



Access to Care



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Learning Objectives

- ▶ The participant will be able to:
 - Explain access to care and potential barriers.
 - Describe how health equity impacts access.
 - Identify at least three social determinants of health related to how they impact access.
 - Identify opportunities to improve access.



Access to Care

Access to healthcare means having “the timely use of personal health services to achieve the best health outcomes.”

(IOM, 1993)

Attaining good access to care requires three discrete steps:

1. Gaining entry into the healthcare system
2. Getting access to sites
3. Finding providers



How Access to Care Is Measured

Ease of access to healthcare

Presence or absence of specific resources for healthcare

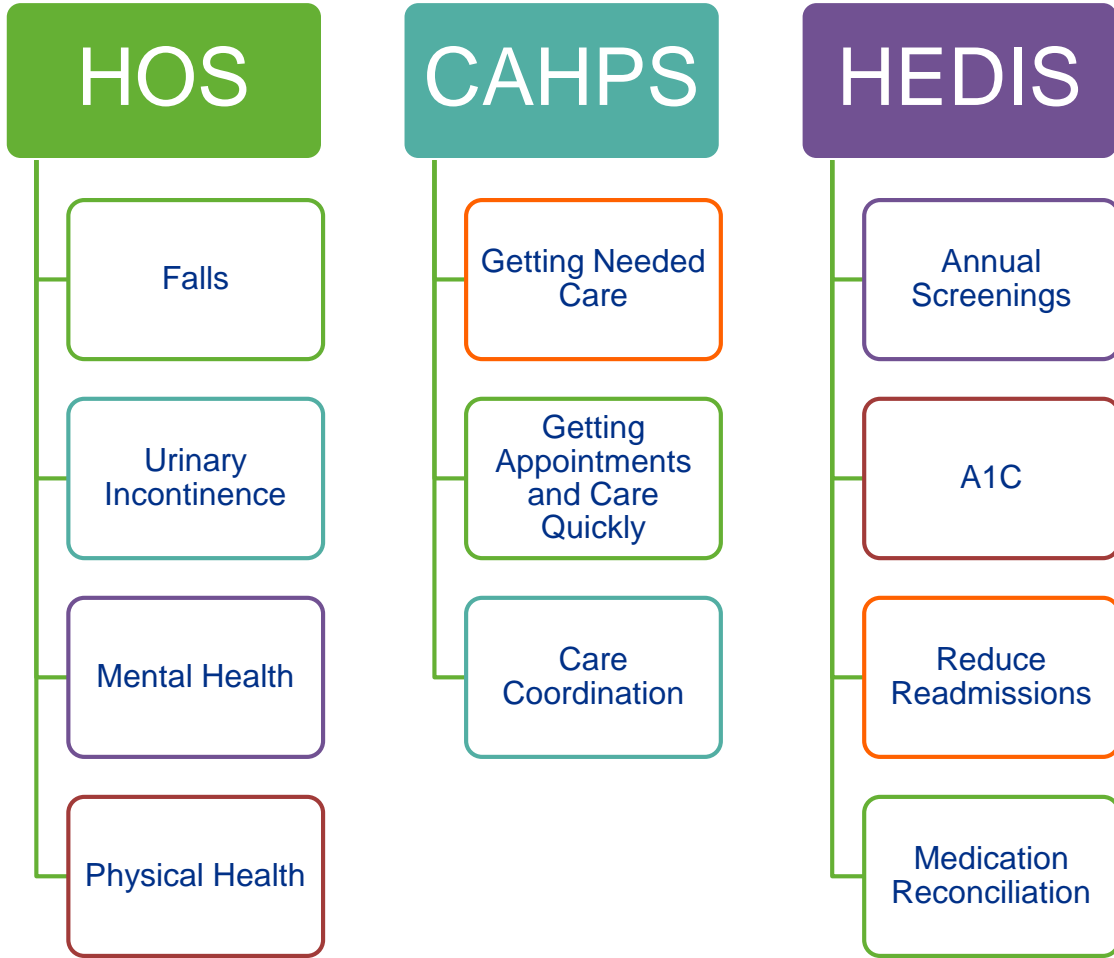
Health insurance or a usual source of care

Outcome measures related to access to care

Receiving needed care



Access to Care Impacts Outcomes/Measures





Patient Activation





Cultural Competence and Access

Cultural competence - Ability to effectively deliver **healthcare** services that meet the social, **ethnic/cultural** and linguistic needs of patients

Cultural competence is needed to provide **care** to patients with diverse values, beliefs and behaviors

Culturally competent healthcare improves patient access leading to improved health outcomes, increased respect and mutual understanding from patients and increased participation from the local community



Barriers to Access to Care - Patient

- ▶ Doctors' lack of responsiveness to patient concerns
 - Other factors include:
 - Costs
 - Transportation
 - Safety
 - Low income/socioeconomic factors
 - Age
 - Gender
 - Health literacy
 - Lack of trust
 - Activation into own healthcare

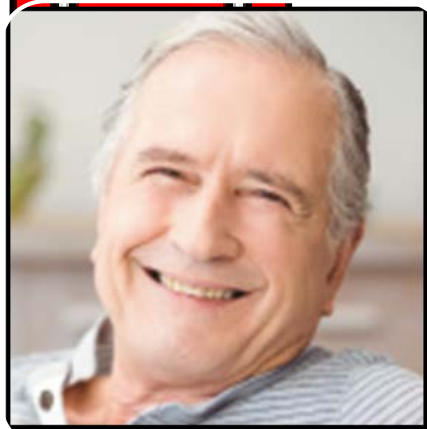
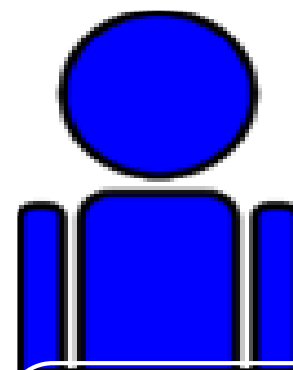
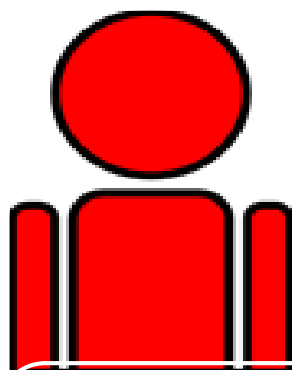


