



Uninsured cancer victim fights for treatment

Healthcare maze

By Tom Kiskan

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Without treatment, Victor Vega was going to die. Without insurance, he wasn't going to get treatment.

The 24-year-old musician and sometimes construction worker from Simi Valley was like a lot of people his age. He was going to live forever. He didn't need insurance and couldn't afford it. If he became sick, someone would take care of him because that's the way the world works.

His faith in the system disappeared two weeks ago in a Simi Valley intensive care unit.

Doctors with faces so serious Vega knew bad news was coming said he had acute leukemia. Without intensive treatment known as induction chemotherapy, he would die in three to six months.

Simi Valley Hospital was too small to provide the treatment, but he was trapped there. None of the bigger hospitals would take him in because he was in the wrong county, had the wrong disease, couldn't pay and wasn't covered.

He was falling through a safety net his doctors say can be more hole than net.

"If a patient has no insurance and the patient is transferred to another hospital, they're (the hospital) stuck with the bill," said Dr. Jieshi Yan, a Simi Valley primary care physician who tried to get Vega transferred to City of Hope, UCLA and the Ventura County Medical Center. He was rejected, and it happens so often Yan is no longer surprised when patients walk out of one hospital and show up at another emergency room demanding care.

"From my end, I want to make sure they do the best when they're under my care," Yan said. "What happens to them afterward, I try not to think about it."

In a society cornered by a healthcare crisis in which 46 million Americans, including 6 million in California, have no insurance, Vega's story may be used as an X-ray revealing the system's fractures. Some say cases like his are a justification for reform proposed in Sacramento and Washington, D.C.

Local doctors and advocates call for better communication between hospitals and more consistency in the interpretation of Medi-Cal rules that can bring life-saving care to one person but not another.

But Vega, his family and friends focus on more immediate issues.

"My worry," said his mother, Lilia Vega, who flew from her home in Spokane, Wash., to Simi Valley to help her son, "was that I knew he was going to die if we didn't get him into a hospital."

The diagnosis

Vega, who was born in South Lake Tahoe, has lived in Simi Valley since he was a teenager. He lays tile when he can find work, but his life revolves around his band, Old School Crisis, his girlfriend and his friends.

About a month ago, he had a flu he couldn't shake. His body was covered with bruises that became bumps. He took himself to the emergency room at Simi Valley Hospital and was given antibiotics. The doctor wanted to draw blood. Vega said no.

"I didn't have insurance, and I knew it would cost me an arm and a leg," he said Monday from a glassed-in hospital room. "Just the doctor's visit — I talked to her for about five minutes. That was \$437."

He got worse. Two nights before Halloween, Vega collapsed late at night in his bathroom. One of his roommates rushed him back to the emergency room. Tests showed his bone marrow was making diseased white blood cells.

He had leukemia.

Chemotherapy is routinely provided at oncology offices, but Vega needed a specialized form of treatment that would kill all the rapidly developing cells in his body. Induction chemotherapy requires access to specialized care, equipment and blood banks and is usually offered only at major cancer centers.

"People die of this chemotherapy it's so intense," said Dr. Ashwin Kashyap, the blood disease specialist who diagnosed Vega.

Kashyap once worked at City of Hope in Duarte, one of the nation's best-known cancer centers. He called the head of admissions to arrange a transfer but was refused because Vega had no insurance and though he was trying to get coverage under Medi-Cal, his name wasn't yet in the system.

Doctors, social workers, Vega's mother, his girlfriend and his best friend all started making calls.

"Every hospital I talked to, they gave me a new hospital," said Jeff Knight, one of Vega's roommates. "They'd say Oh no, you're calling the wrong number. You need to call this hospital.' I was finally like, They said if he doesn't get chemo, he's going to die.'"

Ventura County Medical Center would likely have taken him if he had a different disease. Olive View-UCLA Medical Center in Sylmar, which offers induction chemotherapy, might have taken him if he lived in Los Angeles County. Same with USC.

"They all had their reasons, and I'm sure they made really good sense," said an angry Lilia Vega, sitting in a Simi Valley hotel room. "That's what I can't understand: How does the bureaucratic red tape keep a 24-year-old from getting care?"

Hospital runaround

Hospital officials say the problems they face are real.

The Ventura County Medical Center is designed to function as a safety net hospital, catching people who don't have insurance or can't get the care they need. But the Ventura hospital doesn't have a leukemia unit, said Dr. Bob Gonzalez, the center's medical director.

"Accepting this transfer would just mean a delay in getting him where he needs to go," he said. "It would be like a hospital taking in someone to transfer for brain surgery and having no brain surgeon on staff."

