A collection of medical supplies is arranged on a light blue surface. In the upper left, a dark blue blood pressure cuff is partially visible. Below it, a purple stethoscope with silver-colored tubing and earpieces lies diagonally. To the right of the stethoscope is a small, purple, textured spherical object with a blue cap. In the center, a medical chart with a grid pattern is held by a silver clip. A silver blood pressure gauge is placed on the chart. A blue syringe with a needle is also visible. In the bottom left corner, a purple medical ID card is partially shown, featuring a white logo and text.

Impact of Insurance Status on Hypertension and Diabetes Outcomes

Shant Thomassian, MD; Caleb Wahdan, P4 Student;

Morgan Adams Rhodes, PharmD

Background



Common Comorbidities

Hypertension and type 2 diabetes often coexist. This increases risk of complications.



South Carolina Context

No Medicaid expansion may worsen disparities among uninsured populations.



Insurance Disparities

Coverage affects access to
care, continuity, medication
adherence, and follow-up.



Study Design



Study Type

Retrospective and prospective observational cohort study.



Setting

South Carolina family medicine center serving primarily uninsured patients.



Population

Adults 18-65 with hypertension, type 2 diabetes, or both conditions.



Data Collection

Patient surveys and chart review with informed consent.



Methodology



Participant Identification

Adults (18-65) with hypertension/diabetes identified through EHR (n=100).

Excluded: cognitive impairment, non-English speaking.

Recruitment: February 2025 - ongoing.



Data Collection

RedCap surveys for demographics, insurance status, medication adherence, and healthcare utilization.

Clinical data from EMR.



Analysis

Chi-square tests for insurance status and clinical outcomes.

Cramér's V for effect size.



Outcomes Assessment

Primary: perceived care access (10-point Likert scale).

Secondary: patient satisfaction, healthcare utilization, medication adherence, BP control <140/90, HbA1c <7%.