Barriers to Access to Care - Office

- ▶ Basics
 - Supply (how many available appointments)
 - Demand (how many patients needing appointments)
 - Capacity
- ▶ Inefficient design
- ▶ Poor Execution
- ▶ Confusing processes
- ▶ Communication – lack of understanding of patients' needs
- ▶ Time



Access to Care – The Journey




Rob



Earl



Lijuan



Rob

Age:	67
Gender:	Male
Primary language:	English
Education:	Graduate school
Occupation:	Retired lawyer; still consults part time
Transportation:	Drives a car
Housing:	Owns four-bedroom suburban home
Lives with:	Spouse
Medical Coverage:	PPO insurance
Communication:	Phone, text, email, patient portal, mail
Additional Health Issues:	Insulin dependent, mild arthritis, neuropathy, severe blood sugar swings



Earl

Age:	73
Gender:	Male
Primary language:	English
Education:	GED
Occupation:	Army veteran, retired factory worker
Transportation:	Public transportation
Housing:	No permanent address (unknown)
Lives with:	Friends or family, when possible
Medical Coverage:	VA
Communication:	None (no permanent residence or phone)
Additional Health Issues:	Diabetic retinopathy, frequently misses appointments, medication adherence issues, suffers from PTSD

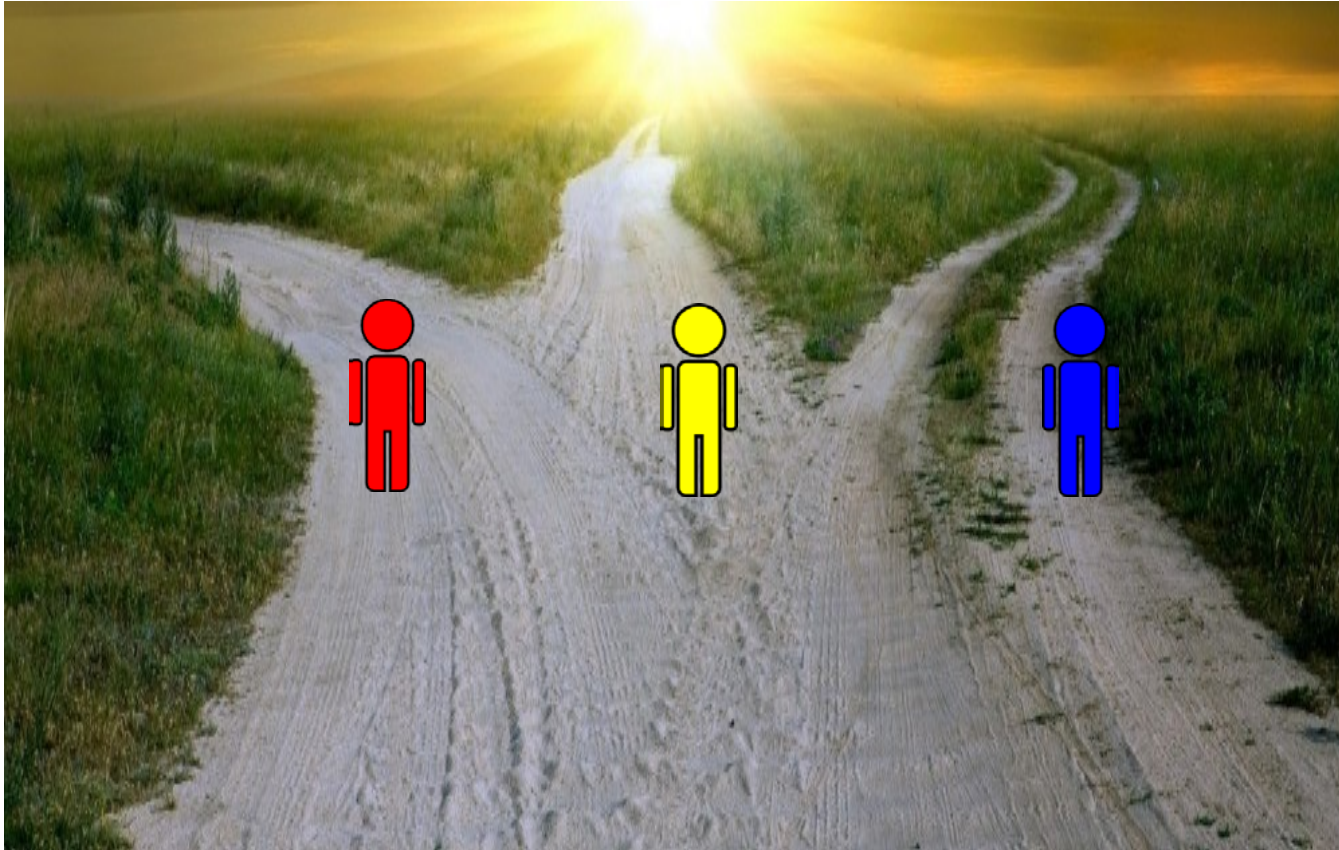


Lijuan

Age:	90
Gender:	Female
Primary language:	Chinese; speaks some English but can't read it
Education:	Grade school
Occupation:	Housewife/mother
Transportation:	Relies on family
Housing:	One-bedroom urban apartment
Lives with:	Daughter, son-in-law
Medical Coverage:	Medi-Medi
Communications:	Phone (through caregiver), mail
Additional Health Issues:	Hearing impairment, left foot amputee, vision impairment

Remember Who You Are

- ▶ Your journey will begin soon.

