

I'm fed up and I won't take it (Medicaid) anymore

It was a sad and uncomfortable moment for every pediatric dentist in the room. A respected colleague revealed that, without revealing his identity, he had called more than 80 pediatric dentists in the state and asked them to see a handicapped patient in pain who also was on Medicaid. Three out of four turned him down.

A few of the dentists at the meeting offered excuses, but most sat silently, eyes downcast, fidgeting, wanting the moment to end. One offered that these patients were too difficult to handle in the office, while another blamed the Medicaid system for dentists' reluctance to see this type of patient.

The where and when of this meeting isn't important; it could have occurred in many cities in this country. The sad truth is that the combination of childhood, Medicaid, and a handicapping condition is a dental "death sentence" in many parts of the United States.

Medicaid is a national embarrassment, a travesty, and an affront to the dignity of those it was intended to help. The dentists at this meeting confronted another aspect of Medicaid's dark side — how it forces dentists and physicians to choose between helping a patient, and the economic consequences of being a card-taking provider. Medicaid has become a wedge between the poor and those committed by oath and education to provide care.

We should all be angry about Medicaid — what it has done to the child who is poor and needs dental care, and how it has cornered the caring professions into an ethical dilemma. The dentist whose ethics demand he or she see the handicapped child on Medicaid seldom is finished with the predicament when that patient leaves the office. More often, that dentist is besieged with other patients and similar difficult choices. To become known as a Medicaid provider only ensures that you will have more difficult choices to make.

Institutional providers, such as hospitals and dental schools, face the same choices, which are often even more difficult because they are perceived by patients, agencies, and other providers as appropriate resources, charged by the community to care for those in need. They are often the end of the referral chain and rejection by them leaves the Medicaid patient no alternative.

As fewer and fewer dentists accept Medicaid, and hospitals phase out unprofitable dental clinics, the poor wait, or are seen at educational facilities by student providers who barely can make a dent in the need. Worse yet, "exam-prophy-bite-wing-and-refer-out-for-operative" clinics with catchy names spring up to prey on the poor and unknowing. Bureaucrats and politicians smilingly raise qualifying income limits, so more and more people join the Medicaid ranks and the numbers of the providerless swell. This downward spiral is the worst case scenario of a social program gone haywire.

Pediatric dentists are put in Medicaid's ethical vise more often than other dentists because we treat young children and the handicapped. Angry parents, Head Start programs, and social agencies don't understand the far-reaching effects of being a Medicaid provider — the unaccountable bureaucracy, the horrendous paperwork, the low fees, and the ultimate indignity of an audit. *It is far easier and perhaps less expensive for dentists to treat these children at no cost than to submit to the indignities and time-consuming gymnastics of the Medicaid system.*

Many do.

At what point do we as individuals and as an organized profession get angry enough to do something about Medicaid? The pediatric dentists in this story got angry and resolved to seek a dialogue with Medicaid. One immediate outcome was the admission by a Medicaid official that preauthorization for hospitalization and general anesthesia was no longer necessary — a fact kept quiet for years by Medicaid dental consultants and other state officials! Unfortunately, the countless hours of suffering by young children with pain and infection waiting for care under general anesthesia can never be reclaimed, and one can feel only rage and disgust for a system so callous and bankrupt of compassion.

What happened at this meeting of pediatric dentists has occurred elsewhere when dentists finally were tired of being had. At the meetings of the Academy's component organization representatives, stories of Medicaid confrontations abound. Some even can boast of a few victories. I can't help but be proud to hear about the activism of colleagues across the country. Medicaid reform is a slow and tedious

process and blessed are they who have labored on behalf of the poor in the halls of bureaucracy. These are truly humanitarian acts with little real chance of economic benefit for those in the trenches.

The fruits of these labors aren't just to be found in local initiatives, but in a growing momentum for Medicaid reform nationally. With our newly created child advocate position staffed by Dave Johnsen, a cadre of battle-tempered component reps, a dedicated mission of advocacy, and, like the dentists in this

story, a deep-seated resolve, we may make a difference in the lives of a few poor kids.

The moral of this story is don't be had and don't get sad...

Get mad!

Paul Casanovino D.M.M.S.

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