

to state marketplaces varies. Inconsistent administrative capabilities create uneven opportunities, which suggests that sustained federal investments in states' data infrastructure could be valuable.

Achieving universal health care coverage in the United States will require more than making insurance affordable; policymakers also need to make it easier to stay insured than to fall through the cracks of the country's complicated insurance system. In combination with expanded eligibility and outreach, we believe automatic enrollment policies should be central to strategies for

reducing the proportion of uninsured people in the United States.

Disclosure forms provided by the authors are available at NEJM.org.

From the Department of Health Policy and Management, Harvard T.H. Chan School of Public Health, Boston (A.M.), and the Harvard Kennedy School and the National Bureau of Economic Research, Cambridge (M.S.) — all in Massachusetts.

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The Care I Needed

Jessica Gregg, M.D., Ph.D.

One afternoon last winter, I caught myself massaging aches in my wrists and hands, aches that hadn't been there the day before. A few hours later, I was rolling away pain in my shoulders, then in my neck. The next morning, my knees hurt too, and my stiff paws fumbled as I tried to turn the doorknob.

I was worried, but not terrified; I've been healthy my whole life, and I have excellent insurance through a large HMO. Also, I'm a doctor; I would get the care I needed. I scheduled an urgent telehealth visit for the following day through my HMO's elegant app. So easy! Then I took extra-strength Tylenol, chased it with ibuprofen, and went to work.

I had a new patient to see, an older guy, with stubble and jowls. Though I'm trained in internal medicine, I mostly treat addiction now, mostly among people with-

out housing, steady incomes, or loved ones to catch them when they fall. My new patient told me about his slide into addiction, his terrible luck and lousy choices. He told me opioids numbed his pains, and cannabis and methamphetamines helped him forget — but now he worried that the forgetting was becoming permanent: he was having trouble remembering basic things, like a friend's address or which bus lines went where. Maybe, he said, it came from too many drugs and too much hard living. Or maybe, he shrugged and smiled, he was just getting old.

"Aren't we all?" I replied, rolling and popping my creaky neck. He laughed. "You got that right."

He spoke to me as if I were a friend, and I forgot my own hurts and remembered to slow my speech and check for understand-

ing. I prescribed medication to reduce opioid cravings and said I wanted to see him again in a week. He thanked me, blessed me, and said he'd try to remember.

The following morning, I shuffled and groaned myself to the coffee maker and a cup whose handle I couldn't quite grip, before settling in front of my computer as if it were Christmas morning and Santa was bringing me telehealth. I imagined unburdening myself to a white-coated colleague, someone about my age, maybe a little older. She would lean forward, asking concerned questions. Did I have any rashes? What about fevers? Did it feel safe to drive? Then she would think aloud about possible causes of my symptoms while reassuring me that we'd get to the root of it all. My imaginary doctor was unrushed, had no other thoughts but of my problems, and sort of loved me.

In real life, a fresh-faced boy-man popped up on the screen, eyes fixed at a point just below mine, and asked how he could help. I described my pains and stiffness, their sudden beginnings, how I could no longer lift my computer bag, how it was hard to hold my cup. I told him it was getting worse, and quickly. He nodded, tippity-tapping on his computer. “Let’s check a few labs.” Then he gave the camera a quick smile, “It was very nice to meet you.”

He was not unkind. Just efficient and wrapping things up.

“Wait!” I thought. “Not yet! Don’t you want to talk this through a bit more? Maybe ask if I’m

and went to bed at 7:00 and then the next night at 6:00. Finally, I contacted the clinic through the online portal, as the website instructed. My first message asked if someone would please call. A few hours later, my second message urged them to call immediately — I was worried and I hurt. My third message felt like a journal entry, or a note to a lover who was no longer interested. I was scared, I said, and didn’t understand their silence.

My sister contacted a private-practice rheumatologist. Let’s get you in there, she advised. Pay cash. It’s worth it.

But my last message must have jolted something inside the HMO’s

experienced was “unconscionable.” I have a computer and a smartphone, and I’m a doctor, for God’s sake. But I had to crawl, claw, and fight my way to someone’s attention.

He was quiet as I spoke, and when I finished, he apologized again. “I’m so sorry, and you’re right. We need to do better, for everyone.” He told me his name, asked if there was anything else that was bothering me, and told me to call him directly if anything went sideways. I had planned to hold tight to my anger, but he was so kind and seemed sincere. Despite my best efforts, my bitterness melted away. I thanked him, and meant it.

Later that day, a specialist prescribed steroids while she investigated the cause of my symptoms. The medication vanquished my pain and stiffness, along with any remaining ability to regulate my emotions. I sobbed remembering that everyone I loved would eventually die, then later, shed tears of gratitude for my sister’s kindness. After that, I cried recalling my sweet, forgetful patient and how he had so tenderly blessed me.

And in between sniffles and tears, I realized that I hadn’t seen my patient that week; he hadn’t shown up for his appointment. I called the number we had on file and was relieved when he answered. Yes, he said, he’d shown up to see me, surprising himself by remembering. But when he arrived, no one could find the appointment in my schedule, or anywhere else in our system. Somehow, we had simply deleted him.

I was so sorry, and the steroids made me sorrier still. My voice wobbled as I told him I’d messed up and had no excuse.

My imaginary doctor was unrushed, had no other thoughts but of my problems, and sort of loved me.

afraid? Don’t you want to linger here just a little while, with me?”

But aloud, I replied, “Nice to meet you, too. Thank you for your help.”

Over the next few days, I received notifications about my lab results through that elegant app on my phone. Each abnormality was marked with a red exclamation point, evidence of a body gone haywire. I called my sister, again and again, wild with worry. Every time I called, she asked if anyone had gotten back to me yet, and she ended each conversation with, “Let me know what they say.”

But they didn’t say anything. My phone pinged, buzzed, and exclaimed with each result, but no one called. I worried and ached

heart, or maybe enough time had passed. Finally, a reply: “We recommend you make an appointment with your primary care doctor to discuss these results.” I yowled and cursed at the screen then called the clinic, wading through the phone tree, the holds, and the transfers, demanding to speak to someone. When I finally reached a nurse, she asked for my medical record number.

“I don’t know the number!” I wailed. “And my hands can’t open my wallet to find out!”

A few minutes later, a doctor with a velvet voice called and apologized. He said that my case had fallen through the cracks, and he’d get me into an appointment with a specialist that day. I told him that the lack of care I’d

It was okay, he said. It had worked out. He insisted that the front desk find him a different doctor. And they did. The other doctor wrote a prescription for a week's worth of the medicine I should have prescribed. Everyone helped him out, he said. And now here you are, helping me too. God bless you, and God bless your good work.

I knew — and know — that our system of not-care for the sick and scared is broken. I knew — and know — that our system

of un-care for people affected by addiction or poverty, for those who make bad choices and those who were never offered fair choices in the first place, is even more fractured. It, me, both: unforgivable and unconscionable.

And yet, these moments of humanity. Of grace. I know them too. A velvet voice with all the time in the world. Blessings from a man with every reason to curse. The moments are small, and they don't right the wrongs or excuse the inexcusable. But they are also

everything. And so, I accepted (lunged for) my patient's easy forgiveness, along with his blessing. Then I swaddled myself in his unwarranted absolution, and sort of loved him.

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From *Fora Health* and *Oregon Health and Science University* — both in Portland.

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