

# Access to Healthcare

PRS535D

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# Access to Healthcare

- ◆ **Overarching Question:**

- ◆ “What are the barriers to using healthcare as a professional working student when seeking preventative care?”

- ◆ **Process:**

- ◆ Each team member contributed ideas and questions were discussed until agreement was reached.
- ◆ The team drafted the narrative for each question, and requested external peer review.
- ◆ Peer review comments were discussed and incorporated.
- ◆ Once consensus was reached, material was condensed and deliverable was finalized.

- ◆ **Throughout the process, we asked ourselves:**

- ◆ Are we asking the right questions?
- ◆ Is the question be appropriate for the target audience?
- ◆ How should the the question be worded and designed to reach the desired outcome?

- ◆ **Analysis:**

- ◆ Epi Info Version 7 was used to look at four key access to healthcare questions.

# Preventative Services

- ◆ **Have you utilized your preventive benefits in the past 12 months? Preventative Services are services covered by most health plans at no cost. Examples of these include services such as immunizations, cholesterol screening, diabetes (type 2) screening, mammography screening, and pap smears, etc.**

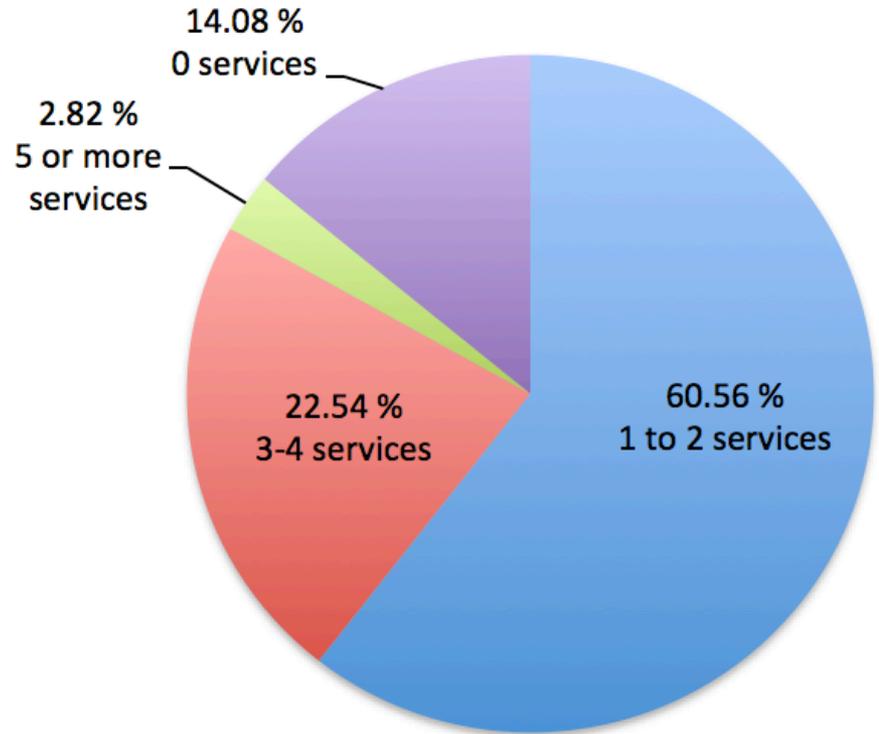
*(1) Yes: 1-2 services; (2) Yes: 3-4 services;*

