

# Many Underinsured Patients Forego, Delay Care

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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 according to findings in a study conducted at 37 clinics in Colorado.

Thirty percent of 1,133 English- and Spanish-speaking patients who attended family medicine and internal medicine clinics were underinsured, including 10% who had no health insurance, reported Dr. Kent Voorhees, who is in the department of family medicine at the Universi-

ty of Colorado Health Sciences Center in Denver.

The investigators defined underinsurance as being unable to comply with medical advice in the previous 12 months by patients who have medical insurance but cannot absorb the cost burden of copays or deductibles.

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

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

“Even patients with Medicare and Medicaid—groups excluded from previous underinsurance studies—reported being underinsured at a rate of 19.2% and 34.6%, respectively,” reported Dr. Voorhees and as-

sociates 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, resulting in hidden compromises in health care, said Dr. Voorhees in an interview at the meeting.

“If patients are healthy, then 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 concluded.

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

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