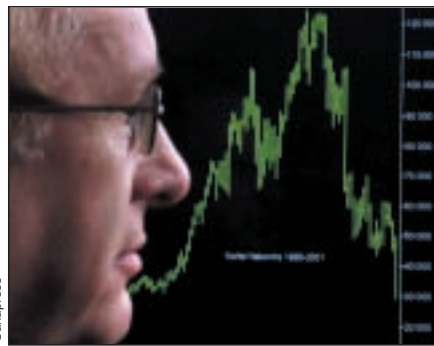


Slumping economy boosting number of uninsured Americans

The downturn in the US economy, which was already well under way before the Sept. 11 terrorist attacks sent shockwaves through financial markets, is stoking fears that many more Americans will be forced to live without health insurance. A recent survey of employer-sponsored health-benefit plans by the Kaiser Family Foundation and the Health Research and Educational Trust (HRET) indicates that premiums for employer-sponsored health insurance jumped 11% between spring 2000 and spring 2001, peaking at an annual average of \$2650 for a single person and \$7053 for family coverage.

This is the largest increase in almost a decade and, according to the survey,



Trickle-down effect: declining Dow Jones, more job losses, fewer people with health insurance

employers intend to shift more of the cost to their employees, reversing a trend toward broader, more generous coverage spawned during the earlier economic boom.

Dr. Drew Altman, president of the Kaiser Family Foundation, says “health costs are rising while the economy is sputtering, and it looks like workers are going to pay the price.”

Jon Gabel, vice-president for health system studies at HRET, added that a strong economy had been protecting workers against increases, but the economic slowdown and relentless layoffs will soon put an end to that protection.

“With managed care in retreat, and premium and claim expenses accelerating, the situation today is the polar opposite of 5 years ago,” he said. “For employers and employees . . . [there is] more bad news just around the corner.”

Gabel noted that in September 2000, when most companies were settling their plans for the next fiscal year, the US unemployment rate was 3.9%; a year later, it had climbed to 4.9%. It is the newly unemployed, such as the thousands of dot comers and airline workers who have been laid off, who will feel the effects of lost health insurance most acutely. In the US, health insurance does not follow the worker, and leaving

a job usually means leaving health insurance coverage behind. According to federal law, former employees can pick up the coverage provided by their employers for 18 months, but they have to pay the full tab — their employer’s share as well as their own.

For many, that price is beyond reach. On average, employees with job-based health insurance pay only 15% of the premium for single coverage and 27% for family coverage, or an average of \$30 a month for single coverage, \$150 for a family. If they had to pay the full price after becoming unemployed, it would be \$220 per month for singles and about \$585 for families.

This assumes, of course, that employers provide health benefits, and many do not. This helps explain why more than 40 million Americans — 1 in 7 — have no health insurance.

Larry Levitt, vice-president of the Kaiser Family Foundation and coauthor of the study, concludes: “Recent growth in employer coverage helped to lower the number of uninsured Americans, but that may now be changing. . . . As the economy cools off and premiums shoot up, workers should expect health insurance to be less available, less comprehensive and more expensive.” — *Milan Korcok*, Florida

Solution turns sour as patients demand physician’s services

Dr. Renier Van Aardt tried to help solve a problem in his Nova Scotia community, but his solution — a walk-in clinic for area residents — turned into a problem for him. The Tusket family physician opened his walk-in clinic last November in the wake of a 1-year suspension the Nova Scotia College of Physicians and Surgeons levied against another doctor in the area.

After the suspension, FPs along the province’s south shore held a special meeting to identify how they could handle the growing number of patients who had no family physician, and Van Aardt volunteered to open an afternoon clinic for them. He then ran an advertisement stating that the clinic would be open 5

days a week from 3 to 5 pm — but only for 6 months.

“The word started spreading,” he says, and residents living in communities a 90-minute drive away — including people coming in the opposite direction from the intended area — began showing up at the clinic. Everyone was treated.

By the end of the 6 months, other FPs in the area had implemented a program that took them directly into communities that needed a physician most. Van Aardt then closed his walk-in clinic and went back to treating only his own 3000 patients. And that’s when the trouble started.

In a 2-week period after the walk-in initiative ended, there were 15 incidents

in which patients who had seen him at the temporary clinic demanded that he see them again. “What I found disturbing was that a percentage of patients were extremely demanding and rude,” recalls Van Aardt.

But he can understand their frustration. Patients in the local emergency room, where Van Aardt works 6 shifts a month, often wait 4 to 6 hours to see a doctor. Family physicians in the area have patient loads that, on average, mirror Van Aardt’s.

The Tusket GP says he still gets almost daily requests from individuals looking for a family doctor, but at least the yelling and swearing have stopped. — *Donalee Moulton*, Halifax