Access to Care

M6920
November 13, 2001

Definition of Access

- Care when YOU want it
- Care you can afford without undercutting other needs
- Care you are comfortable with
- Care which adds to your health status

Determinants of Health
Primary and secondary syphilis - Rates by state:
United States and outlying areas, 1997

Rate per 100,000 population
< 4 (n=42)
4.1-12 (n=67)
> 12 (n=3)

Note: The rates are estimates based on limited data. Rates may not add to the total due to rounding. Rates may not sum to the total due to rounding. Rates may not sum to the total due to rounding. Rates may not sum to the total due to rounding.

Primary and secondary syphilis - Rates for women by state:
United States and outlying areas, 1997

Rate per 100,000 population
< 4 (n=43)
4.1-12 (n=7)
> 12 (n=3)

Note: The rates are estimates based on limited data. Rates may not add to the total due to rounding. Rates may not sum to the total due to rounding. Rates may not sum to the total due to rounding. Rates may not sum to the total due to rounding.

Primary and secondary syphilis - Counties with rates above and counties with rates below the Healthy People year 2000 objective: United States, 1997

Rate per 100,000 population
< 4 (p=0.02)
4.1-12 (n=413)
> 12 (n=3)

Note: The rates are estimates based on limited data. Rates may not add to the total due to rounding. Rates may not sum to the total due to rounding. Rates may not sum to the total due to rounding. Rates may not sum to the total due to rounding.
Barriers for Vulnerable Populations

<table>
<thead>
<tr>
<th>Population</th>
<th>Organizational Bars</th>
<th>Financial Bars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronically ill</td>
<td>Array of services</td>
<td>Restrictive eligibility</td>
</tr>
<tr>
<td></td>
<td>incomplete</td>
<td></td>
</tr>
<tr>
<td>Persons with AIDS</td>
<td>Service gaps, provider</td>
<td>Exclusion from coverage</td>
</tr>
<tr>
<td></td>
<td>fears</td>
<td></td>
</tr>
<tr>
<td>Substance abusers</td>
<td>Fragmented service, cultural insensitivity</td>
<td>Imbalance in financing between public/private</td>
</tr>
</tbody>
</table>

Timing of care

- symptoms occur
- you can get to it
  - missing work
  - transportation
- an authority figure says so
  - parent
  - employer
  - practitioner

Affordability of care

- insurance coverage
- out of pocket expenses for the care
- collateral expenses
  - prescriptions
  - supportive aids
  - assistance
- lost opportunity costs
Uninsured midlife adults

Commonwealth Fund 1999
National Survey of Workers’ Health Insurance

Medicare Recipients with Income ↓$10,000/yr.

Insured, but how?

Center for Studying Health System Change Issue Brief #30

<table>
<thead>
<tr>
<th>Perceived type of plan</th>
<th>Actual plan is HMO</th>
<th>Actual plan is Non-HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO</td>
<td>36%</td>
<td>13%</td>
</tr>
<tr>
<td>Non-HMO</td>
<td>11%</td>
<td>41%</td>
</tr>
</tbody>
</table>

% Dissatisfied

0% 2% 4% 6% 8% 10%

In HMO/Report HMO
Not
Not
Non-HMO/Report Not

Columbia University
School of Nursing
M6920, Fall, 2001
Who are the uninsured?

- Contingent workers
- Part-time workers
- Small/individual businesses
- Early retirees
- High-cost individual insurees
- Un-enrolled Medicare/Medicaid eligibles

Individual insurance costs

- Hypothetical individuals submitted to 19 companies in 8 markets (60 per person)
- Asked to underwrite a policy with $500 deductible and $20 co-pay per office visit
- Response might be
  - "clean offer" = standard coverage and rate
  - coverage with restrictions in a rider
  - coverage at a higher rate
  - refused coverage

Case 1

- 24 yo with hay fever
  - rejected 5 times
  - 46 of 55 limitation
  - range $408-$4,596/ year
Case 2

36yo 10yr post knee repair
- rejected 7 times
- 15 clean offers
- range $588 - $5,112/year

Case 3

48yo 7yr breast CA survivor
- 26 rejections
- 11 clean offers
- range $1,464 - $416,344/year