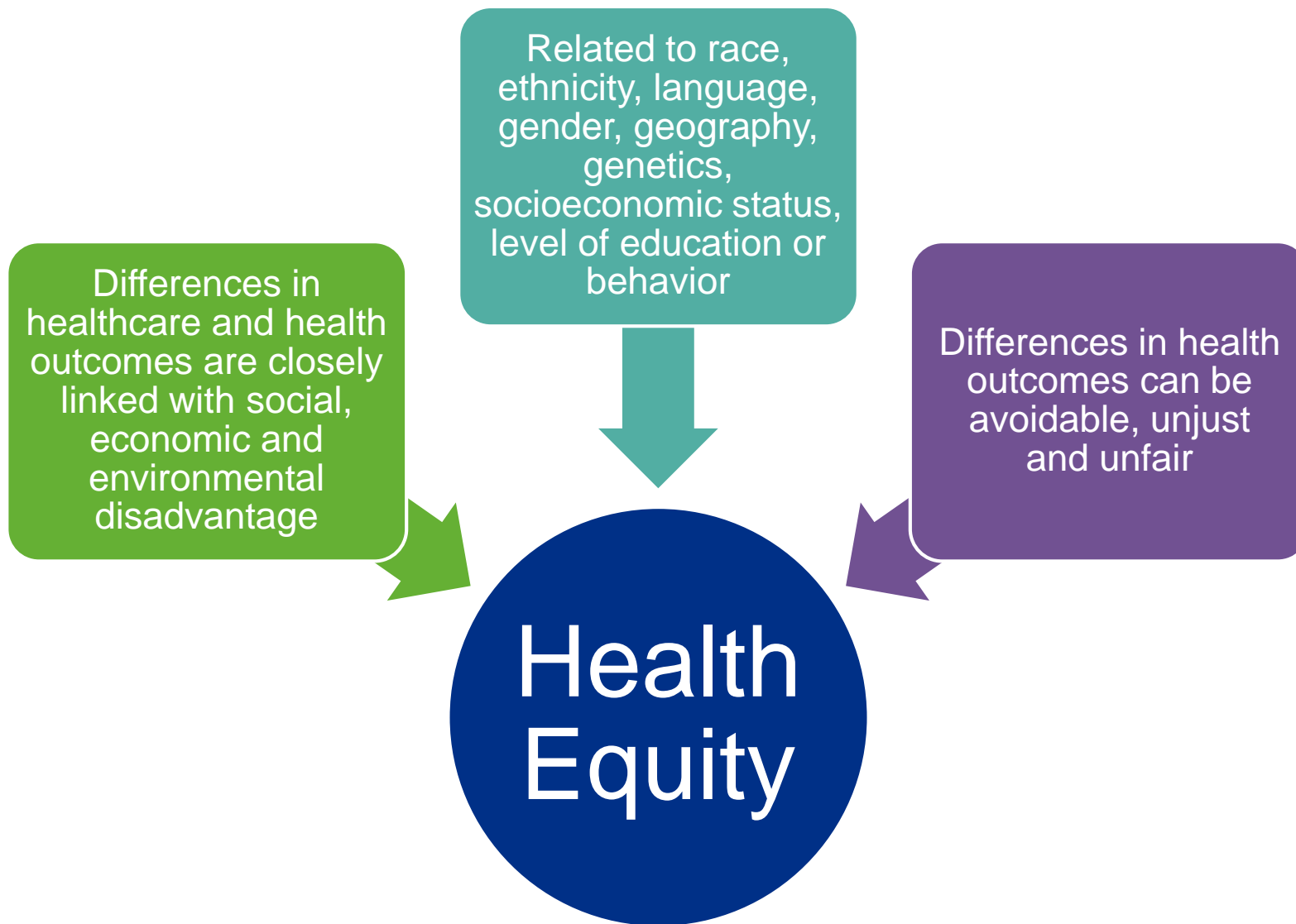




Health Equity

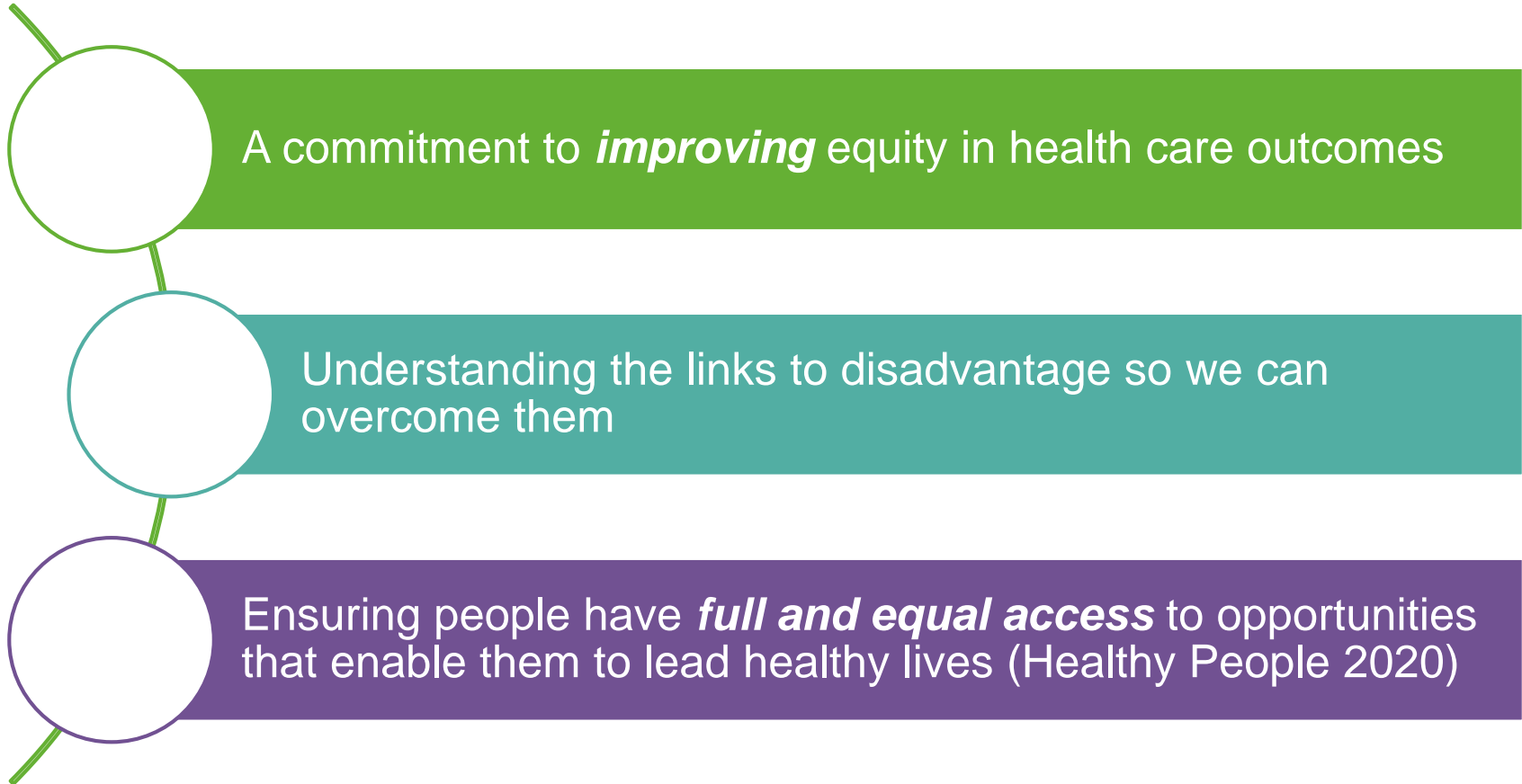
“... means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.”

