High Medical Costs Fuel Missed Care

Two-thirds of uninsured and nearly a third of insured adults surveyed went without care in 2010.

BY MARY ELLEN SCHNEIDER

More than 40% of adults in the United States went without necessary medical care in 2010 due to cost, up from 29% a decade ago, according to the Commonwealth Fund's Biennial Health Insurance Survey.

Skipping needed care such as prescription drugs, specialist visits, and follow-up treatment is even more common among moderate- and low-income groups. For example, 56% of Americans with household incomes under 200% of the federal poverty level went without necessary care last year, according to the survey.

Telephone calls to a nationally representative sample of more than 4,000 U.S. adults were made from July through November 2010. The analysis is limited to the approximately 3,000 adults, aged 19-64 years, who responded to the survey.

Cost was an issue for those with and without health insurance. Two-thirds of adults who were uninsured during 2010 said they had trouble accessing care due to cost; 31% of insured respondents reported the same problem.

Half of the respondents said they were up to date on five recommended screening tests: blood pressure and cholesterol, mammograms, colon cancer, and Pap tests. Those with lower incomes were less likely to get screened: While 65% of adults with a household income at or above 400% of the federal poverty level were up to date, only 36% of adults at less than 133% of the federal poverty level were.

"The survey findings paint a dire picture of the degree to which low- and moderate-income families are currently burdened by costs of care and the degree to which a severe economic crisis can affect the health security of working families," Sara R. Collins, Ph.D., vice president for Affordable Health Insurance at the Commonwealth Fund, said at a press conference. She said the Affordable Care Act will address some of the problems highlighted in the survey by alleviating the cost burden on the lowest-income Americans. She cited the expansion of Medicaid and federal subsidies to purchase private health coverage, both of which begin in 2014, as ways to reduce out-of-pocket costs and improve access to care.

The Commonwealth Fund report noted worsening national trends in insurance coverage and medical debt over the last decade. About 28% of adults were uninsured for part of 2010, up from 24% in 2001. Forty percent reported having problems paying medical bills in 2010, up from 34% in 2005. About 32% spent 10% or more of household income on out-of-pocket costs and premiums in 2010, up from 23% in 2005 and 21% in 2001. ■

EXPERT ANALYSIS

Caribbean Medical Schools

Thirty years ago, the Graduate Medical Education National Advisory Committee predicted a surplus of 145,000 physicians by the year 2000, and recommended a limitation of the number entering positions in U.S. medical schools and the number of international graduates coming to the United States. Although there was no restriction placed on international graduates coming to America, the number of positions available for students to enter U.S. medical schools has remained static until the last 2 years. This led many to seek education at offshore medical schools (OMS), particularly in the Caribbean.

The flawed predictions of a surplus of doctors were made in anticipation of an expanded role of health maintenance organizations as gatekeepers for access to both family and specialty doctors. GMENAC also failed to foresee the expansion of the elderly population as a result of the baby boomer generation and the increased availability of new diagnostic and therapeutic technologies. It is now estimated that by 2020 or 2025 there will be a shortage of almost 200,000 doctors in the United States (J. Gen. Intern. Med. 2007;22:264-8). U.S. medical schools are projected to graduate 16,000 doctors annually, and that number is expected to increase by 30% in 2015, unless the proposed restrictions to education budgets by Congress come into place. However, this increase will continue to fall short of national requirements if physician retirement is factored into the estimates.

BY SIDNEY GOLDSTEIN, M.D.

I recently visited a Caribbean medical school to observe the students in the classroom. I learned a great deal about the role that the OMS play in mitigating the doctor shortage in the United States. The students in these schools are clearly different from those who attend American medical schools. They are distinguished, not exclusively by their MCAT scores, as though that really matters, but also by being very motivated to become doctors. Many had been out of undergraduate programs for some time – some as long 15 years – and had tested other careers before realizing that medicine is what they really wanted.

Most will spend 2 years in the Caribbean and then move to clinical training in hospitals throughout the United States, ultimately entering residency programs and practice in mainland America. One of the first hurdles that the OMS students will face is passing the United States Medical Licensing Examination taken by both U.S. and International Medical Graduates (IMGs). Measured against U.S. medical school graduates, who have a first-time passing rate of about 95%, they fall short: the rate for non-U.S. IMGs is 73%, and that for American IMGs is 60% (Health Aff. 2009;28:1226-33).

Upon the completion of training, although they may go into subspecialties as do U.S. students, more of the Caribbean students enter family practice, a fact that has not been lost on health planners. There have been some recent attempts to limit the number of training slots available for OMS students in New York City hospitals because of the presumed lack of total residency positions. However, the state legislators, aware of current needs, have been reluctant to erect any barriers for doctors interested in family practice.

There are 40 OMS in the Caribbean basin including Mexico, 24 of which were started in the last 10 years, which graduate more than 4,000 students annually in three classes that vary in size from 60 to 600 students. Four-year tuition, similar to that of U.S. schools, ranges from $47,500 to $186,085. U.S. medical schools must be accredited by the Liaison Committee on Medical Education, but there is no such process for OMS. The LCME is partnering with the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions to establish similar accreditation processes. Federally supported scholarships are available to U.S. citizens in the OMS as they are for students here. As a result of the high tuition and relatively low overhead, some of these schools have been targets for venture capitalists.

Of the 800,000 actively practicing doctors here, 23.7% are IMG, a percentage that is sure to increase. About 60% of the IMGs are from the OMS. Clearly, the United States has become increasingly dependent on OMS to meet our doctor supply. A vigorous attempt to improve the certification process for OMS would go a long way to ensure the quality of our future doctors. ■

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Older Adults Not Receiving Preventive Tx

BY HEIDI SPLETE

Millions of Americans aged 65 years and older are not receiving potentially lifesaving preventive services, according to a report issued by the Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services.

About 85% of flu-related deaths and 63% of flu-related hospitalizations occur in adults aged 65 years and older. Data have shown that the pneumococcal vaccine is a cost-effective way to improve survival and reduce hospital stay in older adults with community-acquired pneumonia, wrote the authors of the report, "Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap."

However, in 2009, more than 31% of older adults had not received an influenza vaccination in the past year, while more than 33% reported that they had never received a pneumococcal vaccination.

The report included eight indicators to measure the use of clinical preventive health services by U.S. adults aged 65 years and older: influenza vaccination; pneumococcal vaccination; counseling for smoking cessation; and screening for breast cancer, colorectal cancer, diabetes, lipid disorders, and osteoporosis.

Breast cancer screening and cholesterol screening were the most widely used services. Only 17% of women aged 65 and older reported not receiving breast cancer screening in the past 2 years, while only 5% of adults in this age group said they had not had blood cholesterol screening in the past 5 years.

The report also highlighted ethnic disparities in many of the preventive services for older adults. Approximately 49% of Asian/Pacific Islanders and 47% of Hispanics in the United States reported that they had not undergone colorectal cancer screening, compared with 37% of blacks, 35% of American Indians/Alaska Natives, and 34% of whites. About 51% of Hispanics, 47% of blacks and Asian/Pacific Islanders, and 36% of American Indians/Alaska Natives reported never receiving a pneumococcal vaccine, compared with 30% of whites.

The report recommended interventions such as promoting annual wellness visits, reducing barriers to preventive care services, and tailoring preventive health messages to the needs of each individual. Screening and counseling for alcohol misuse, zoster vaccination, aspirin use, blood pressure, cervical cancer, depression, and obesity also are recommended.

To view the full report, go to www.cdc.gov/Features/PreventiveServices. ■