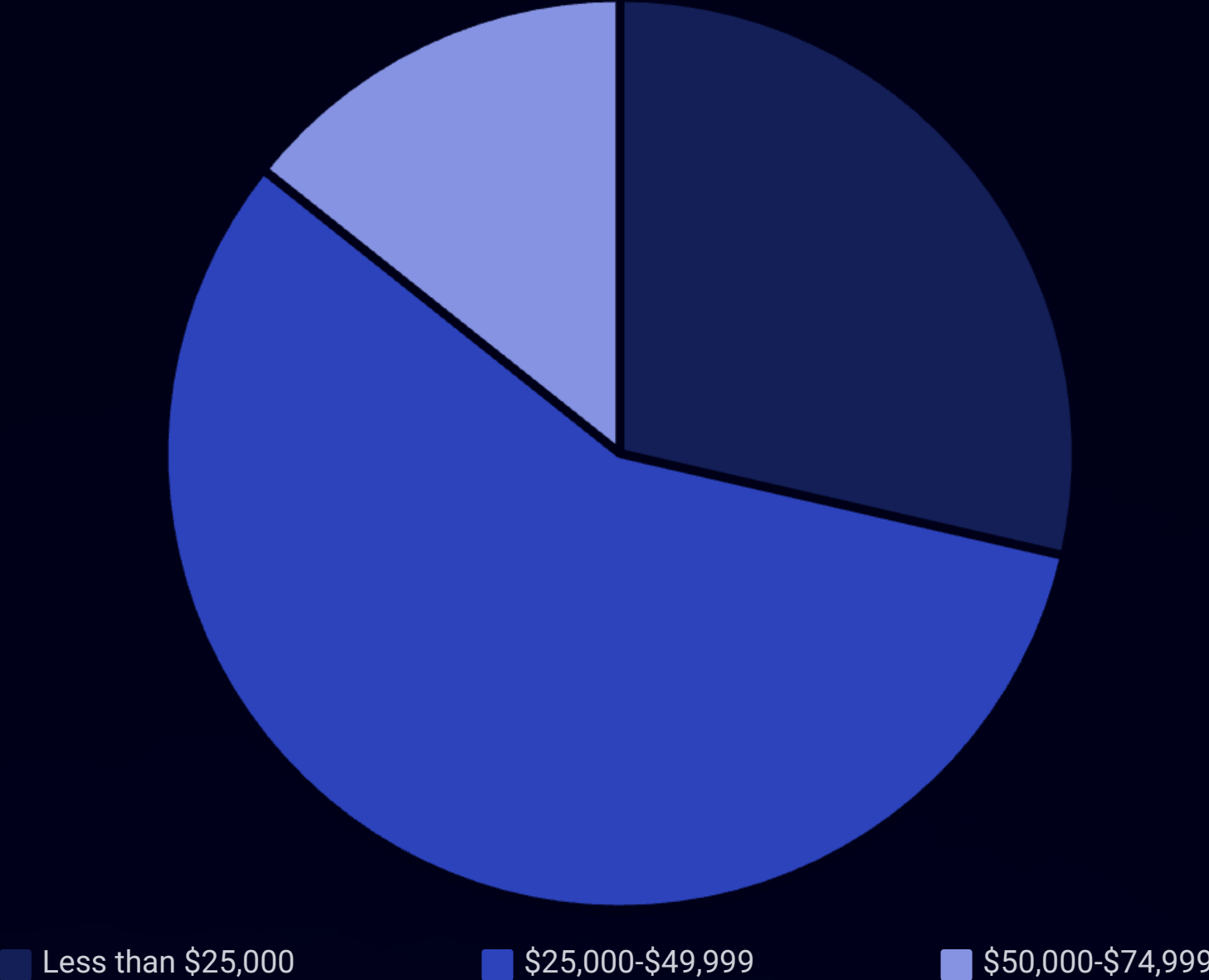


Participant Demographics

Age (years)	62.5 ± 2 [50–65]
Race	Black or African American: 7 (100%)
Ethnicity	Non-Hispanic or Latinx: 7 (100%)
Education	High School: 2 (28.6%)
	Some College: 2 (28.6%)
	Associate Degree: 1 (14.3%)
	Bachelor's Degree: 1 (14.3%)
	Graduate Degree: 1 (14.3%)