Robert Wood Johnson Foundation (RWJF)



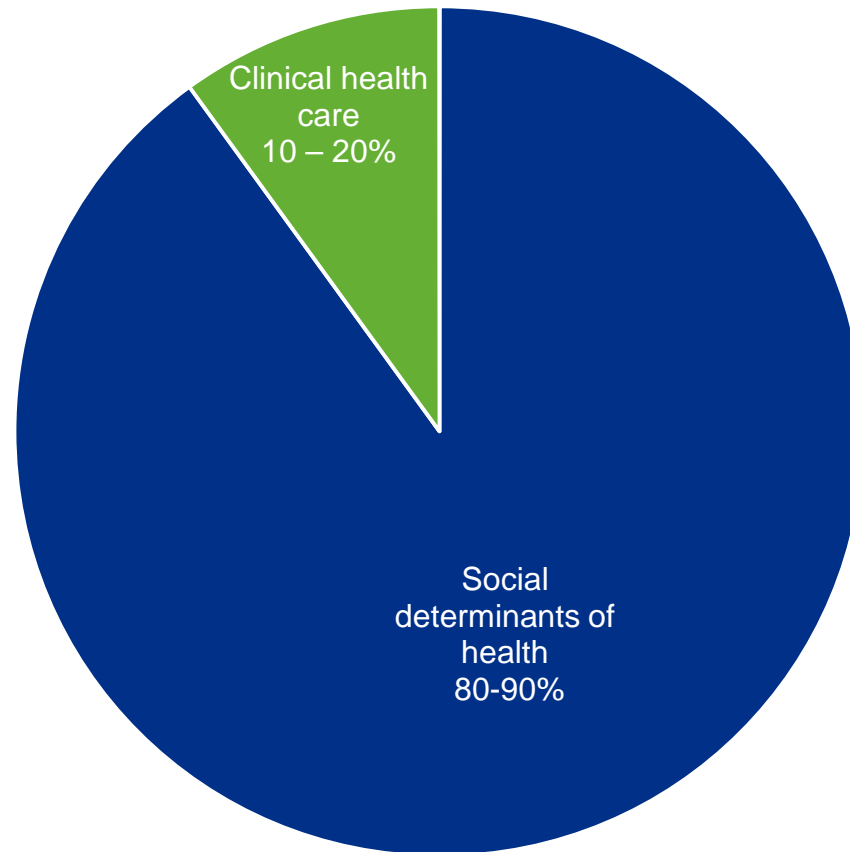


Working on health equity means:





Social Determinants of Health



■ social determinants ■ clinical health care

Source: County Health Rankings & Roadmaps 2015

Social Determinants of Health

- Employment
- Income
- Expenses
- Debt
- Medical Bills
- Support

Economic Stability



- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- ZIP code/geography

Neighborhood and Physical Environment



- Hunger
- Access to healthy options
- Knowledge and/or access to community food banks

Food



- Social Integration
- Support systems
- Community engagement
- Discrimination
- Stress

Community and Social Context



- Literacy
- Language
- Early childhood
- Education
- Vocational training
- Higher education

Education



- Health coverage
- Provider availability
- Provider linguistic and cultural competency
- Access to high-quality care

Healthcare System

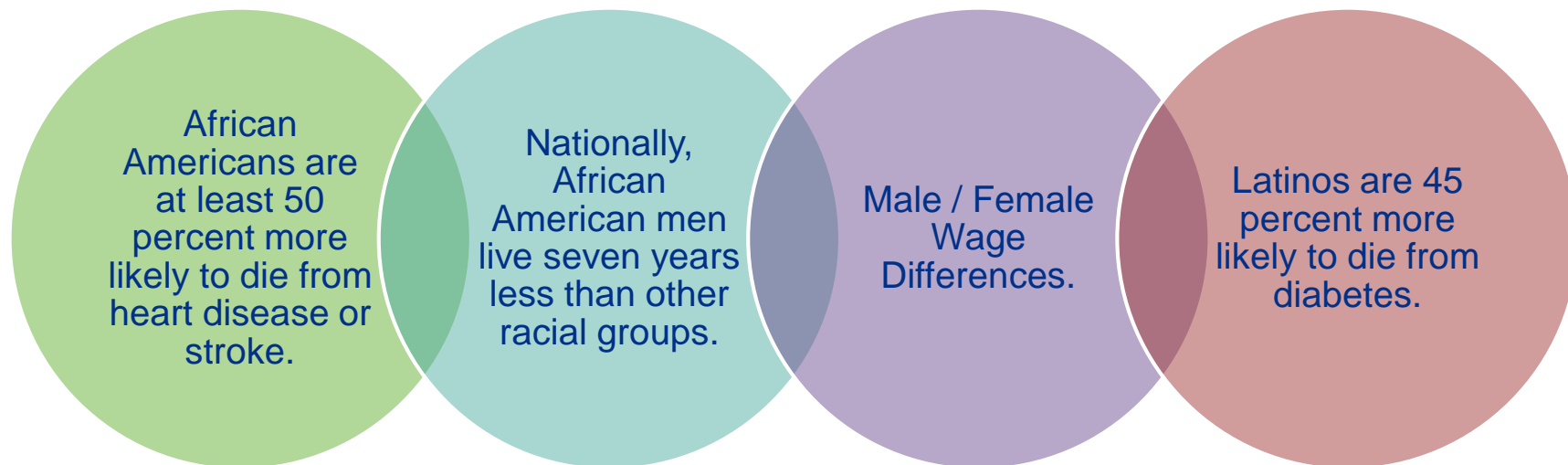


- Access to digital media
- Access to cell phones, internet and computers
- Digital literacy