*(3) Yes: 5 or more services; and (4) No: services not utilized.*

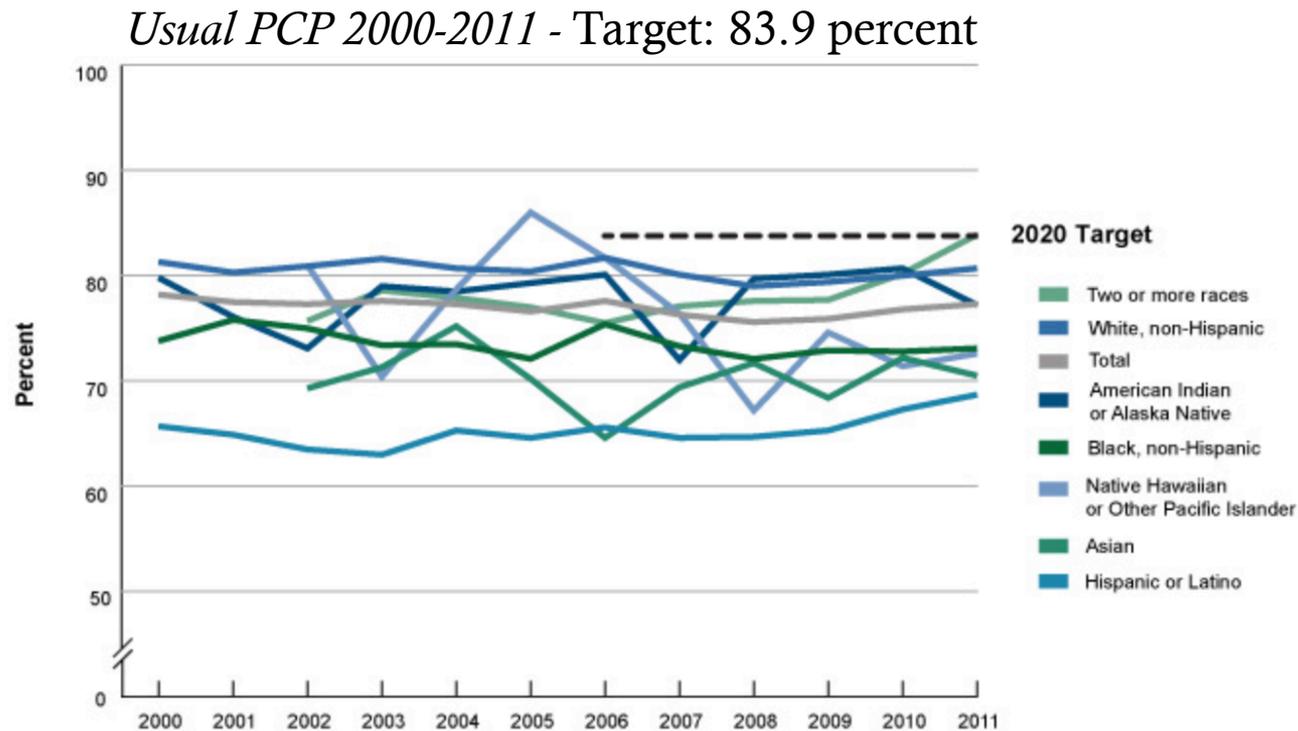
- ◆ “Research has shown that evidence-based preventive services can save lives and improve health by identifying illnesses earlier, managing them more effectively, and treating them before they develop into more complicated, debilitating conditions, and that some services are also cost-effective” (Kaiser).

# Preventative Services Utilization

**Total utilization of  
Preventative Services:**



# National Benchmark – HP2020 Goal: Increase the proportion of persons with a usual primary care provider



“The proportion of persons who had a usual primary care provider decreased 1.2% between 2000 and 2011, from 78.2% to 77.3%, although this change was not statistically significant. Rates varied by race and ethnicity.”

