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Medical: Lack of insurance hurts people in hospitals

By LEE BOWMAN - Scripps Howard News Service

Posted: June 16, 2010 at 8:33 am, Updated: June 16, 2010 at 8:33 am

AAA



Even inside a hospital, not having an insurance card is particularly hazardous to a patient's health.

Two recent studies underscore the risks.

One study, done by researchers at Brigham and Women's Hospital in Boston, found significant differences in hospital mortality rates for several conditions between working-age adults (ages 18-64) who had health insurance versus those who did not.

Specifically, hospital mortality risks for uninsured heart-attack and stroke patients were 52 percent and 49 percent higher, respectively, than among those with private insurance, while death rates from pneumonia were 21 percent higher among hospitalized patients covered through Medicaid, the federal-state insurance program for the poor.

The findings, published in The Journal of Hospital Medicine, were based on an analysis of more than 150,000 hospital-discharge records for patients admitted in 2005 with one of the three diagnoses.

Compared with patients with private insurance, those without coverage or on Medicaid were generally younger, poorer, less likely to be white and more likely to be admitted through the hospital emergency department, which could mean that illness was more severe or could be the result of not having a regular source of care.

However, Dr. Omar Hasan, lead author of the study, said the disparities were present even when differences in overall health, socioeconomic status and severity of disease were taken into account.

He said the study could not measure whether medical providers were somehow sensitized to the differences in insurance status, or if there are other factors that were not captured in the discharge surveys.

A second study, done by emergency physicians at the University of Buffalo, involved analyzing nearly 200,000 patient records from 649 hospitals that treated them for trauma between 2001 and 2005.

It found that patients without insurance were more likely to die from auto-accident and gunshot wounds than privately insured patients with similar injuries. But the researchers found that Medicaid patients

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injured in vehicle accidents actually had lower death rates than those with private coverage, suggesting that factors other than the rate of payment for services -- Medicaid rates are lower -- are influencing the outcomes in trauma care.

The results of the Buffalo study were presented in early June at the annual meeting of the Society for Academic Emergency Medicine in Phoenix.

Dr. Dietrich Jehle, the first author of the report, said emergency physicians generally don't know the insurance status of trauma patients when they first arrive for treatment, yet both race and insurance status were significant, particularly the latter, in predicting which patients in the study would not survive.

On the one hand, that's not surprising since uninsured adult patients in general have about a 25 percent greater mortality rate for all conditions than insured adults.

Lack of coverage is known to make people delay getting treatment, and many people without health insurance are in ethnic groups that face language- or health-literacy barriers, or may be afraid of going to a hospital.

In the case of auto accidents, the uninsured are also less likely to wear seat belts, more likely to drive older, less-safe cars and engage in other risky behaviors.

Jehle pointed out that the uninsured are generally in poorer health, and thus less able to survive traumatic injury.

The conditions discussed in the two studies represent the most common causes of death for working-age adults other than cancer. A third study, done by researchers at Wake Forest University, reported in the journal *Cancer* that more than 1 in 6 adult cancer survivors were unable to get at least one needed medical treatment because they could not afford it -- regardless of insurance status.


Other studies have found that about 4 percent of newly diagnosed cancer patients lack insurance.

While researchers in the studies expressed hope that expanded coverage from national health-care reform will eventually help reduce such disparities, other experts have noted that various eligibility exclusions mean some 23 million people in the United States will still lack health-care insurance by the end of this decade.

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City economy: There has been a lot of back and forth discussion in the community about where Columbus is headed financially. The Republic's city editor, Boris Ladwig, had been digging into the numbers for weeks now and hopes to lay to rest some of the misinformation in a series that is going to start in Sunday's paper.


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