

Educational support materials for ABIM's *Care for the Underserved* Module

Module #24

As stated in the Institute of Medicine report *Coverage Matters*, "Health insurance is neither necessary nor sufficient, but remains one of most important factors in access to quality health care.¹" Lack of health insurance has been associated with reduced receipt of recommended preventive care, late presentation for urgent conditions, higher rates of hospitalizations for preventable conditions, and higher mortality rates especially in patients with chronic medical conditions.²⁻⁵ By contrast, the provision of health insurance has been shown to improve the health of those over the age of sixty five.⁶

Although low income and minority populations are disproportionately represented among the uninsured,⁸ insurance does not eliminate disparities in the quality of care. There is extensive literature indicating that disparities in the quality of health care are far reaching among patients with health insurance and stem from patient, provider and system level factors.⁹ Of note, disparities in health care quality are not uniform and vary by race and ethnicity depending on condition and type of service. While some disparities have lessened over time (such as the quality of hemodialysis care), others, have remained the same (opiate use in the ED) or grown (glycemic control) despite an overall increase in the quality of the care being delivered to all patients.¹⁰⁻¹²

Regardless of whether they have insurance or not, patients have a right to an interpreter in any healthcare setting that accepts federal funds, such as Medicaid or Medicare. Increasingly, Medicaid is reimbursing providers for the costs associated with the provision of interpreter services, although this varies by state.

For further information, see the following:

1. Coverage Matters: Insurance and Health Care. Committee on the Consequences of Uninsurance. Institute of Medicine. Washington, D.C.: National Academy Press; 2001
2. The Commonwealth Fund 2005 Biennial Health Insurance Survey.
<http://www.commonwealthfund.org/Content/Surveys/2005/2005-Biennial-Health-Insurance-Survey.aspx>
3. Braveman P, Schaaf VM, Egerter S, Bennett T, Schecter W. Insurance-related differences in the risk of ruptured appendix [see comments]. *New England Journal of Medicine* 1994;331:444-9.
4. Bindman AB, Chattopadhyay A, Auerback GM: Interruptions in Medicaid coverage and risk for hospitalization for ambulatory care-sensitive conditions. *Ann Intern Med* 2008;149(12):854-860.
5. McWilliams MJ, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs*. July/August 2004;23(4):223-233

This educational support material was created by the Society of General Internal Medicine's Disparities Task Force. For more information, visit www.sгим.org/qo/disparities

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6. McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring medicare coverage. *JAMA*. 2007;298(24):2886-2894
7. Doty MM, Holmgren AL. Health care disconnect: gaps in coverage and care for minority adults. The Commonwealth Fund, August 2006. <http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2006/Aug/Health-Care-Disconnect--Gaps-in-Coverage-and-Care-for-Minority-Adults--Findings-from-the-Commonwealt.aspx#citation>
8. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Editors, Smedley BD, Stith AY, Nelson AR. Washington, D.C.: National Academy Press; 2002
9. 2009 National Healthcare Quality & Disparities Reports. <http://www.ahrq.gov/qual/qdr09.htm>
10. Trivedi AN, Zaslavsky AM, Schneider EC, Ayanian JZ. Trends in the Quality of Care and Racial Disparities in Medicare Managed Care. *New Engl J Med* 2005;353:692-700
11. Sehgal AR. Impact of Quality Improvement Efforts on Race and Sex Disparities in Hemodialysis. *JAMA* 2003;289:996-1000
12. Pletcher MJ, Kertesz SG, Kohn MA, Gonzales R. Trends in opioid prescribing by race/ethnicity for patients seeking care in US emergency departments. *JAMA*. 2008;299:70–78