

The Positive Outcomes of Marketplace Insurance (Obamacare) Demonstrated by a Small Private Practice

In healthcare the two mantras that have increasingly guided policy decisions are the concepts of value-based care and measuring clinical outcomes. Physicians are divided in their opinions as to whether value-based care should be the guiding factor in their practice of medicine, but the majority of physicians concur that measuring and periodically reviewing clinical outcomes is important. Measuring clinical outcomes educates physicians and their staff on areas of patient care they could improve upon. In order to improve outcomes a practice implements decision support tools to remind the physicians and staff of examination findings, tests, procedures, medications, and patient education materials that need to be considered for each individual patient. The ultimate goal of measuring clinical outcomes is to improve health and prevent disease, as referenced in the Hippocratic Oath, the oath that all physicians take when they graduate from medical school “I will prevent disease when ever I can for prevention is preferable to cure.”

The purpose of this article is to outline the positive outcomes of marketplace insurance as witnessed by a small private practitioner. An accurate view of the effect of marketplace insurance on a cohort of patients may help guide future policy.

Marketplace Insurance experience of Symphony Medical Group
Symphony Medical Group (SMG) is a two provider primary care practice in Carol Stream, Illinois. Carol Stream is a western suburb of Chicago. Since 2015, our clinic has been accepting patients enrolled in Obamacare through the Illinois Exchange. Throughout the remainder of the article this insurance will be referred to as “marketplace” The number of new patients with marketplace insurance greatly increased beginning in January of 2016 and has continued at a steady pace throughout the year averaging 1-2 new patients a day.

General observations

- Age of patients ranges from 22 to 64
- The primary reason given for enrolling in marketplace has the lack of other affordable insurance options rather than to avoid penalties

- The route of enrollment has been online rather than through the use of broker
- The responsible party for monthly premiums have been individuals not small businesses

Access to previous healthcare

Access to previous healthcare is highly variable

- We have seen patients who have had long-term relationships with local primary care providers but due to financial hardships were compelled to switch from their existing plan to marketplace insurance. The reason for switching providers was because their former primary care provider did not accept the marketplace insurance plan they could afford
- There are patients who rarely accessed healthcare and had no former healthcare insurance as an adult. These patients typically saw physicians only in emergency situations
- There are patients who emigrated to this country in the past several years and marketplace is their first insurance in the United States
- There are patients who have intermittently had health insurance as an adult with long stretches of having no insurance coverage. Access to healthcare during lapses of insurance is typically minimal

Why marketplace insurance has resulted in positive health outcomes at Symphony Medical Group

1. All patients are treated equally regardless of their insurance type and ability to pay

This comment may seem superfluous but in fact it is the key to achieving positive clinical outcomes in a population that historically has not had access to affordable healthcare.

Each new patient seen at SMG is subject to the same intake questions and exams regardless of the reason for their visit including review of past history, social history, family history and results of previous testing including participation in health maintenance testing and immunizations.

2. Evidence based guidelines are applied to all patients regardless of their insurance type and ability to pay

If in the course of the initial or subsequent visits to SMG it is determined that the patient could benefit from further evaluation or treatment

recommendations the patient is educated and given the opportunity to agree or disagree with the recommendations.

List of positive health outcomes:

1. Improved control of chronic diseases

Many of our new patients with marketplace insurance have not been able to afford medications or had access to testing that are necessary to treat their chronic diseases.

Asthma

The mainstay of treatment for persistent asthma is the use of inhaled corticosteroids. As of 2016 there are no generic steroid inhalers on the market in the United States. The high cost of steroid inhalers is a major detriment to achieving good health outcomes for asthma in underinsured or uninsured patients. By prescribing and giving out samples of inhaled corticosteroids we have been able to achieve better control of asthma.

Diabetes

We have seen many new diabetic patients with marketplace insurance whose diabetes was sub optimally treated due to a combination of factors including lack of dietary instruction, inability to afford medications and/or diabetic testing supplies.

With the implementation of regularly scheduled office visits, routine monitoring of hemoglobin A1c, and the addition of affordable medications, we have been able to improve control of diabetes

2. Diagnosis and treatment of treatable illnesses

As a result of not having health insurance many of our new patients with marketplace insurance have suffered from acute or sub acute treatable illnesses. In order to prevent further suffering and prevent costlier treatments in the future, our policy has been to address these issues as expediently as possible whether under our direct care or referral to specialists. A few examples of these treatable illnesses we have discovered include hyperthyroidism, hepatitis B infection, bone infection, kidney stones, aneurism, undiagnosed heart failure, acute anxiety and depression.

3. Participation in preventive medicine

We have found that the majority of our new patients with marketplace insurance have missed out on preventative testing especially those that have never had health insurance, those with lapses in their health insurance and those that are recent emigrants to the United States.

Our policy at SMG is to apply preventative testing and immunization guidelines equally to all patients regardless of their insurance type or ability to pay.

We have performed many routine lipid panels, glucose testing, gynecologic exams, male genital exams, and referred patients for colonoscopy, mammograms, and bone density testing. As a result of such testing we have diagnosed breast cancer, uterine prolapse, colon polyps, diabetes, prostatic hypertrophy, hyperlipidemia and instituted treatment for all of these issues in addition to immunizing our patients when appropriate.

Lessons Learned from Marketplace Insurance

In the short period of time that marketplace insurance has been operational, Symphony Medical Group has been able to demonstrate that it is possible for the previously uninsured or underinsured to enroll online and select an insurance plan that they can afford. These individuals, despite their financial hardships have also been able to pay their monthly premiums thereby keeping their insurance effective. They have successfully attended regularly scheduled office visits and followed through on medical treatment plans. As a result of having access to affordable primary care, the health of these patients has improved and the potential burden to society of undiagnosed and undertreated medical conditions in this cohort has been lessened. As we consider health care policy changes let us not lose sight of the goal of health care which is to care for people and help them improve their lives through better health.

The views of this article are expressly those of Dr. Stasia Kahn, the owner of Symphony Medical Group.