Case 4

Family (36 yo parents, 10 yo, 12 yo with asthma and Otitis Media)
- 9 offers excluded 12 yo
- many riders/increases
- range $1,692 - $15,444/year
Case 5

- 62 yo overweight smoker
  - rejected 33 times
  - 2 clean offers
  - range $9,936-$20,048/year

Case 6

- 36yo HIV positive
  - rejected 60 times

% Uninsured by race, ethnicity

United Hospital Fund, March, 2000
Comfort with care

- language
  - care through trained translators
  - family translators
- culture
- style
  - formality/informality
  - "charity" attitude

Language barriers

Care which adds to health

- minimize excess access
- increase access to prevention/screening
- fill particular gaps, such as mental health services
Hepatitis B and Hepatoma

- “Attention must be paid. Life must be prolonged”
- All the support and encouragement you can muster:
  - CDC web site: www.cdc.gov
  - WHO web site: www.who.int
  - Hepatitis Central web site: www.hepatitis-central.com
  - American Liver Foundation web site: gi.uscf.edu/alf.html

Infergen®-Consensus Interferon

- Infergen®: has Triple the success rate of Combination therapies in Consensus Interferon Trials
- Testing of Maxamine™ and Infergen®
- Infergen® Package Insert for Patients

Liversupport.com

- You are here because you or someone you care about has a liver disease or concern and you want to learn what you can do about it.
  - What you discover on this site will definitely help you.
  - To begin with, a scientifically-proven nutritional supplement you will read about here is actually prescribed by doctors in Europe.
European physicians routinely prescribe this substance specifically to help protect and support liver function in patients with serious liver concerns (including chronic hepatitis and cirrhosis).

Now, in the USA, you can get the most powerful form of this valuable substance without a doctor’s prescription, and we will tell you how.

Click here to learn more about this safe and powerful liver protector along with other helpful information for liver patients.

www.LiverSupport.com ©

The preceding brought to you by

- Olympus microscopes
- SmithKline Beecham pharmaceuticals
According to CDC analysis

- For treatment of hepatitis C, interferon alone is 7-10% effective
- In combination treatment, persistent effectiveness is at the 15% level.

Access to care by those with significant problems

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Canada</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access unable to see specialist</td>
<td>23%</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Unable to get dx. tests</td>
<td>22%</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>Unable to get care</td>
<td>23%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Poor quality care</td>
<td>34%</td>
<td>20%</td>
<td>14%</td>
</tr>
<tr>
<td>Specialist choice not adequate</td>
<td>16%</td>
<td>27%</td>
<td>16%</td>
</tr>
<tr>
<td>Long wait</td>
<td>20%</td>
<td>34%</td>
<td>26%</td>
</tr>
<tr>
<td>Average wait for appointment</td>
<td>5 days</td>
<td>14 days</td>
<td>4 days</td>
</tr>
<tr>
<td>Time Dr or Nurse spent</td>
<td>25 mins.</td>
<td>15 mins.</td>
<td>15 mins.</td>
</tr>
<tr>
<td>Did not have blood pressure check last year</td>
<td>11%</td>
<td>17%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Ways to achieve a policy outcome

- State preference and hope?
- Legal requirements/sanctions
  - Economic sanctions
  - Business sanctions Contractual incentives
- Contractual commitments
  - Pay if you do
  - Withhold pay if you don’t
Potential actions

- Provider Standards
- Fee for service
- License requirements
- Capitation contracts
- Penalty for failure to meet goals
- Patient education
- Reduced rates for response
- Reduced co-pays or deductible
- Material rewards for participation

Actions to increase access

- Financial access
  - expansion of Medicaid
    - Oregon Plan
    - Raising limits for prenatal to 300% (1990)
  - COBRA (1987)
  - Medical Savings Accounts (1996)
  - CHIP (1997)

CHIP plans by state

- Red: separate plan
- Yellow: Medicaid
- Turquoise: Combined
### Negative impact of welfare reform

- In 1995, 88% of poor children received food stamps.
- Medicaid and food stamp eligibility have not changed with welfare reform.
- In 1998, 70% of poor children received food stamps.