The problem at Olive View Medical Center is beds. There are only 250 and because the hospital is run by Los Angeles County, priority is given to patients on that side of the county line.

Though Vega's doctors say he needed treatment urgently, Olive View staff didn't consider the case an emergency because he was already admitted to Simi Valley Hospital, said spokeswoman Carla Niño.

"Since he was in a different county and not considered emergent there is no requirement to accept the patient transfer," Niño said. "If he was in L.A. County, it might have been different."

A spokeswoman at City of Hope wouldn't talk about Vega but said the hospital generally doesn't accept transfers of intensive care patients because their condition is too vulnerable.

It's not clear whether the one nearby hospital in Ventura County that offers induction chemotherapy, Los Robles Hospital & Medical Center in Thousand Oaks, was even called about a transfer.

Officials at Simi Valley Hospital won't talk about the case because of patient confidentiality concerns. Los Robles officials say it's impossible to track all phone calls received about patients but has no paperwork showing a request for service was made.

Kashyap, who is on staff at Simi Valley and Los Robles, said he didn't personally call the Thousand Oaks hospital but was told every possible hospital was contacted. He said the focus of the transfer efforts was on public safety net hospitals and, even more so, on the major cancer centers like City of Hope, which deal with acute leukemia all the time.

Taking charge

Late at night on the second Thursday of November, the Vegas took things into their own hands. Acting against medical advice, Vega discharged himself from Simi Valley Hospital. Dressed in sweats and a T-shirt, he was rolled in a wheelchair to his friend's truck.

They left a hospital that couldn't provide what they needed in favor of one that could. They drove 24 miles to Olive View, went into the emergency room and demanded care.

Hospitals can refuse patient transfers but are required by federal law to treat people who come to the emergency room. The gambit worked. Vega was not only treated, he was admitted and told he could get chemo even though his Medi-Cal application hadn't yet been approved.

When Vega left Simi Valley, he was fighting not only a disease that limited his body's immunities, but also pneumonia. His doctors worried he could get sicker or even die of anemia. Kashyap understands why the family took the risk.

"Sadly, they had no other choice," he said.

Matter of interpretation

Medi-Cal, the state's insurance program for the poor and disabled, is aimed at protecting the people who need help the most. But Vega couldn't apply until he was diagnosed with leukemia and became disabled. Approval can take months and often years.

Yan, the primary care doctor, wanted to declare Vega's case an emergency, meaning he would get Medi-Cal coverage immediately. But he was told Vega would have to be terminally ill to qualify.

It was one more tripwire. Because Vega could survive his illness with treatment, he might not qualify for emergency coverage. Without that coverage, he might not get the treatment he needed.

Richard Brantingham, a policy section chief for Medi-Cal in Sacramento, said the family and doctors may have been told the wrong thing. He believes people like Vega who would die without treatment qualify for emergency care, though he said the regulation doesn't specifically address the scenario.

That's the problem, according to Barbara Case of the San Dimas patient advocacy group Compassion in Action, which took on Vega's case.

"It depends on interpretation, and you're depending on the local clerk to see it as you see it," she said. "That doesn't happen all the time."

Case enlisted government officials from the county, the state Assembly and Congress to help Vega. She was told Wednesday the Medi-Cal application had been accepted, and he's now covered. Vega believes that once he was admitted to Olive View, his treatment would have happened even without Medi-Cal.

His mother returned home. Doctors were treating Vega's pneumonia and trying to make sure he was healthy enough to withstand the ordeal that is chemotherapy. The treatment, which could eventually be followed by a bone marrow transplant, was scheduled to begin this weekend.

"The chemotherapy is going to be hell," Vega said. "I just want to get started. I just want to get done."

The safety net questioned

No one questions that Vega should have received care quicker, but some healthcare officials believe his story is a convergence of rare exceptions, rather than proof of a broken system.

Gonzalez, the medical director at Ventura County Medical Center, said the drama centers less on holes in the safety net and more on a rare diagnosis that is treated at only a few, university-affiliated hospitals.

"What we're talking about here is a devastating illness that requires a high degree of specialty care," he said.

Kris Carraway-Bowman, a spokeswoman at Los Robles Hospital & Medical Center, said people who believe they're immortal have to wake up. They need to know what they'll do if they're sick. They need to know if they qualify for Medi-Cal.

"It's personal responsibility. We're not 4-year-olds," she said after being told Vega's symptoms emerged weeks before he was admitted at Simi Valley. "It failed because he didn't take personal responsibility."

But Kashyap said people fall through the safety net all the time. He said he thinks Vega embodies a national and statewide healthcare crisis.

"If we can't save a 24-year-old from a life-threatening disease because of economics and politics, what are we doing?" he said. "What is this country coming to?"



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