

Denise Smith Amos Of The Post-Dispatch

You get what you pay for in health care.

A recent study suggests that sick people who paid less for managed care health insurance have a harder time getting treatment than do sick patients covered by more expensive, traditional insurance.

The study, commissioned by the nonprofit Robert Wood Johnson Foundation, also found that these non-elderly, sick people are more likely to be unhappy with their primary doctor and with specialists than are similar fee-for-service patients. And the managed care patients waited longer for appointments and for diagnostic tests than did other patients.

"In health care, we don't get something for nothing," said Joel C. Cantor, director of evaluation at the foundation. "Managed care holds the promise of providing cost effective medicine, but it appears that the tradeoff may be patient dissatisfaction with services and treatment."

Managed care includes health maintenance organizations and preferred provider networks, which offer medical care for a flat, upfront fee or a discount.

Traditional fee-for-service insurance pays doctors for each visit and treatment.

The foundation commissioned the Harvard School of Public Health and Louis Harris Associates to randomly survey a sample that ultimately included 2,374 adults, interviewed from June 1994 through April 1995.

In general, the study found that if you are a managed care member, you are:

- Three times more likely to believe that the level of care you received was wrong or inappropriate.
- Four times more likely to think a physical examination was not thorough.
- Two-and-a-half times more likely to believe your doctor didn't spend enough time with you.
- Twice as likely to feel your doctor didn't care about the situation.

The study also contends that managed care patients waited longer to see their doctors than did fee-for-service patients. The average managed care patient waited eight days to get an appointment with a doctor for routine care last year; fee-for-service patients waited six days.

Once at the doctor's office, managed care patients waited an average of 38 minutes to be seen, whereas fee-for-service patients waited 27 minutes. Once they saw the doctor, managed care patients reported spending 23 minutes with them, versus the 26 minutes fee-for-service patients spent.

Preventive care is supposed to be managed care's forte because managed care entities benefit financially by keeping people fit.

However, managed care plans were as mediocre at preventive care as fee-for-service plans, the study shows:

- Both plans had an equally high percentage of patients who did not have a physical exam last year (38 percent to 39 percent).

- Women were just as unlikely to get breast exams (27 to 30 percent), pelvic exams (30 percent), and Pap smears (28 to 29 percent) on managed care plans as they were if insured by fee-for-service plans.

- Managed care plans even scored worse at getting women to have mammograms; 68 percent of women members did not get mammograms last year, versus 59 percent of fee-for-service women patients.

That could be because fee-for-service plans tend to have more middle-aged and older women than do managed care plans, said Michael Neidorf, president of Group Health Plan in St. Louis.

The study is surprising to many in the health care industry, because it contradicts existing patient polls which indicate that managed care patients are as happy with their care as fee-for-service (or indemnity) patients.

"It's contrary to every report I've seen, including reports from these very same people," Neidorf said. In recent months, the Johnson foundation has released several national studies reporting largely favorable patient response to managed care.

If anything, this study shows consumers that they should weigh the advantages and disadvantages of a health plan before signing up, said Robert Blendon, chairman of the Harvard School of Public Health's policy management department.

"Consumers need to be aware that all health plans don't treat you the same way when you are sick," he said. "It is important to look beyond the price tag when choosing a plan and find out about how arrangements for health care work (before) you need them."

But if people pay less, then they'll assume their services will be worse, said Kevin Kast, president of the St. Louis Health Care Network's managed care plan. It becomes a self-fulfilling prophecy, he said, citing a study of Medicare patients with biases against HMOs.

"I think they go into this with the expectation that they're not going to be as happy, but they'll be saving money," he said.

Not all managed care plans are the same, and their quality can vary by region, said Jim Floyd, a spokesman for Alliance Blue Cross/Blue Shield.

"It's really hard to get a nationwide picture of managed care," he said. "If it was weighted heavily toward the East or West Coasts, you're going to have more HMO members. If it's surveying the middle of the country, you'll have more PPO members."

In the St. Louis region, preferred provider organizations dominate, he added, perhaps making the national survey inapplicable here.

"Making generalizations about managed care can become very dangerous," he said.