

Money talks when it comes to saving lives

Those without insurance are 20-30% more likely to die after heart attack

When a high-profile individual like Vice President Dick Cheney is taken to the hospital with a coronary event, the hospital's publicity department is quick to point out the life-saving devices, techniques and procedures available today.

What they never mention -- but what was revealed in a new study published in Health Services Research -- is that the "miracle" of modern medicine is often denied those without the money or clout of a VP or VIP.

The type of surgery undergone by Cheney costs more than \$30,000, and may not be readily available to heart patients who don't have the insurance to pay for them.

Death rates after a heart attack vary according to insurance coverage and were lowest for patients with private insurance, says study author Jay J. Shen, Ph.D., of Governors State University in University Park, Illinois

The insurance pecking order was clear. Those with private insurance were at the top, with public insurance ranking next, and those with no insurance at the bottom of the heap.

"In general, Medicaid and uninsured [heart attack] patients were about 20 percent and 30 percent more likely to die in the hospital than were Medicare [heart attack] patients, respectively," Dr. Shen stated.

Patients with private insurance, however, were 20 percent less likely to die when compared to Medicare patients.

The investigators reviewed records from 95,971 heart attack discharges from hospitals in 11 states with primary diagnosis of either heart attack or presumed heart attack complication.

Patients in the "extremely unfavorable group" (those who lived in a low-income area and were either uninsured or covered by Medicaid) not only were more likely to die, but also were sicker, stayed in the hospital longer, were less likely to receive certain procedures for heart disease and had higher hospital bills when compared to private insurance patients who lived in more affluent neighborhoods.

Changing national policies to promote better medical care for uninsured and underinsured individuals could result in reduced deaths from heart attack for all Americans, said Shen.

In addition to the ethical concerns, he pointed out that "these data demonstrate that disadvantaged patients experienced greater lengths of hospital stay, greater charges, as well as inferior outcomes.

"An increased focus on improving treatment of heart attack patients bearing multiple low socioeconomic attributes may be in the public interest from a cost-effectiveness perspective."

SOURCES: "Uninsured, medicaid patients more likely to die from heart attack," Center for the Advancement of Health, Aug. 1, 2001.

Health Services Research, August 2001.