

## Some physicians may adjust care based on patients' insurance coverage.

The [Washington Post](#) (10/14, HE5, Jain) reports, "It's not uncommon for patients with no insurance or poor insurance to receive different treatment." In fact, one study found that "of 25 primary care private practices in the Washington area," physicians said that they adjusted "their clinical management based on a patient's insurance status" in "nearly one in four encounters." While "nearly 90 percent of physicians admitted to making such adjustments," for uninsured patients, physicians reported that "alterations occurred 43 percent of the time" compared to 19 percent for the privately insured. And, although the emergency room guarantees care to the uninsured, "not all care is available there." A separate study showed that uninsured patients may also "forgo tests or treatment." In the 2003 study, "participation in screening tests for breast cancer, prostate cancer or high cholesterol was 30 percentage points higher in some instances among people with insurance than among those without."

**Some uninsured patients seek care at mobile clinics.** The [Washington Times](#) (10/14, Boston) reports, "Roughly 45 million people in the United States are uninsured and 20 million more are underinsured, according to the Kaiser Commission on Medicaid and the Uninsured at the Henry J. Kaiser Family Foundation." For some, "the lack of access to affordable preventive care drives [them] to hospital emergency rooms (ERs), where the law entitles them to treatment but expects them to pay the bill." But, according to Dr. Arthur Kellerman, chairman of emergency medicine at Emory University School of Medicine in Atlanta, "only about nine percent of ER visits are made by the uninsured" because most "are scared to death of going to the ER because of the high costs." Instead, some uninsured patients seek care at mobile clinics such as Remote Area Medical (RAM), a nonprofit organization that "has treated 10,563 uninsured and underinsured people free of charge in the past 12 months." And for many of the 2,670 patients RAM treated during one three-day free clinic, "the visit was their first to a doctor in more than a year."

**Physician advocates saving \$700 billion in unnecessary healthcare expenses to cover uninsured.** In the [Chicago Tribune's](#) (10/13) Triage blog, Judith Graham referred to an article in the [Christian Science Monitor](#) by Arthur Garson Jr., M.D., M.P.H., executive vice president at the University of Virginia's School of Medicine. In the article, Dr. Garson argued that by saving the \$700 billion that the U.S. wastes "every year on unnecessary healthcare expenses," the nation could "cover the uninsured and have \$600 billion left over for Wall Street." Dr. Garson referred to insurance companies as a "big culprit in racking up unnecessary expenses." He argued that because insurers have "different requirements for massive numbers of nurses who 'preapprove' expensive procedures," physicians "should be allowed to practice according to established guidelines and then allow the insurance companies to check for compliance." He also recommended "rethinking the way we pay doctors" and creating "independent boards that assess the value" of pharmaceuticals and devices to curb waste. He concluded that by saving on unnecessary medical costs and applying the money "to the uninsured, we will have...better competitiveness and healthcare for all."