being forced to turn over such sensitive information without having privacy protection.

When I called my health insurance carrier about this problem, the representative said that they had had to deal with this about a year ago. At that time, they had made it clear to the physicians that this was not allowed. They wanted me to wait until they got back to me before I made an appointment in Delta. It's been two weeks and I've left at least five messages, and still no response.

I considered this so unfair and wrong that I started e-mailing people. I e-mailed the Dartmouth Atlas of Health Care and their ethics committee, as well as the *Denver Post*. I e-mailed the ethics committee at Case Western Reserve University [in Cleveland] because I had been a student there. I e-mailed a couple of bio-ethics professors at the Cleveland Clinic, which I believe is listed by Dartmouth as a high-cost facility—it's located in the heart of Cleveland, which has a lot of poverty.

A bio-ethics expert from Cleveland Clinic got back to me. She wanted me to grill the practices about whether my information was protected and what they were going to do with it. She said there was a HIPAA issue and a discrimination issue against my medical condition. She also told me to contact the *New York Times* because they had been critical in the past of the Dartmouth study. I found two articles that criticized the Dartmouth people. One of the authors wrote me back one line saying thanks and my story was very interesting.

If Grand Junction is the model for the Obama health plan, then clearly many people won't have access to primary care physicians and will be forced to use the emergency room as their primary care. This is not the richest part of the country and not everyone has the luxury of driving from Grand Junction to Delta just to see a doctor. I'm fortunate that I can do it, but those who can't will go without a doctor.

What was strange to me is that the first question these Grand Junction practices asked me was about my medical history. I would have thought it would have been about my health insurance. Being a social worker in a hospice in Grand Junction and having been a patient at Cleveland Clinic and University Hospital, I just know how things are supposed to work.

It seems to me that if Grand Junction is what Obama is aiming for, then doctors are being encouraged not to treat people, perhaps even financially incented not to treat people, particularly those who are sick—and poor.

What I have understood by talking to people here is that Grand Junction at one time had a doctor freeze—a shortage going back several years. One of my co-workers went without a doctor for 10 years. Recently, doctors started accepting patients, but even though they don't say it openly, these doctors are only looking for healthy patients—that's what this screening process is all about. Nobody here was surprised at my experiences.

I did some more investigating and it turns out that doctors here not only screen patients, but they dismiss patients if they become difficult or are non-compliant with medication or the doctor's suggestions. "Difficult" can mean asking too many questions, having a coexisting substance abuse problem that the doctor can no longer handle or not taking their medication (which in most cases in this community is because they cannot afford it). They even have a form letter to dismiss patients. I know this because if the people are really old or have a disease that will eventually (not imminently) kill them they miraculously become the hospice's problem patient.

One of my co-workers could no longer afford his medication and had to stop it. His doctors considered this non-compliant and dismissed him. Presumably, they did this because his care became more expensive and time-consuming, and therefore he had become a "difficult" patient.

The truth is that everyone has the right to decent health care and I believe that wholeheartedly.



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