after levothyroxine therapy initiation would have had to have been unrecognized by health professionals over several years and therefore is likely to represent only a small number of individuals.

Jolobe is also right to draw attention to the risk of overreplacement with levothyroxine in precipitating a transition from paroxysmal to persistent atrial fibrillation, which would certainly outweigh the benefits of replacement therapy, especially when the hypothyroidism is subclinical and the patient is elderly.

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Conflict of Interest Disclosures: None reported.

In Reply The letter from Cowling and colleagues underscores that ensuring timely access to care is a challenge for health systems around the world. The United Kingdom (UK) has received high marks for access to primary care in cross-national comparisons of health systems. This is confirmed by the GP Patient Survey, which found that patients in the UK are able to obtain primary care appointments in less than 1 week on average. Higher levels of access in the UK have been explained by several structural and organizational factors. First, while the United States and UK have a similar ratio of physicians per population, a much higher fraction of these physicians provide primary care in the UK compared with the United States. Second, the UK National Health Service assigns patients to a regular primary care clinicians—practice that has historically been limited to managed care plans in the United States. Finally, the presence of a salaried clinician workforce operating within a universal insurance coverage scheme in the UK reduces financial barriers to care for patients and promotes higher supply of health care services in low-income communities.

Considering the UK experience will be valuable for US policymakers, as the Patient Protection and Affordable Care Act has intensified pressure to reorganize primary care. For example, insurance plans are increasingly steering patients toward preferred clinicians using autoassignment and narrow networks. These strategies can streamline the care-seeking experience for patients and lower costs but may also limit choice. The increasing use of chronic disease management programs led by mid-level clinicians in the UK may also increase the ca-