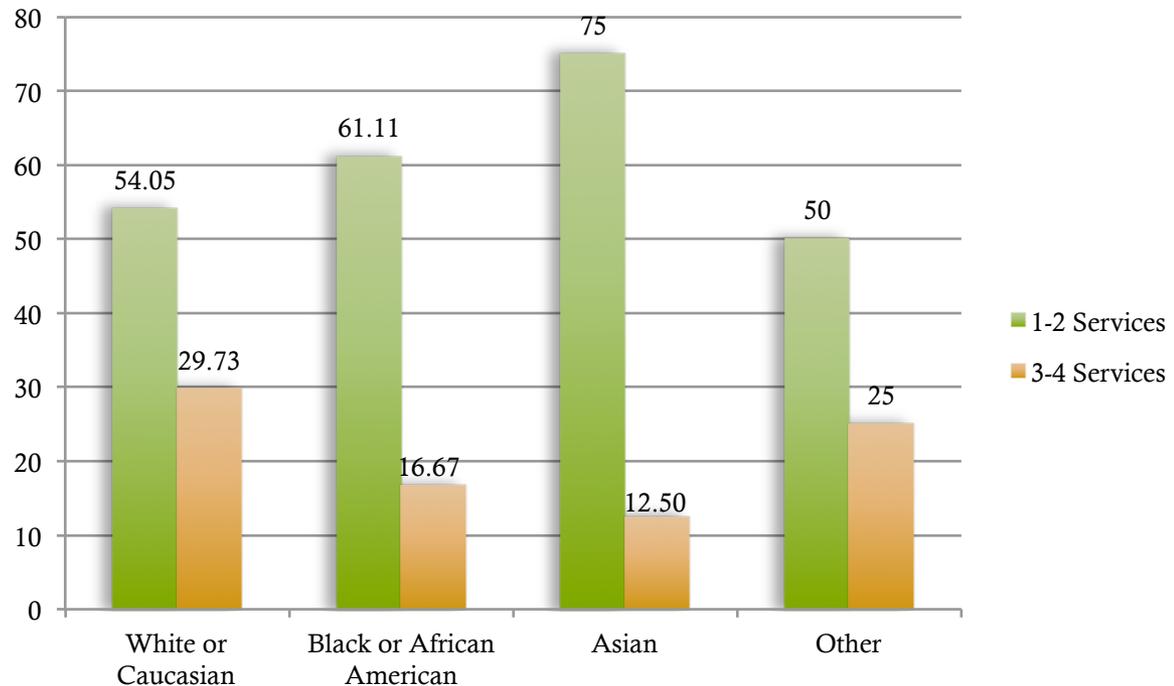
# Preventative Services and Access to Healthcare

- ◆ Consistent primary care provider *does not have a strong effect* on utilization of preventative services.
  - ◆ A very high proportion of the respondents, at 69.01%, have a consistent PCP.
  - ◆ However, 60% of those that did not utilize preventative services also have a consistent PCP.
- ◆ Delay in services is *not associated* with utilization of preventative services.
  - ◆ Of those that delayed medical care 91.18 utilized preventative services.

# Preventative Services and Race

- Limited differences between race categories in utilization of 1-2 and 3-4.
- Only respondents that identified as African American responded to “5 or more services.”
- This accounts for 11% of respondents that identify as African American and 100% of the 5 or more category.