Digital

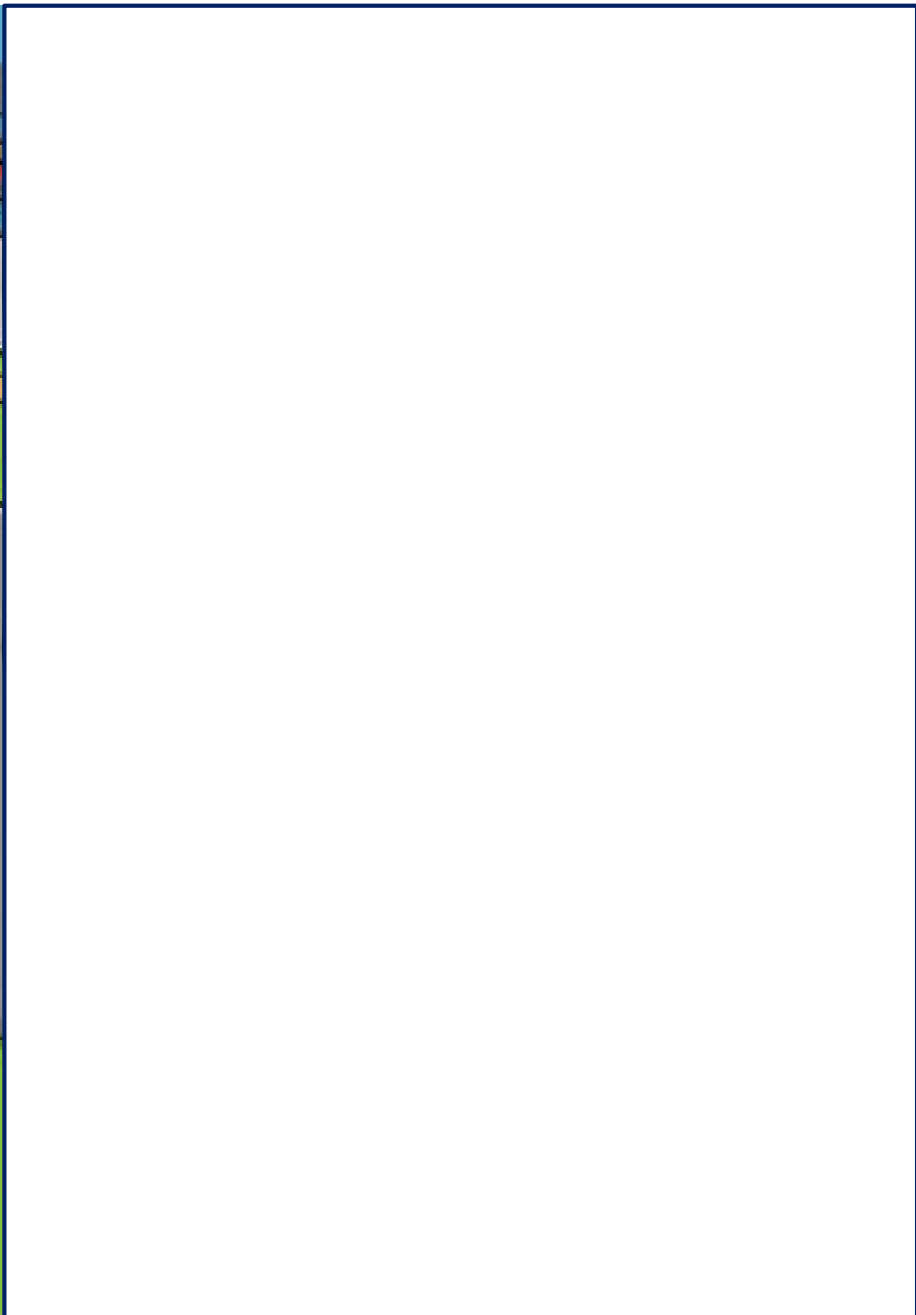


Why Is Health Equity Important?



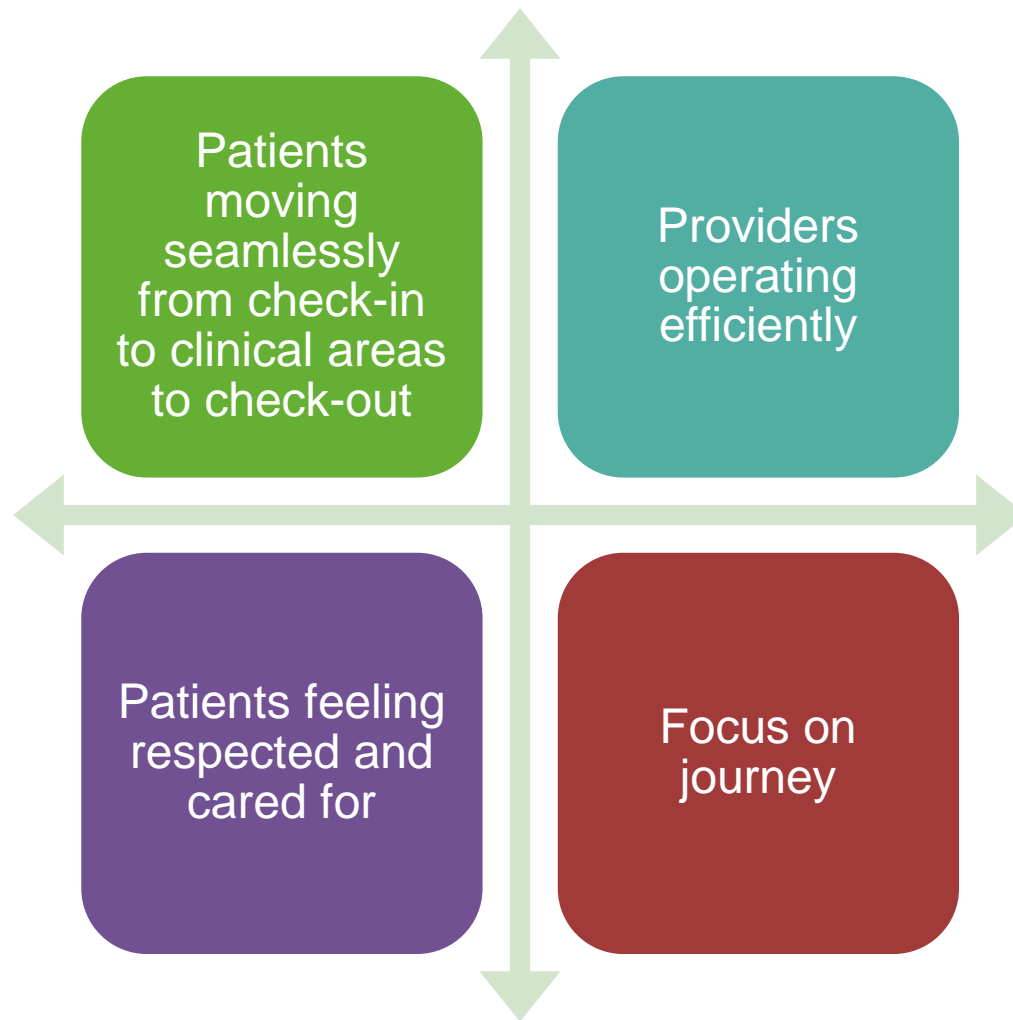
► It impacts:

- Health
- Health outcomes
- Longevity and quality of live
- Ability to live healthy & independent lives





The Complete Patient Experience



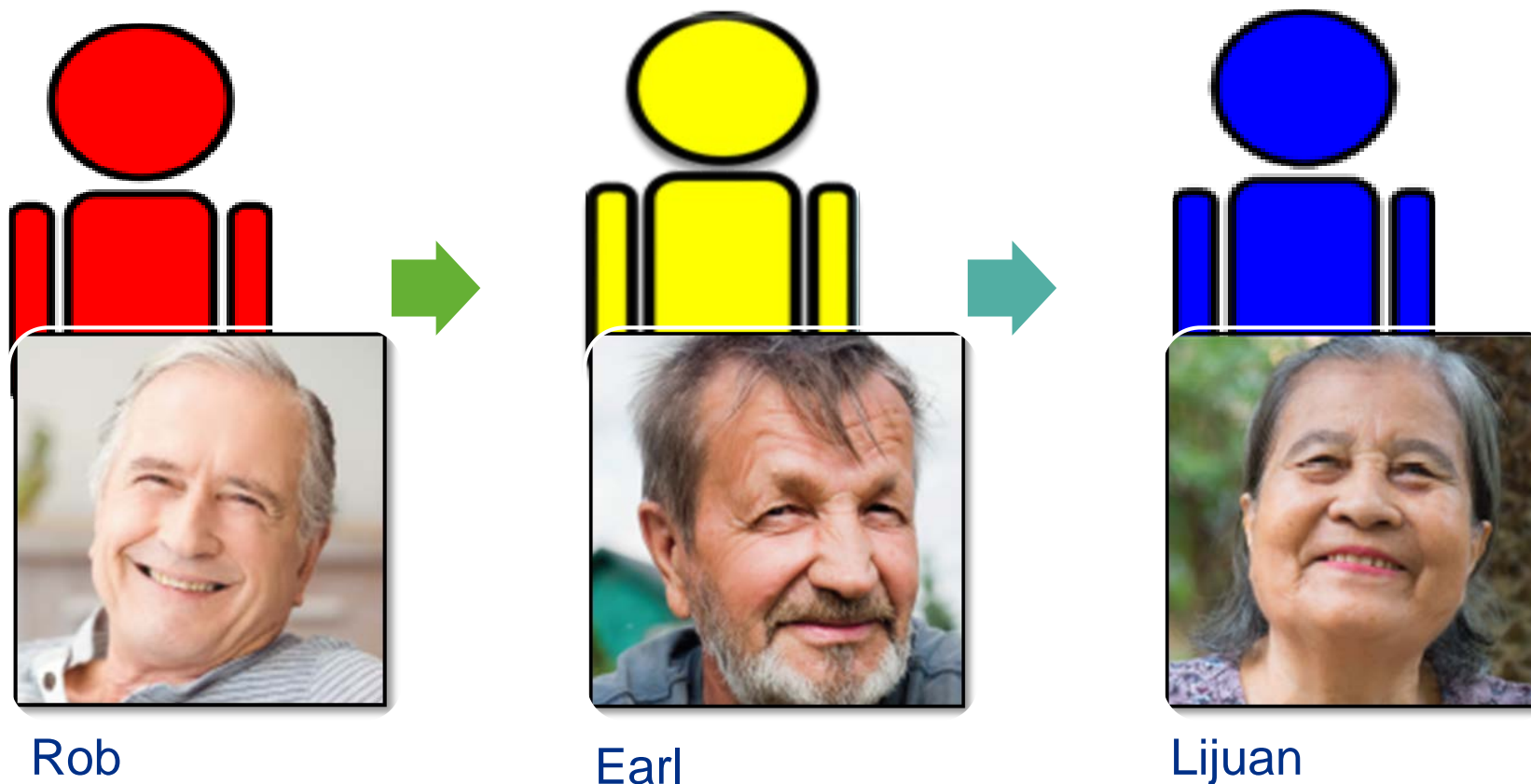



Access to Care

No Journey Is the Same



Remember Who You Are... The Journey







Rob

Age:	67
Gender:	Male
Primary language:	English
Education:	Graduate school
Occupation:	Retired lawyer; still consults part time
Transportation:	Drives a car
Housing:	Owns four-bedroom suburban home
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Medical Coverage:	PPO insurance
Communication:	Phone, text, email, patient portal, mail
Additional Health Issues:	Insulin dependent, mild arthritis, neuropathy, severe blood sugar swings

Rob - Your Journey Begins at Discharge

- ▶ Things to do after discharge:
 - Transportation home from the hospital
 - Fill prescriptions
 - PCP follow up
 - Appointment with specialist

Discharge Date:			Admission Date:		
Diagnosis					
Diabetes Mellitus					
 Important things To Do					
To Do	Provider	Specialty - Location - Phone		Date and Time	or Interval
<input type="checkbox"/>	Im a Ketone, M.D.	Diabetes – 123 Scan Blvd. Suite 100 Long Beach, CA 90806 (123) 465-7890			Call now for appointment
 Diabetes Management					
You have Diabetes Type 2					
Diabetes is a condition in which the amount of glucose in the blood-called blood sugar-is too high. A main goal of managing your diabetes is controlling your blood sugar. By following these instructions you can learn how to control your blood sugar and delay or prevent complications.					
Insulin					
Insulin 70/30		5 Units SQ	30-45 minutes Before Breakfast		
Insulin 70/30		5 Units SQ	30-45 minutes Before Dinner		
Checking Your Blood Sugar					
You should test your blood before taking your insulin and/or your diabetes pills and before eating. Write your blood sugar results in your diary. Bring the diary with you to your doctor appointments.					
Goals for blood sugar: Before meals: 80-120 After meals (2 hours after eating): 140-180 Before bedtime**: 100-140					
**If your before bedtime blood sugar is less than 100, then eat a snack (1 glass milk or half a Sandwich)					
If you have any questions or problems with your glucose meter, call the 1-800 number on the machine for advice.					