Socioeconomic Profile



Insurance Distribution

28.6%

Private Insurance

28.6%

Medicare

42.9%

Self-Pay/Financial
Assistance



Clinical Characteristics

Diagnosis Distribution

Hypertension only: 57.1%

Diabetes only: 0%

Both conditions: 42.9%

Body Mass Index

Mean BMI: 35.35 kg/m²

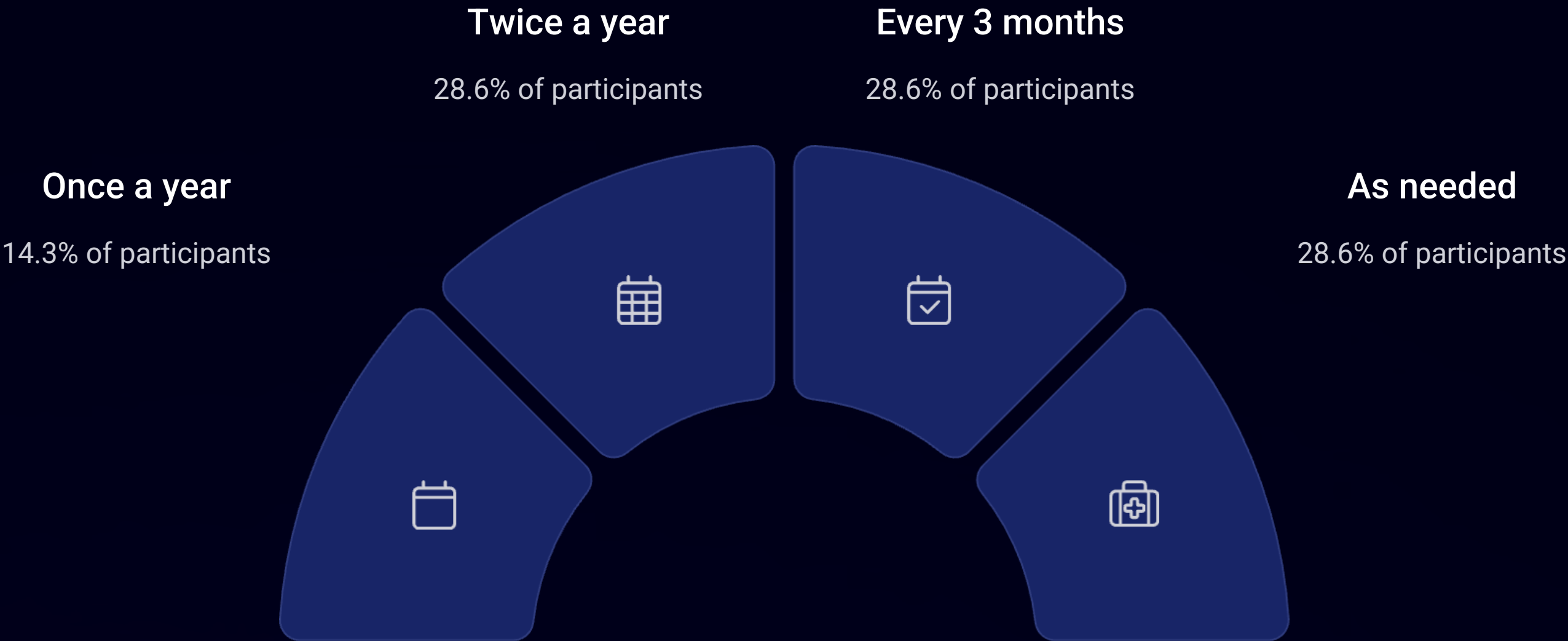
Range: 27.35–49.02 kg/m²

Medication Adherence

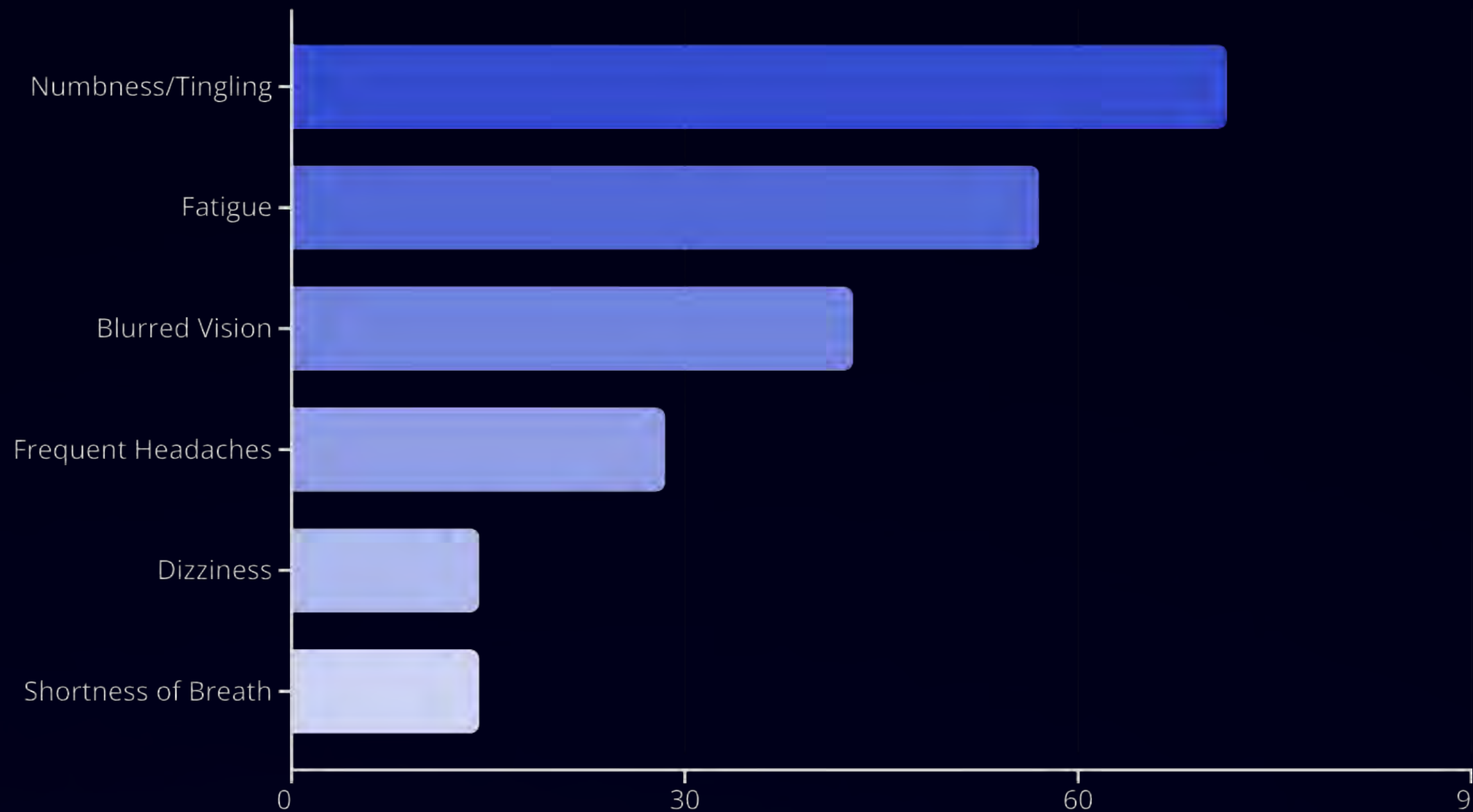
Mean adherence: 98.57%



Healthcare Utilization



Symptoms and Complications



Access and Satisfaction



