Just What the Doctor Ordered
The Effect of Health Insurance Coverage on Doctor and Hospital Visits

Over the course of 2 years, most of us see a doctor, usually several times.

How heavily do Americans use health care services? The two chief measures — visits to a doctor and nights spent as a hospital patient — give us a good idea.

According to the Survey of Income and Program Participation (SIPP), 84 percent of Americans aged 16 to 64 visited a doctor at least once during a 24-month period between 1990 and 1992; 14 percent spent one or more nights as a patient in a hospital. All in all, these Americans made 1.1 billion doctor visits (or 7 per person) and spent 154 million nights (1 per person) in a hospital during the 2 years. (Visits to the dentist and doctor contacts in a hospital were not considered doctor visits.)

The lack of health insurance results in reduced use of health care services.

As the graph shows, the majority of Americans aged 16 to 64 were covered each of the 24 months and were covered exclusively by private insurance. Nearly 9 in 10 in this category (87 percent) made at least one visit to a doctor during that time; slightly over 1 in 10 (12 percent) spent at least one night in a hospital. On average, these persons made seven doctor visits and spent one night in a hospital over the course of the 2 years.

As you can see, when it came to the use of medical care services, this group was very close to the national norm. Two other groups, however, definitely were not:

- At one extreme were persons who spent the entire period without coverage. Only 61 percent saw a doctor; 8 percent had an overnight stay in a hospital. This group averaged only four doctor visits and half a night as a hospital patient.
- At the other extreme were those who were covered by Medicare or Medicaid for at least part of the 2-year span. Of those whose 24 months of continuous coverage...
included at least a period of Medicare or Medicaid, 92 percent saw a doctor and 31 percent had a hospital stay, with averages of 14 visits to a doctor and 4 nights in a hospital.

**Health and disability status have an impact too.**

Why did persons covered by Medicare or Medicaid use medical care services more than others? Largely because many of them had disabilities or serious medical problems, conditions which helped make them eligible for government insurance in the first place. Indeed, the use of health care services was strongly related to health and disability status, as well as to insurance coverage status. For example —

- Adults who rated their health “very good” or “excellent” both times they were asked during the survey period went to the doctor an average of five times and spent, on average, half a night in a hospital. Meanwhile, those who said their health was “fair” or “poor” both times made 21 visits to the doctor (or about 1 a month) and spent 6 nights in a hospital.

- Those with no disability either time had rates similar to persons in the “very good” or “excellent” health category. On the other hand, the rates for persons who reported both times that they had a severe disability were comparable to those of persons in the “fair” or “poor” health category.

**Nearly universal health insurance coverage would have only a modest effect on the demand for medical care services ...**

A total of 35 million adults were either without coverage the entire 2-year period or had coverage for fewer than 24 months and no coverage from a government plan. Based on a simulation model, it is estimated that if both groups had been covered exclusively by private insurance for all 24 months, the national totals of doctor visits and nights spent in a hospital each would have risen a modest 5 percent.

... but improving health status and reducing the prevalence of disability would have a large impact.

If all persons aged 16 to 64 had been in “very good” or “excellent” health both times they were asked, it is estimated that the aggregate number of doctor visits would have been reduced 27 percent, while the aggregate number of nights spent in a hospital would have been 38 percent lower. And, if, in addition, everyone had been without a disability both times, the corresponding drops would have been even greater (36 percent and 52 percent, respectively).

**More information:**


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