### Increasing access, cont.

#### geography
- Hill Burton Hospitals

#### geography/finances
- OEO Neighborhood health centers
- 330 Migrant Community Health Centers
- Community mental health centers

### Increasing access, cont.

#### geography/culture
- 330 neighborhood board approach
- "community health workers"--IHS
- requirements for translation services

#### disability
- Handicapped access laws
- Americans with Disabilities Act
### Average Hours in Charity Care in Previous Month

<table>
<thead>
<tr>
<th>% Revenue from Managed Care</th>
<th>0%</th>
<th>1-20%</th>
<th>21-40%</th>
<th>41-60%</th>
<th>61-84%</th>
<th>&gt;85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
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<td>18</td>
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<td>3</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
</tr>
</tbody>
</table>

### Changes in charity care

**Center for Studying Health System Change**

<table>
<thead>
<tr>
<th>% providing</th>
<th>Average hours/mo.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996-97</td>
<td>76% 11.1</td>
</tr>
<tr>
<td>1998-99</td>
<td>72% 10.6</td>
</tr>
<tr>
<td>Change</td>
<td>-4%** -0.5 hrs*</td>
</tr>
</tbody>
</table>

* p not significant  
**P significant at <.001

### Managed care for uninsured*

*Center for Studying Health System Change Issue Brief #25 (Jan, 2000)
**HIPPA**

- Made insurance portable from one job to another
- Limited use of 'pre-existing conditions'
- Limits exclusions to conditions or treatments, if done uniformly
- Cannot deny or charge more based on
  - health status
  - medical history
  - medical condition
  - claims experience
  - receipt of health care
  - genetic information
  - evidence of uninsurability
  - disability

**Programs for the uninsured**

- Boston HealthNet & Network Health
- Hospitalization, OP, ER, dental, vision, MH, pharmacy
- Below 200% poverty get free
- Enrollment 73,000
- $ from state uncompensated care pool
- Providers paid fee for service

**Uninsured, cont.**

- Wishard Advantage, Indianapolis
- Hospitalization, OP, ER, pharmacy, MH
- Free below 150% FPL; shared up to 200% FPL
- Enrollment 20,000
- $56 Million city/county property tax
- Primary care capitated $15/mo
Uninsured, cont.

- Ingham Health Plan, Lansing, Mich
- OP, pharmacy
- Free below 100% FPL; share to 250%
- Enrollment 8,500
- $3.5 Million from state, Medicaid, county tax
- Providers fully capitated $24/mo

Issues for the elderly

- 50% of those over 85 need assistance
- Care often includes non-health components such as housing
- Existing finance mechanisms not designed with these issues in mind

Use of assisted living

- 75% Female
- Average age: F 84.5 M 82.5
- Physical condition
- Cognitive impairment
- Wheelchair
- Daily incontinence
- 75% Female
- Average age: F 84.5 M 82.5
- Physical condition
- Cognitive impairment
- Wheelchair
- Daily incontinence
Practitioners decide, not patients

- Older women with localized breast cancer have a choice
  - Breast-conserving surgery
  - Mastectomy
- BCS used where
  - highest BCS fees (9x as likely)
  - belief in patient participation (6x)
- MST favored by male surgeons

Mandelblatt et al., Medical Care 39:3 (228-242)

The particular role of public hospitals*

- Inclusivity
- Continuity
- Responsiveness
- Visibility

*Opdyke, Sandra 1999. No one was turned away: the role of public hospitals in New York City since 1900. New York: Oxford University Press

Decreasing inappropriate access

- shift out of emergency rooms
- monitoring of high-tech procedures to limit over-use
- control of ownership of facilities/ equipment
- information about alternative approaches

Columbia University School of Nursing M6920, Fall, 2001
Use of NYC emergency departments, 1998

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-emergent</td>
<td>42%</td>
</tr>
<tr>
<td>Emergent/Primary Care</td>
<td>19%</td>
</tr>
<tr>
<td>Emergent/ED Care/Avoidable</td>
<td>7%</td>
</tr>
<tr>
<td>Emergent/ED Care/Non-avoidable</td>
<td>32%</td>
</tr>
</tbody>
</table>

Billings et al., Emergency Dept. Use: the NY Story: Commonwealth Fund: Nov. 2000

Attempted use of planning

- Comprehensive health planning
- HSA/SHCC/SHPDA
- Certificate of Need
- Push to managed plans or managed competition