

# Seeing Eye-to-Eye: Examining the Ethical Dilemma of Medicaid Refusal in Pediatric Ophthalmology

Margaret A. Tharp, BS<sup>1</sup>; Emily Beckman, DMH<sup>1</sup>; Jane Hartsock, JD, MA<sup>1</sup>

<sup>1</sup>Indiana University School of Medicine

## CASE SUMMARY

- A **12-year-old girl covered by Medicaid** was referred to a community comprehensive ophthalmologist for bilateral optic disc edema.
  - A diagnosis of idiopathic intracranial hypertension was made.
  - Without proper care, **permanent vision loss can occur (1 in 10 patients)**<sup>1</sup>.
- The comprehensive ophthalmologist attempted patient referral to a pediatric ophthalmologist for targeted pediatric care
  - The **pediatric ophthalmologist did not accept patients covered by Medicaid.**
- As the only pediatric ophthalmologist within a **150-mile** radius of the patient's home, the patient and family faced referral to a city several hours away, or continued care by the community ophthalmologist who would accept the patient but may lack additional clinical expertise provided by pediatric ophthalmology fellowship training.

## OBJECTIVE

This commentary aims to examine the **ethical and systemic challenges** brought forth by the refusal of care for patients covered by Medicaid in pediatric ophthalmology.

## METHODS

- Details of this analysis are provided from a single case report, with identifying information altered to protect patient and physician anonymity.
- The case is examined under the applied ethics of principlism, including autonomy, non-maleficence, beneficence, and justice.
- Relevant literature are consulted to provide information on pediatric ophthalmology workforce shortages and Medicaid reimbursement.

## ETHICAL ANALYSIS

Principles <sup>2</sup>	Patient Perspective	Provider Perspective
<b>Autonomy</b> Ability to exercise capacity for self-determination	× Lacks autonomy in choice of physician, location and timing of care	× May lack complete autonomy in decision making due to external constraints
<b>Beneficence</b> Physician obligation to act for the benefit of the patient	× May have option for best next step in care denied	× May be forced to decide against actions in best interest of patient <ul style="list-style-type: none"> <li>• How the physician follows decision is important</li> </ul>
<b>Nonmaleficence</b> Physician obligation to do no harm to patient	× Care delays may result in harm to patient	× Choice not to provide care may result in harm for patient × Physician may experience moral distress
<b>Justice</b> Fair, equitable, and appropriate treatment of patient	× Patient may be victim of unjust system, inability to receive care because of resource constraints	× Provider may be subject to unjust system forcing non-optimal decision making <ul style="list-style-type: none"> <li>• Drivers of decision not to provide care are important</li> </ul>

## TABLE SUMMARY

- Patient **autonomy** appears to be challenged by physician shortage, care refusal, and patient socioeconomic constraints.
- **Beneficence** on the part of the pediatric ophthalmologist is similarly challenged through non-acceptance of Medicaid patients.
- **Nonmaleficence** may be subsequently violated if care delays result in patient harm.
- **Justice**, referring to the distribution of treatment and resources, emerges as a driving question in this case following examination of both patient and physician perspectives.
- While the patient's autonomy is clearly violated, the physician may also face threats to autonomy
- **The physician's reasoning for Medicaid refusal is a key element in determining the morality of decision-making**
  - Case physician cited insufficient reimbursement rates

## DISCUSSION

- 2021 data show that, in general, **physicians are less likely to accept patients covered by Medicaid (70.8%)**, relative to Medicare (85.3%), and private insurance (90.0%)<sup>3</sup>
  - A similar relationship if found when examining **reimbursement rates**, with Medicaid 30% below Medicare, and both below private<sup>4</sup>
- **30% of pediatric ophthalmologists limit patients with Medicaid or publicly funded insurance**<sup>5</sup>
- ~1,100 ped. ophthalmologists for **75 million children, >50% covered by Medicaid (2020)**<sup>6</sup>
- In 2022, **7 U.S. states** (AR, DE, MS, MT, NH, NM, SD) **fewer than 5** ped. ophthalmologists<sup>6</sup>
- Key drivers:
  - Insufficient **reimbursement rates**
  - Burnout or **capacity limitations**
  - **Administrative burden**

## CALLS TO ACTION

### POLICY

- Increase Medicaid reimbursement

### WORKFORCE

- Incentivize ped. ophthalmology fellowships

### ADMINISTRATION

- Institutional and staff support for care equity and patient load

## CONCLUSIONS

- Medicaid refusal is a **significant dilemma** in pediatric ophthalmology, a field in which many patients face socioeconomic challenges.
- While exceptions may exist, **generally the pediatric ophthalmologist wants to help.**
  - **Knowing drivers** in a case of Medicaid refusal is important in determining morality.
- **Structural changes** addressing workforce shortages and physician reimbursement in pediatric ophthalmology may be necessary to promote ethically-optimal care from a justice perspective.
- This is a **challenging, but necessary** task.

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