Rob - Medication



Medication Adherence

- ▶ Rob is not clear at first so he asks the pharmacist for clarification.
 - Two pills in the morning.
 - Two pills in the evening.
- ▶ He'll call the pharmacy or doctor if he has questions or any side effects.



Rob - PCP Follow-Up Appointment

Office Experience

Appointment

Treatment

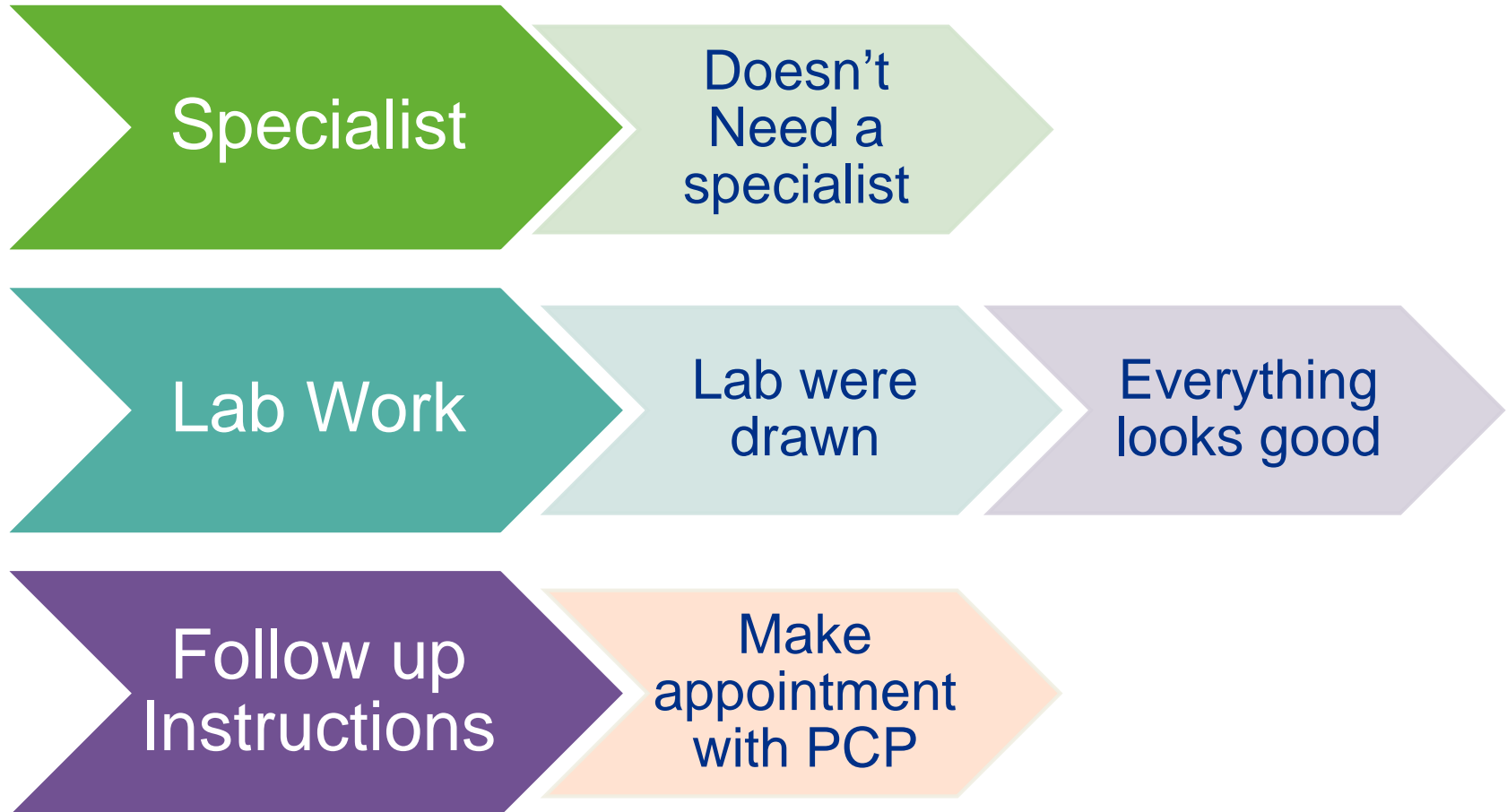
Patient
Activation/
Adherence

Referral to Specialist

Get labs taken in three weeks



Rob – Specialist





Earl

Age:	73
Gender:	Male
Primary language:	English
Education:	GED
Occupation:	Army veteran, retired factory worker
Transportation:	Public transportation
Housing:	No permanent address (unknown)
Lives with:	Friends or family, when possible
Medical Coverage:	VA
Communication:	None (no permanent residence or phone)
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Earl - Your Journey Begins at Discharge

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Things to do after discharge:

- Noitatropsnart home from the hospital
- Fill snoitpirscerp
- PCP follow up
- Tnemtnioppa with tsilaiceps



Transportation



Earl - Medication



Medication Adherence

- ▶ Earl doesn't understand but does not want to admit it so he does not ask any questions.
- ▶ He takes two tablets a day for a about two weeks, missing a few doses here and there.
- ▶ He takes both pills in the morning because it is easier to remember.
- ▶ After two weeks, he forgets to take any more.



Transportation





Earl- PCP Follow Up Appointment

Office Experience

Appointment

Treatment

Patient
Activation/
Adherence

Specialists

Planned to call from a friend's
house, but forgot



Limbo





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Lijuan - Your Journey Begins at Discharge

- ▶ Signum te eu liber respectum :
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 - Elit praeiudicatum
 - MUS Sancti Ab
 - Instrumentu odit Intulerunt

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Insulin				
Insulin 70/30	5 Units SQ	32-79 troiano	Veniam Breakfast	
Insulin 70/30	5 Units SQ	32-79 troiano	Veniam Dinner	
Checking Your Blood Sugar				
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translation SERVICES

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Lijuan - Your Journey Begins at Discharge

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Transportation - Family



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Medication



Medication Adherence

- ▶ Daughter is in a rush so she doesn't talk to the pharmacist.
- ▶ She gives Lijuan two pills a day.
 - One in the morning.
 - One in evening.