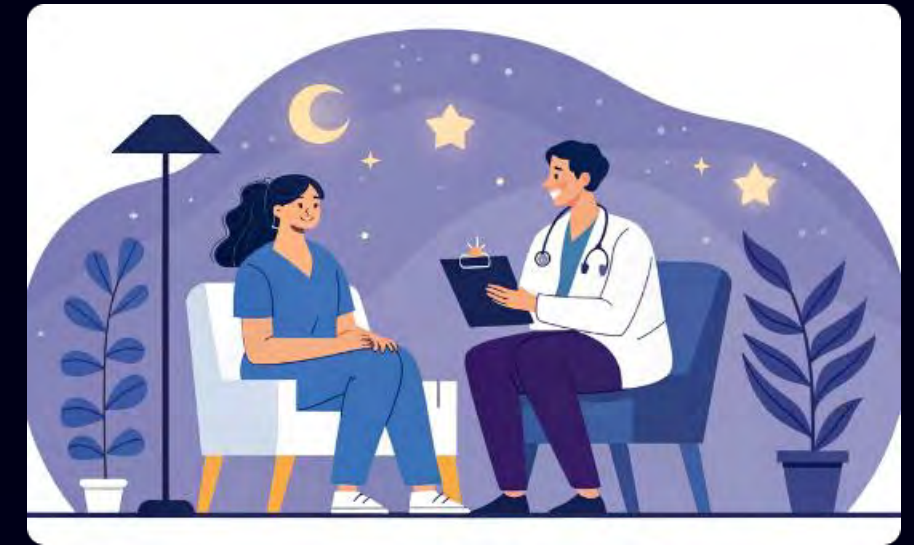
Transportation Access

100% of participants reported reliable transportation.



Access Difficulty

42.9% reported difficulty accessing care despite insurance status.



Satisfaction Scores

Care satisfaction: 9.57/10

Access satisfaction: 8.86/10

Key Findings



Insurance Impact

Strong association between insurance and access (Cramér's $V = 0.84$)



Income Threshold Effect

Privately insured patients just above Medicaid eligibility reported access difficulties.

