

APARTHEID AT APPLE HOSPS

EXCLUSIVE

By SUSAN EDELMAN
and ERIC JAFFE

The city's poor and medically uninsured are at the mercy of a health-care system that practices "medical apartheid" — hustled into public hospitals even if a private hospital is closer, an explosive new study charges.

The report also says major teaching hospitals operate a two-class system: In one, faculty physicians give top-notch treatment to the privately insured; in the other, clinics staffed by rotating doctor-trainees treat the poor or indigent.

"While there are no longer signs that say 'coloreds' and 'whites' hanging over the doors of our institutions, nearly the same thing occurs when we discriminate based on insurance," says the study, to be released tomorrow.

"A look at the differences in insurance status of patients at different institutions confirms that this is so."

The study looked at reams of 2001 discharge data from the state Health Department. It showed most Medicaid and uninsured patients wind up at the city's public hospitals — even when private hospitals are across the street, next door or a few short blocks away.

In Manhattan, for example, 67

percent of patients at Bellevue Hospital, a public facility, are uninsured or publicly insured, compared with less than 9 percent at New York University Hospital, a block away.

"Such data provide evidence of separate care within the New York City health care system," says the study conducted by Bronx Health REACH, a coalition of 40 community groups.

The study is titled "Separate and Unequal: Medical Apartheid in New York City."

As part of the research, the study lined up 60 hospitals by the percentage of Medicaid and uninsured patients they care for, finding the numbers run from a low of 2 percent to a high of almost 90 percent.

But public hospitals are far more likely to care for those on Medicaid and the uninsured, it found, even when the public facility was located in the same neighborhood as a private hospital.

Take Jacobi and Montefiore Weiler, two blocks apart in The Bronx. At Jacobi, a public hospital, 18 percent of patients are uninsured while just 2 percent are at Montefiore.

At Jacobi, 51 percent of patients are on Medicaid; Montefiore's number is 21 percent.

At North Central Bronx, also public, 15 percent and 61 percent are uninsured or on Medicaid,

respectively. Next door, at Montefiore Moses, just 2 percent of patients are uninsured and 30 percent receive Medicaid.

At Bellevue, 17 percent and 50 percent were uninsured or on Medicaid. A block away at NYU, just 3 percent had no insurance and only 7 percent received Medicaid.

An exception appeared at Kings County versus SUNY Downstate, which are across the street. Thirty percent of patients are uninsured at public Kings County; only 4 percent at Downstate. But there were nearly identical rates of patients on Medicaid, 43 and 44 percent, respectively.

The study also points to unequal care once a patient walks into a major teaching hospital.

"In all the big teaching hospitals, there are two completely different systems of care — and one is substantially better than the other," said Dr. Neil Calman, lead author of the study.

In a telephone survey of major teaching facilities like Montefiore, New York Presbyterian Hospital/Columbia, and others that provide care to local residents, researchers found that hospitals steered patients on Medicaid or with no insurance to its clinics — manned by doctors in training. Patients with insurance could opt for care from veteran, highly trained doctors

**Insurance
injustices
condemn
the poor
to 2nd-rate
med care**

on the faculty.

"It's not that being treated in a training program is bad," Calman said, "but the same quality of care does not exist." The bottom line, according to the report, is that the health care system — against state rules — gives a lesser quality of care to

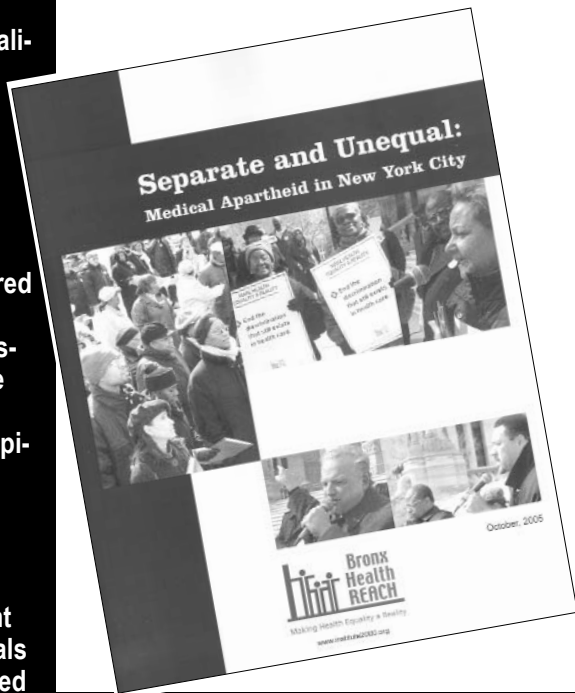
racial and ethnic minorities, who are most likely to be on Medicaid or uninsured.

"You can't be surprised at the end of the day when you end up with disparities in health outcomes for people of color," said Calman, president of the Institute for Urban Family

A tale of two systems

A new report reveals the huge disparities in the quality of health care given New Yorkers based on their health coverage. Those without health insurance or publicly insured:

- Are overwhelmingly cared for at public hospitals regardless of which hospital is closer, while the privately insured are cared for at private hospitals
- Receive care from less trained physicians
- Receive care in different locations within hospitals than the privately insured



A comparison of patient discharges at hospitals within blocks of each other reveals:

67%

of patients at public Bellevue were uninsured/publicly insured

9%

at private New York University Hospital were uninsured/publicly insured

Likewise:

Jacobi (public)	69%
Montefiore Weiler (private)	23%
Kings County (public)	73%
University Hospital Brooklyn (private)	48%
North Central Bronx (public)	76%
Montefiore Moses	32%

Source: *Separate and Unequal: Medical Apartheid in New York City*, October, 2005, by Bronx Health REACH

Health, and a professor at Albert Einstein College of Medicine.

"If you discriminate based on insurance, then you discriminate based on race."

Calman said some patients get referred to public hospitals by private medical centers, while others avoid big-league centers where they may be "treated like second-class citizens."

One private hospital official, who requested anonymity, told *The Post* the numbers are not surprising: "That's why we have city hospitals — so everybody gets

health care."

But the official insisted that public hospitals, while often crowded, give "extraordinary care."

The official also confirmed that faculty doctors may not accept Medicaid — or other insurance plans: "They can pick and choose their insurance — it's like a private practice that happens to be housed in the medical center. They're autonomous."

People from the South Bronx who took part in the study called some cramped clinics where they were referred "ghetto care" and

"take-a-number" treatment.

One woman said she waited four hours for an appointment and "felt like an abandoned dog."

"If you ain't got money, you better be patient, because the places are overcrowded," another said.

Some feared they didn't get enough attention. "Bronx doctors will write a prescription even before you tell your symptoms. I have to force them to listen," a man said.

A black woman on Medicaid

who underwent surgery said she seemed "invisible. You lay in bed and everybody passes — no one sees you, including the doctors and nurses."

The findings, Calman said, suggest the health system bears some blame for racial and ethnic gaps in health outcomes. African Americans with diabetes are generally twice as likely to lose a limb than other diabetics, the report says, and blacks, Latinas and Asian American women wait twice as long as whites for diagnostic

tests after an abnormal mammogram.

Robert Kenny, a Health Department spokesman, said Friday the state will review the report. "We take these allegations seriously," Kenny said. "The department would investigate any cases alleging inadequate care or lack of access to services. Hospitals found in violation would be cited and face potential fines.

"We expect hospitals to provide access to quality care to all patients regardless of ability to pay."