

Health coverage improves health and reduces major heart complications

December 26 2007

As presidential candidates ramp up their primary campaigns, health care reform looms prominently among voters' main concerns.

A new study in the December 26 issue of the Journal of the American Medical Association, JAMA, provides the most comprehensive evidence to date that expanding coverage to people without it leads to demonstrable improvements in health.

“This study provides strong evidence about how health improves when people gain insurance coverage,” says Dr. John Ayanian, senior author and Professor of Health Care Policy and Medicine at Harvard Medical School and Brigham and Women’s Hospital. “For every 100 uninsured people with heart disease or diabetes before age 65, we found that with Medicare coverage they had 10 fewer major cardiac complications, such as heart attacks or heart failure, than expected by age 72,” he adds.

In order to provide a macro-view on the health effects of gaining insurance coverage, Ayanian, lead author Dr. J. Michael McWilliams, a research associate in Harvard Medical School’s Department of Health Care Policy and Brigham and Women’s Hospital, and Harvard colleagues assessed data from the Health and Retirement Study, an ongoing longitudinal survey of aging Americans sponsored by the National Institute on Aging.

The researchers analyzed survey data collected from 7,233 participants every two years from 1992 through 2004, and examined their health

from age 55 to 72. Among these individuals, 5,006 were continuously insured, while 2,227 were either persistently or intermittently uninsured until they qualified for Medicare at age 65.

“While it may seem self-evident that gaining health insurance should improve health, some experts have questioned this assumption,” says McWilliams. “By comparing the health trends of insured and uninsured adults as they became eligible for Medicare, we were able to measure the impact of coverage on health in a more rigorous way.”

During this 12-year period, participants were asked to comprehensively report their health across a series of dimensions, including overall health, physical functioning (such as ability to climb stairs or walk certain distances), bodily pain, depression, and cardiovascular outcomes including heart attacks or strokes.

Individuals with continuous coverage did not report a significant change in their health as they transitioned to Medicare, but those who had little or no prior coverage reported substantial improvements in their health trends. The impact of coverage was greatest for those with a history of heart disease, stroke, high blood pressure, or diabetes. Participants with these conditions who lacked insurance experienced a steeper decline in health compared to their insured counterparts prior to age 65. But after five years of Medicare coverage this health gap closed by 50 percent.

“Forty-seven million people are currently without health insurance in the United States,” said Sara Collins, Ph.D., assistant vice president at the Commonwealth Fund. “The findings of this study underscore the urgency of health reform efforts to provide health insurance to the full population.”

These findings build upon an earlier study by the same authors last July, also funded by the Commonwealth Fund. In that paper, published in the

New England Journal of Medicine, the authors showed that uninsured adults transitioning to Medicare end up costing the system more in annual medical spending after 65 compared with continuously insured individuals.

“Together, the two studies suggest that expanding health coverage is less costly than previously believed and slows declines in health as well,” says Ayanian.

Source: Harvard Medical School

Citation: Health coverage improves health and reduces major heart complications (2007, December 26) retrieved 30 April 2024 from <https://medicalxpress.com/news/2007-12-health-coverage-major-heart-complications.html>

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