



In the Literature

THE UNINSURED AND THE BENEFITS OF MEDICAL PROGRESS

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Advances in medical technology have dramati-
cally improved the lives of many Americans
suffering from conditions as varied as heart at-
tack, cataracts, and depression. But new research
reveals that people without health insurance are
not getting the same access as the insured are to
these innovative treatments. This access gap is
costing society an estimated \$1.1 billion each
year from higher morbidity and mortality.

In “[The Uninsured and the Benefits of Medi-
cal Progress](#)” (*Health Affairs*, July/August 2003)
Columbia University analysts Sherry Glied and
Sarah E. Little document the disparity between
the insured and uninsured populations in the use
of medical technology. Focusing on the 55-to-
64 age group, authors Glied and Little com-
pared technology use rates for three common
conditions that are treated in both hospital and
outpatient settings. In every case, the uninsured
group had received the high-tech treatment at
lower rates compared with the insured group.

Heart Attack

Acute myocardial infarction, or heart attack, is
one of the most common and costly conditions
treated in a hospital setting. Technology for
treating heart attack is rapidly improving, and
more patients are undergoing cardiac proce-
dures that can reduce mortality and improve
quality of life.

According to the analysis, uninsured people
who suffered heart attack were about 7 percent
less likely than insured people to receive an in-
vasive cardiac procedure (with a treatment rate
of 45.9% for the insured compared with 43%
for the uninsured). Of the 118,000 privately
insured heart attack patients, 54,000 received

coronary artery bypass graft surgery (CABG) or
percutaneous transluminal coronary angioplasty
(PTCA), compared with 6,500 uninsured pa-
tients. The authors estimate that in 2000, 464
more uninsured patients needed to have had an
invasive cardiac procedure to reach the treat-
ment rate of the privately insured population.
If they had received the appropriate treatment,
anywhere from \$6 million to \$28 million
would have been saved annually in morbidity
and mortality costs.

Cataracts

The prevalence of cataracts ranges from 4.5
percent to 10 percent for people ages 55 to 64.
Many in this age group who lack insurance go
without cataract surgery, which costs from
\$2,000 to \$3,000. Of the 200,000 people in
this age group who had cataract surgery in
1996, 67 percent had private insurance, 9 per-
cent had Medicaid, and 3 percent were unin-
sured. The authors estimate that 9 percent to
20 percent of the privately insured were
treated for their cataracts, compared with 2 to
5 percent of the uninsured. They conclude
that about 22,000 more uninsured patients ages
55 to 64 would have needed to receive cataract
surgery to reach the privately insured rate. This
gap in treatment costs society nearly \$900 mil-
lion a year in morbidity-related expenses.

Depression

Advances in technology—particularly new
classes of anti-depression drugs—have helped
many people with mental disorders. Previous
studies indicate that treatment for an episode of
depression costs roughly \$1,000 and decreases
the length of depression by about eight weeks.
Even though mental health problems are more

common among the uninsured, this group is less likely to be treated for mental illness: among individuals with general anxiety disorder, major depression, or panic disorder, those with mental health coverage are more than twice as likely to receive treatment as are those without this coverage.

According to the analysis, 29.3 percent of those with private insurance are likely to be treated for depression with either Prozac or related drugs, compared with 15.8 percent of the uninsured. The authors estimate that to reach the privately insured rate, an additional 43,000 more uninsured patients would need to have received outpatient care for depression in 2000. The gap in care resulted in a \$213 million loss due to excess morbidity and mortality.

Authors Glied and Little say that greater access to the latest medical technology for treatment of all three of these conditions would make a major difference in both morbidity and mortality costs. Expanding access to cataract surgery would have a particularly profound effect, since the lack of treatment for this condition accounts for 80 percent of the total welfare lost by the uninsured. Improved access to care for depression would likewise have a major positive impact, the analysis found, since the uninsured face larger barriers to outpatient care than inpatient care.

As medical technology continues to improve, the potential losses—both health-related and economic—will only grow if barriers to insurance are not addressed, the authors conclude. Future research, they say, should focus not only on the benefits of new high-tech treatments, but on who is actually receiving them.

Facts and Figures

- Uninsured Americans who have had a heart attack are 7 percent less likely than the insured to receive an invasive cardiac procedure. The estimated benefit of undergoing such procedures, based on estimates of life expectancy gains, is \$13,000.
- Although the benefits of surgery for cataracts far outweigh their cost, no more than 5 percent of uninsured Americans with cataracts have corrective surgery.
- Uninsured adults ages 55 to 64 are more likely than insured adults to suffer from depression. Yet the treatment rate for the uninsured is about half that of the insured.

Summary of Net Benefits Lost Because of Lack of Access to Technology Among the Uninsured Population Ages 55–64

| | Number of Uninsured Who Would Benefit If They Accessed Care at Same Rate as Privately Insured | Net Benefits Forgone |
|---|---|--------------------------|
| Increased acute myocardial infarction treatment | 464 | \$6 million–\$28 million |
| Increased cataract treatment | 22,000 | \$894 million |
| Increased depression treatment | 43,000 | \$213 million |
| Total net benefit | — | \$1.1 billion |
| Net benefit per person ^a | — | \$343–\$349 |

^a Using the Current Population Survey estimate of the total number of uninsured people ages 55–64.

Source: Sherry Glied and Sarah E. Little, “The Uninsured and the Benefits of Medical Progress,” *Health Affairs* 22 (July/August 2003): 210–19.