

Underinsurance Forces Patients to Self-Ration Care

BY BETSY BATES
Los Angeles Bureau

VANCOUVER, B.C. — More than a third of primary care patients with health insurance reported delaying or foregoing recommended medical care because they could not afford copays or deductibles in a study that was conducted in 37 clinics in Colorado.

Of 1,133 English- and Spanish-speaking patients who attended family medicine and internal medicine clinics, 30% were underinsured; of these patients, 10% had no health insurance at all, reported Dr. Kent Voorhees of the department of family medicine at the University of Colorado Health Sciences Center in Denver.

Underinsurance was defined as being unable to comply with medical advice at any time in the previous 12 months by patients who have medical insurance but who cannot manage to absorb the financial burden of copayments or deductibles.

The patients included newborns and those aged up to 89 years.

Among 90% of patients with some form of health insurance, 36% were underinsured.

“Even patients with Medicare and Medicaid—groups excluded from previous underinsurance studies—reported being un-

derinsured at a rate of 19.2% and 34.6%, respectively,” Dr. Voorhees and his associates reported in a poster at the annual meeting of the North American Primary Care Research Group.

Half of all underinsured patients said they felt their health had suffered because they could not afford to follow physicians’ advice to obtain tests, specialist care, or prescriptions.

An equal percentage of patients with no insurance coverage said their health had

suffered for the same reason.

The underinsurance phenomenon is symptomatic of a creeping pattern of cost shifting from payers to patients, which is resulting in hidden compromises in health care, Dr. Voorhees said in an interview at the meeting.

“If patients are healthy, they may not even know they’re underinsured,” he added.

The issue lurks under the radar in health policy research, as well as in studies of

compliance, yet the Colorado findings are likely to be generalizable to much of the country, according to Dr. Voorhees.

“To adequately meet the health care needs in the [United States], we need to look beyond the problem of the uninsured to create a system that also solves the problem of underinsurance,” the authors said.

“This will improve overall health and health-related outcomes to an acceptable level,” they concluded. ■

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INDEX OF ADVERTISERS

Aetna Inc.	
Corporate	27
Astellas Pharma US, Inc.	
Corporate	42
AstraZeneca	
Crestor	8a-8b
Cubist Pharmaceuticals, Inc.	
Cubicin	11-12
Forest Pharmaceuticals, Inc.	
Bystolic	15-22
Lexapro	24a-24b, 25
Namenda	32a-32b
King Pharmaceuticals, Inc.	
Skelaxin	43-44
Eli Lilly and Company	
Cymbalta	53-56
Merck & Co., Inc.	
Corporate	28a-28d
Janumet	48a-48b, 49
Novartis Pharmaceuticals Corporation	
Exforge	7-8
Exelon	44a-44b
Novo Nordisk Inc.	
Levemir	5-6
Ortho-McNeil Neurologics, Inc.	
Topamax	40a-40d
Pfizer Inc.	
Lyrica	36-40
Piedmont Heart Institute	
Corporate	47
UCB, Inc.	
Tussionex	12a-12b