**Utilization of Preventative Services by Race**

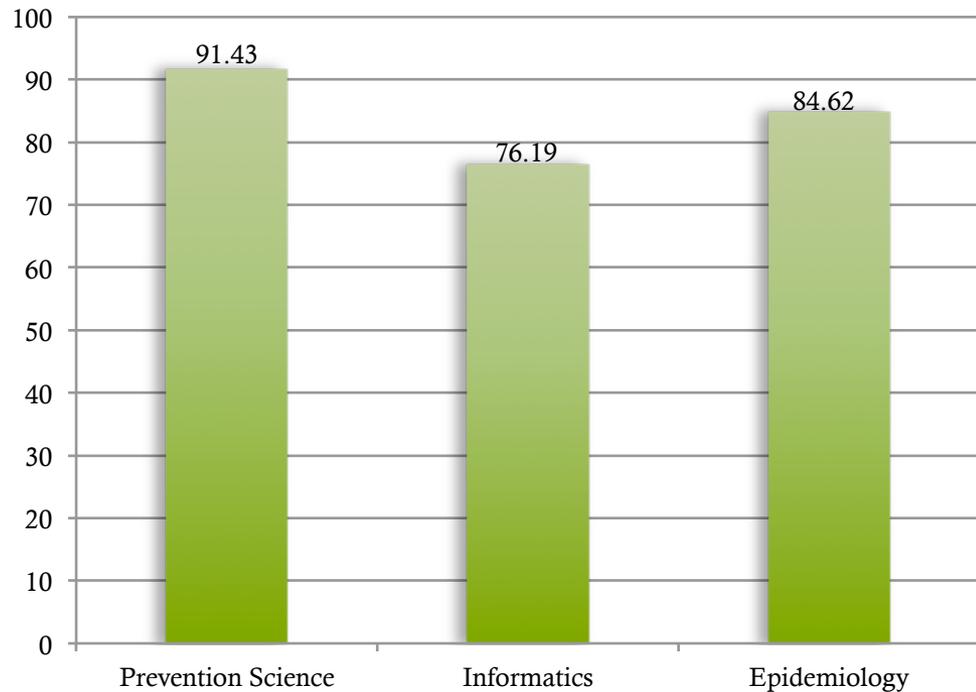


# Preventative Services and Education

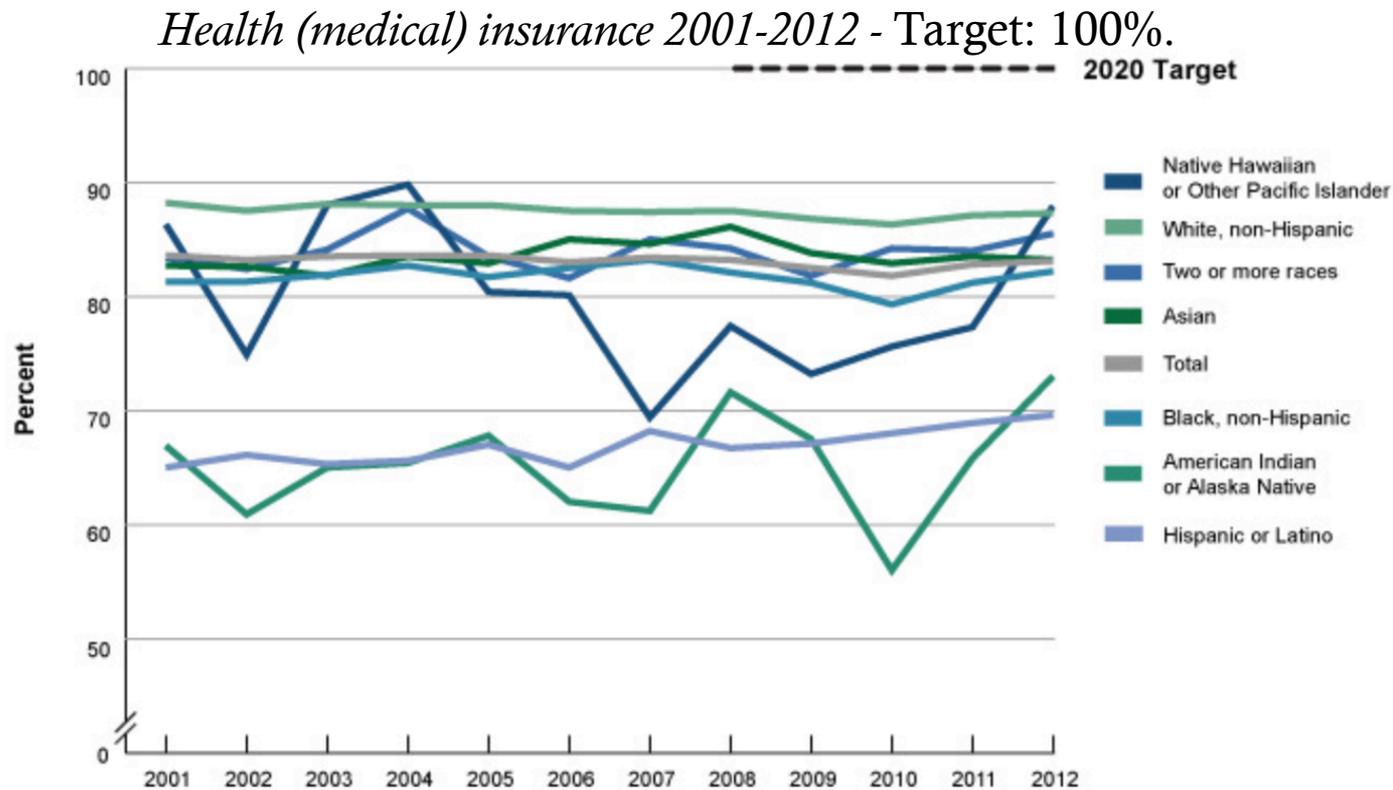
## Degree and Utilization of Services:

- Those with a Master's degree were more likely to access services.
- Of the sample that has a Bachelor's degree, 51.22 accessed 1-2 services.
- Of the sample that has a Master's degree, 83.33% accessed 1-2 services.
- Of the sample with a doctoral degree, 65% accessed 1-2 services.