Transportation - Family





PCP Follow Up Appointment

Office Experience

Appointment

Treatment

Patient
Activation /
Adherence

Specialist

Labs

Vision

Hearing

DME



Transportation - Family

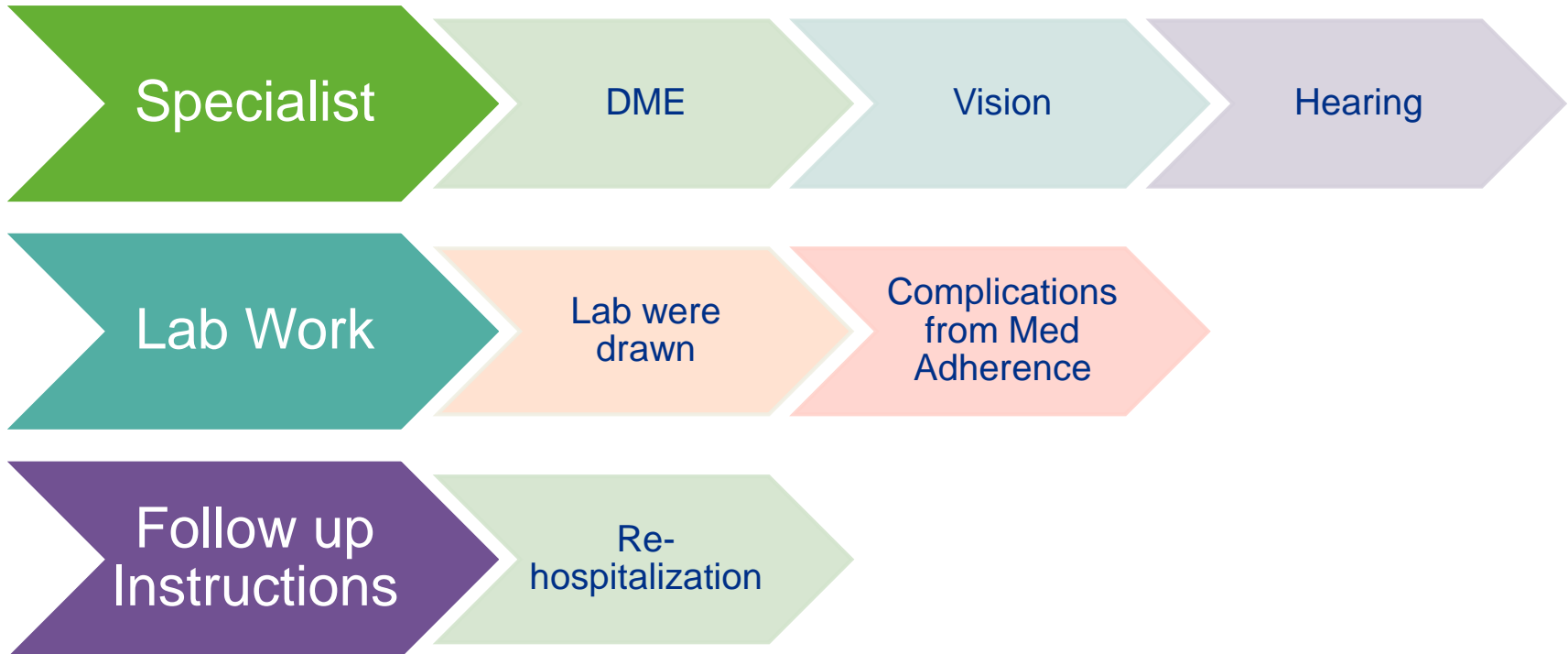


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Specialist





Discussion





Opportunities to Improve Access - Appointments

Chronic care management appointments

Extend appointment time for seniors, or other patients with SDOH that impact access

Geographic considerations for future appointments.

- Transportation
- Direct referrals



Opportunities to Improve Access - Communication

Provide clear instructions, both verbal and written.

Highlight and prioritize information.

Provide patient education in patients' language.

Use sixth to eight grade reading level or below.

Use interpreter/translation services (free benefit from SCAN).

Avoid use of family translation.



Opportunities to Improve Access – General



What are your thoughts?



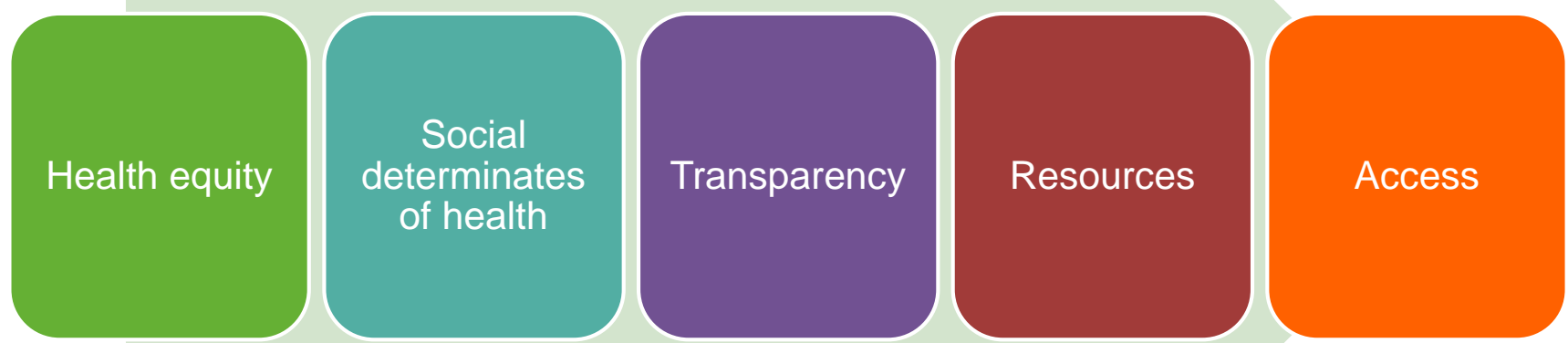


What Can I Do? Post It





Call to Action



How does access connect with HEDIS, HOS and CAHPS?

What can we do to level set seniors' expectations of good health?