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**THE BENEFITS OF MEDICAL TECHNOLOGY HAVE LIMITED REACH**  
*People Without Health Insurance Lack Access to Treatments for  
Heart Attack, Depression, and Cataracts; Cost to Society is \$1.1 Billion Annually*

(Bethesda, MD) – Advances in medical technology are not reaching millions of Americans who lack health insurance – an access gap that is costing the nation an additional \$1.1 billion a year, according to a new study. Researchers writing in the July/August issue of the journal *Health Affairs* report that when it comes to treatment for heart attack, depression, or cataracts, uninsured patients ages 55-64 consistently have lower rates of technology use when compared to same-age patients with health coverage.

The report, funded by the Commonwealth Fund Task Force on the Future of Health Insurance, examined welfare lost each year by a high-risk group of the more than 41 million uninsured because they lack access to new medical technologies.

The authors compared technology use rates for three common conditions that are treated in the hospital and in the outpatient setting. In every case, the uninsured group in the 55-64 age range had lower rates of outpatient and inpatient technology use than a comparable group with health insurance had. This lower rate amounts to an annual loss of about \$350 in excess morbidity and mortality costs per uninsured person in this age group, the study says.

“Lack of insurance creates major barriers to medical technology and these barriers are costing society,” says lead author Sherry Glied, chair of the Department of Health Policy and Management at Columbia University’s Mailman School of Public Health. “Medical technology is a wonderful tool but it’s clear that it’s not reaching everyone who needs it simply because some people don’t have adequate insurance coverage,” she adds.

### Acute Myocardial Infarctions

According to the analysis, uninsured people who suffered a heart attack were about 7 percent less likely than insured people to receive an invasive cardiac procedure. Of the 118,000 privately insured patients who had a heart attack, 54,000 received coronary artery bypass graft surgery (CABG) or percutaneous transluminal coronary angioplasty (PTCA) compared with 6,500 uninsured patients with the same condition, the authors report. To

reach the treatment rate in the privately insured population in the year 2000, the authors conclude that 464 more uninsured patients who suffered heart attacks needed to have undergone an invasive cardiac procedure. If this treatment had occurred, it would have saved anywhere from \$6 million to \$28 million a year in medical and death-related costs, according to their analysis.

### Cataracts

The prevalence of cataracts among adults ages 55-64 ranges anywhere from 4.5 percent to 10 percent. Of 200,000 people in this age group who had cataract surgery in 1996, 67 percent had private insurance, 9 percent were covered by Medicaid, and 3 percent were uninsured. The authors estimate that 9-20 percent of the privately insured were treated for their cataracts compared to 2-5 percent of those without health insurance. They conclude that about 22,000 more uninsured patients ages 55-64 would have needed to receive cataract surgery to reach the privately insured rate in 2000. This gap in treatment cost society \$900 million a year in morbidity-related expenses.

### Depression

Studies suggest that mental health problems are more common among the uninsured but that the uninsured are much less likely to receive treatment for these problems. Despite the advances in outpatient treatment of depression, those with private insurance are more likely than those who lack health coverage to get outpatient care. According to this analysis, 29.3 percent of those with private insurance are likely to be treated for depression with either Prozac or other related drugs, compared to a 15.8 percent rate for 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.

Access to technologies for all three of these conditions would make a major difference in both morbidity and mortality costs. However, the authors note that expanding access to cataract surgery would have a tremendous effect, since the lack of treatment for this condition accounts for 80 percent of the total welfare lost by the uninsured. Access to care for depression, too, would make a tremendous difference, the authors say, since the uninsured appear to experience greater access barriers to outpatient care than inpatient care.

Glied urges policymakers to address these gaps before they become even wider. "As medical technology marches forward, these losses are only going to increase," says Glied. "Medical technology may be worth it, but future research should focus not only on the benefits that it provides but also on the extent to which health insurance plays a role in accessing this treatment."

*Health Affairs*, published by Project HOPE, is a bimonthly multidisciplinary journal devoted to publishing the leading edge in health policy thought and research. Copies of the July/August 2003 issue will be provided free to interested members of the press. Address inquiries to Jon Gardner at *Health Affairs* at 301-656-7401, ext. 230 or via e-mail, [press@healthaffairs.org](mailto:press@healthaffairs.org). Selected articles from the July/August issue are available free on the journal's Web site, [www.healthaffairs.org](http://www.healthaffairs.org).

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