1-2 Preventative Services by Degree Type :



# National Benchmark – HP2020 Goal: “Increase the proportion of persons with health insurance”



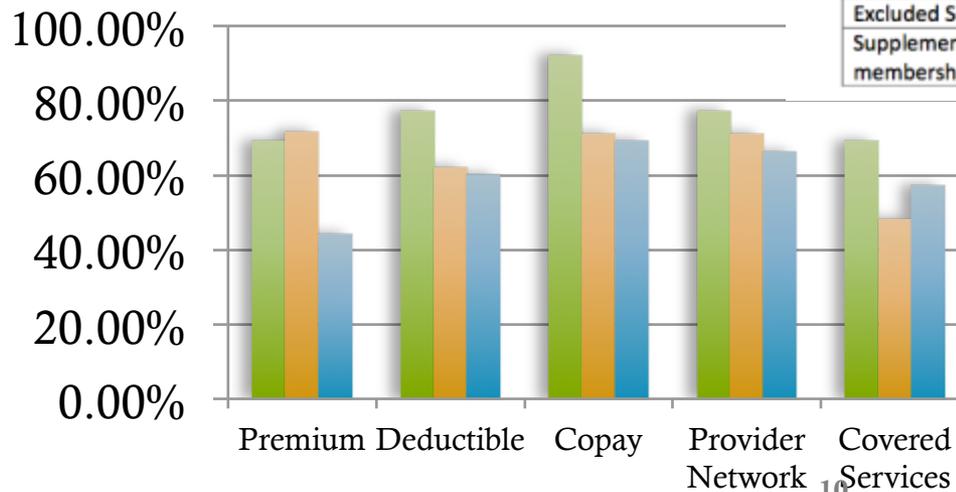
“The proportion of persons under age 65 who had health (medical) insurance decreased 0.6% between 2001 and 2012, from 83.6% to 83.1%, although this change was not statistically significant. Insurance coverage varied by race and ethnicity.”

# Knowledge of Benefits Among Majors

- Analysis: Of those who responded, the following percentiles represent those with a “Good – Excellent” understanding of the various factors as they pertain to their insurance plan.

#### 4. How would you describe your understanding of the factors listed below as they pertain to your particular insurance plan? (Please check the appropriate circle for each factor)

	Poor	Fair	Moderate	Good	Excellent
Premium <a href="#">HC_PREMIUM</a>	1	2	3	4	5
Deductible <a href="#">HC_DED</a>	1	2	3	4	5
Copay <a href="#">HC_COPAY</a>	1	2	3	4	5
Coinsurance <a href="#">HC_COINS</a>	1	2	3	4	5
Maximum Annual Out-of-pocket Spending <a href="#">HC_MAX</a>	1	2	3	4	5
Provider Network <a href="#">HC_NETW</a>	1	2	3	4	5
Covered Services <a href="#">HC_SERVS</a>	1	2	3	4	5
Annual Limits on Services <a href="#">HC_LIMIT</a>	1	2	3	4	5
Excluded Services <a href="#">HC_EXC</a>	1	2	3	4	5
Supplemental Services (gym memberships, discounts, etc.) <a href="#">HC_SUPP</a>	1	2	3	4	5

