



In the Literature

IMPACT OF MEDICARE COVERAGE ON BASIC CLINICAL SERVICES FOR PREVIOUSLY UNINSURED ADULTS

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Gaining access to Medicare coverage substan-
tially improves use of preventive health services
such as cancer and cholesterol screening among
previously uninsured older adults, according to
Harvard Medical School researchers writing in
the *Journal of the American Medical Association*.
Their findings suggest that if there were afford-
able options through which uninsured adults
approaching age 65 could purchase Medicare
coverage, they would likely take advantage of
more clinical services.

In “[Impact of Medicare Coverage on Basic
Clinical Services for Previously Uninsured Adults](#)”
(*JAMA*, August 13), J. Michael McWilliams,
Alan M. Zaslavsky, Ellen Meara, and John Z.
Ayanian of Harvard Medical School and Brig-
ham and Women’s Hospital explore the effect
that gaining Medicare coverage has on insured
and uninsured adults. Previous studies demon-
strated a correlation between loss of insurance
and adverse health effects, but few have studied
people who gain or lose insurance over time.
Prior studies also have not assessed whether be-
coming insured affects whether people seek
out specific clinical services.

The researchers studied people who are “near-
elderly”—ages 55 to 64—a rapidly growing group
that by 2015 is expected to make up nearly 20
percent of the total population.

The risk of experiencing major health problems
and incurring high medical expenses increases
dramatically as people enter their mid-50s. Near-
elderly men and women also face difficulty in
finding affordable insurance coverage, and they
tend to be uninsured for longer periods than
younger adults. If older adults do not have em-
ployer-based or public coverage, they must turn to
an individual insurance market in which pre-
miums are high and coverage is often restricted
because of preexisting medical conditions. Re-

gardless of insurance status, this group faces high
out-of-pocket costs for prescription drugs.

Study Methods

To find out whether people seek out clinical
services once they become eligible for Medi-
care, the study tracked several common medi-
cal services: cholesterol testing, mammography,
prostate examination, and treatment of arthritis
and hypertension. The researchers anticipated
that more people would use services covered
by Medicare, such as mammography and visits
to the doctor for arthritis, than services not
covered by the program, including cholesterol
testing for people without diabetes or hyper-
tension and medications for arthritis or
hypertension.

The study also made note of whether people
who pursued these clinical services were con-
tinuously uninsured, intermittently uninsured,
or continuously insured. In addition to collect-
ing information on insurance status, the research-
ers noted characteristics such as sex, ethnicity,
income, employment status, and the presence
of diabetes or hypertension.

A total of 2,203 people participated in this
study. The majority (1,820) were continuously
insured prior to Medicare eligibility, while 167
were continuously uninsured and 216 were in-
termittently uninsured.

Results

As the researchers suspected, Medicare cover-
age boosted the use of appropriate clinical ser-
vices. Both continuously and intermittently un-
insured adults were significantly less likely to
have had preventive health services before they
were eligible for Medicare. But once the con-
tinuously uninsured and insured adults became
eligible for Medicare, the substantial differences
between the two groups were at least halved.

The effect of Medicare coverage on cholesterol testing was much greater among uninsured adults with hypertension or diabetes than among people without these conditions. For cholesterol testing among people with hypertension or diabetes, there was a more than 29 percentage point reduction in the gap in testing rates between continuously uninsured and insured groups (from 36.9% to 7.6%).

The researchers also found that while disparities in use of basic clinical services by previously uninsured and insured adults were reduced with Medicare coverage, they were not eliminated altogether. Commonly, poorer Medicare beneficiaries do not have supplemental insurance to defray out-of-pocket medical costs. For example, although the proportion of continuously uninsured adults who visited a doctor for arthritis rose by 24.4 percentage points, there was no comparable rise in the use of prescription medications, which are not covered by Medicare.

Facts and Figures

- Before becoming eligible for Medicare, only 41 percent of continuously uninsured adults received cholesterol testing, compared with 76 percent of insured adults.
- Once uninsured adults became eligible for Medicare, the difference in cholesterol testing rates fell from 35.4 percentage points to 17.7 percentage points.
- Differences in mammography testing rates between continuously insured and continuously uninsured adults also fell sharply, from 30.3 percentage points to 15.0 percentage points.

Changes in Use of Basic Clinical Services Before and After Medicare Eligibility by Prior Insurance Status*

	Before Medicare Eligibility (1996)	After Medicare Eligibility (2000)	Change in % 1996 to 2000†	P Value†
Cholesterol Testing				
Insurance status (1994 and 1996), %				
Continuously insured (n = 1820)	76.0	82.8	6.7	
Intermittently uninsured (n = 216)	61.9	71.9	10.0	
Continuously uninsured (n = 167)	40.6	65.1	24.5	
Difference between continuously insured and intermittently uninsured†	14.2	10.9	-3.3	.46
Difference between continuously insured and continuously uninsured†	35.4	17.7	-17.7	.003
Mammography				
Insurance status (1994 and 1996), %				
Continuously insured (n = 994)	76.0	81.8	5.8	
Intermittently uninsured (n = 123)	57.7	71.2	13.5	
Continuously uninsured (n = 105)	45.7	66.8	21.1	
Difference between continuously insured and intermittently uninsured†	18.2	10.6	-7.6	.10
Difference between continuously insured and continuously uninsured†	30.3	15.0	-15.3	.04
Prostate Examination				
Insurance status (1994 and 1996), %				
Continuously insured (n = 826)	74.1	81.1	7.0	
Intermittently uninsured (n = 93)	55.4	71.3	15.9	
Continuously uninsured (n = 62)	28.9	61.1	32.3	
Difference between continuously insured and intermittently uninsured†	18.7	9.9	-8.9	.11
Difference between continuously insured and continuously uninsured†	45.2	20.0	-25.3	.01

* All results are adjusted for the complex design of the survey and analytic weights. Some differences of differences are affected by rounding of percentages.

† Significance tests were performed with a *t* test adjusted for survey design, with the null hypothesis that each respective absolute difference equals zero.

Source: J. M. McWilliams, A. M. Zaslavsky, E. Meara, and J. Z. Ayanian, "Impact of Medicare Coverage on Basic Clinical Services for Previously Uninsured Adults," *Journal of the American Medical Association* 290 (Aug. 13, 2003): 757-764.