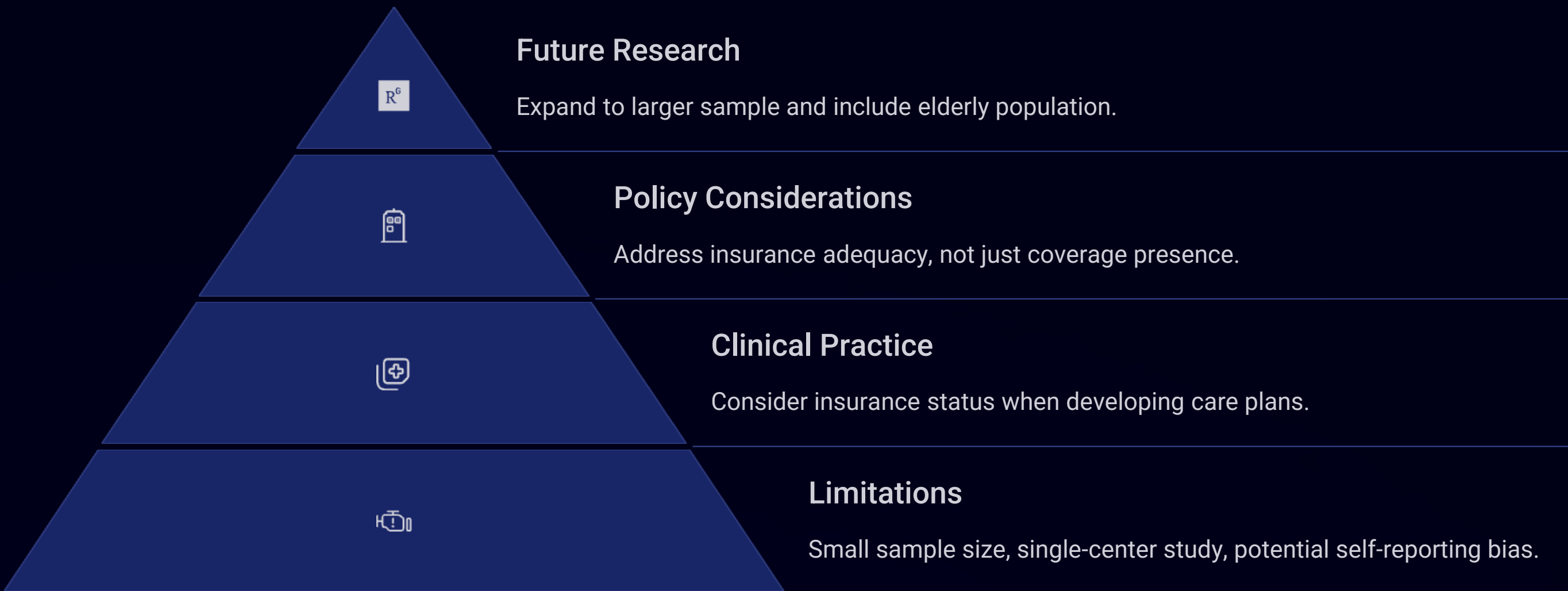


High Medication Adherence

Despite access challenges, self reported medication adherence remained high (98.57%).

Discussion and Implications

Note: Study recruitment and data analysis are still ongoing and must be completed for final conclusions.



Final interpretations remain tentative until recruitment targets are met and comprehensive data analysis is completed.

Questions?

Thank you for your attention

We welcome any questions or comments about our research on the impact of insurance status on hypertension and diabetes outcomes.

For further information or inquiries, please contact:

Shant Thomassian, MD

- Email: shant.thomassian@prismahealth.org



References

1. Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2022.
2. Artiga S, et al. Disparities in Health and Health Care: Five Key Questions and Answers. Kaiser Family Foundation. 2020.
3. Sommers BD, et al. Health Insurance Coverage and Health—What the Recent Evidence Tells Us. *N Engl J Med*. 2017;377(6):586–593.
4. America's Health Rankings. South Carolina Annual Report 2023. United Health Foundation.
5. Garfield R, et al. The Uninsured and the ACA: A Primer. Kaiser Family Foundation. 2021.
6. Adams EK, et al. Medicaid, CHIP, and changes in health insurance coverage: 2008–2016. *Health Aff*. 2020.
7. Cubanski J, Neuman T. The facts on Medicare spending and financing. KFF. 2022.
8. KFF. Medicare Part D: A First Look at Prescription Drug Plans in 2024.
9. Sohn H. Racial and ethnic disparities in health insurance coverage. *Popul Res Policy Rev*. 2017.