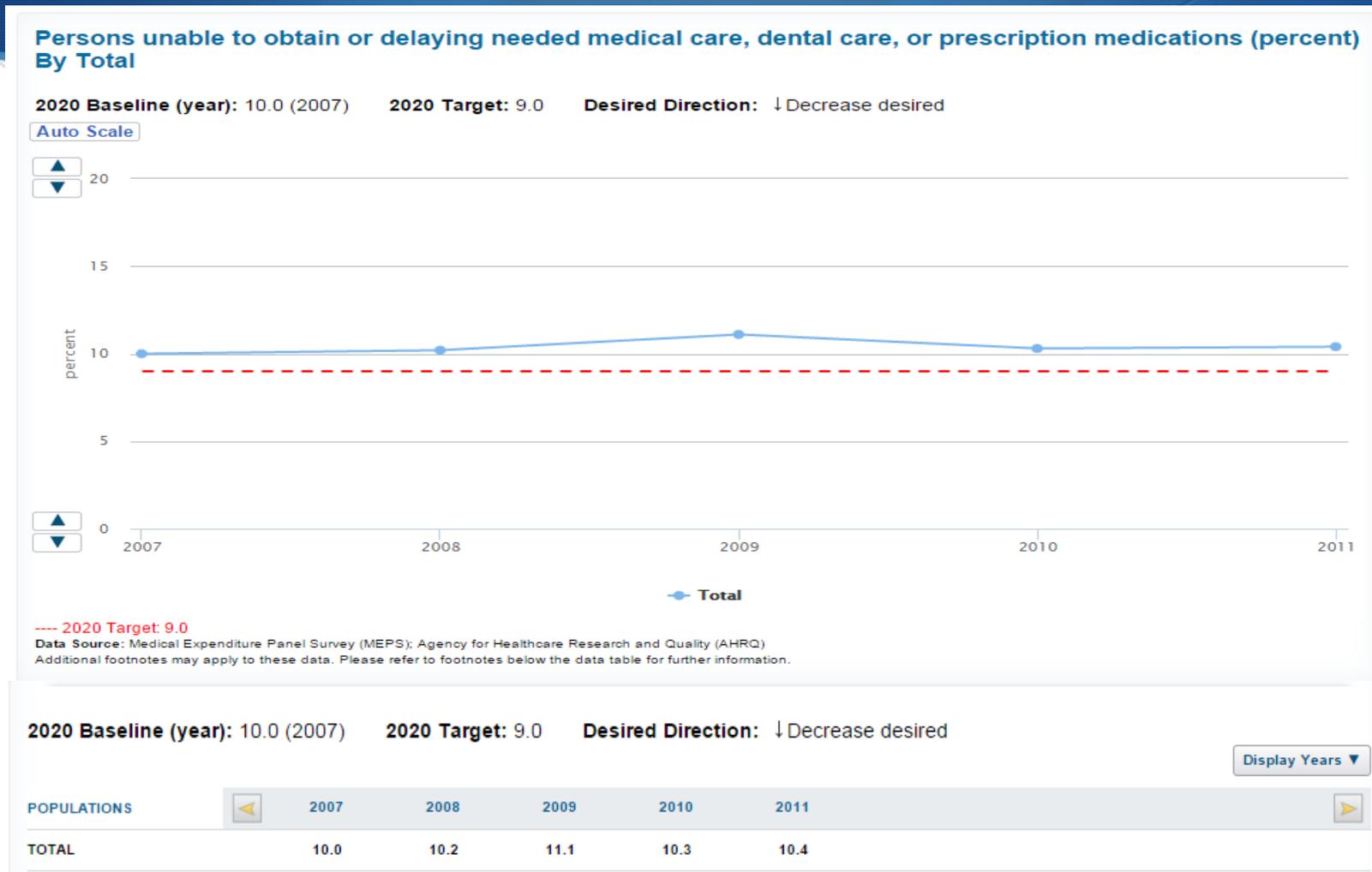


- Epidemiology
- Informatics
- Prevention Science

# Understanding of Benefits and Preventative Services

- ◆ Hypothesized those with moderate to excellent understanding of *covered services* are more likely to access services than those in poor to fair category.
- ◆ Similar proportion across the range of poor to excellent understanding accessed between 1 and 4 services.

# National Benchmark - HP2020: “Reduce the proportion of persons who are unable to obtain or delay in obtaining medical care”



# Delayed medical care due to cost

**Exhibit 5. The Number of Adults Reporting Not Getting Needed Care Because of Cost Declined in 2014 for the First Time Since 2003**

Percent of adults ages 19–64	2003	2005	2010	2012	2014
<b>In the past 12 months:</b>					
<b>Had a medical problem, did not visit doctor or clinic</b>	22%	24%	26%	29%	23%
	38 million	41 million	49 million	53 million	42 million
<b>Did not fill a prescription</b>	23%	25%	26%	27%	19%
	39 million	43 million	48 million	50 million	35 million
<b>Skipped recommended test, treatment, or follow-up</b>	19%	20%	25%	27%	19%
	32 million	34 million	47 million	49 million	35 million
<b>Did not get needed specialist care</b>	13%	17%	18%	20%	13%
	22 million	30 million	34 million	37 million	23 million
<b>Any of the above access problems</b>	37%	37%	41%	43%	36%
	63 million	64 million	75 million	80 million	66 million

Source: The Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, and 2014).

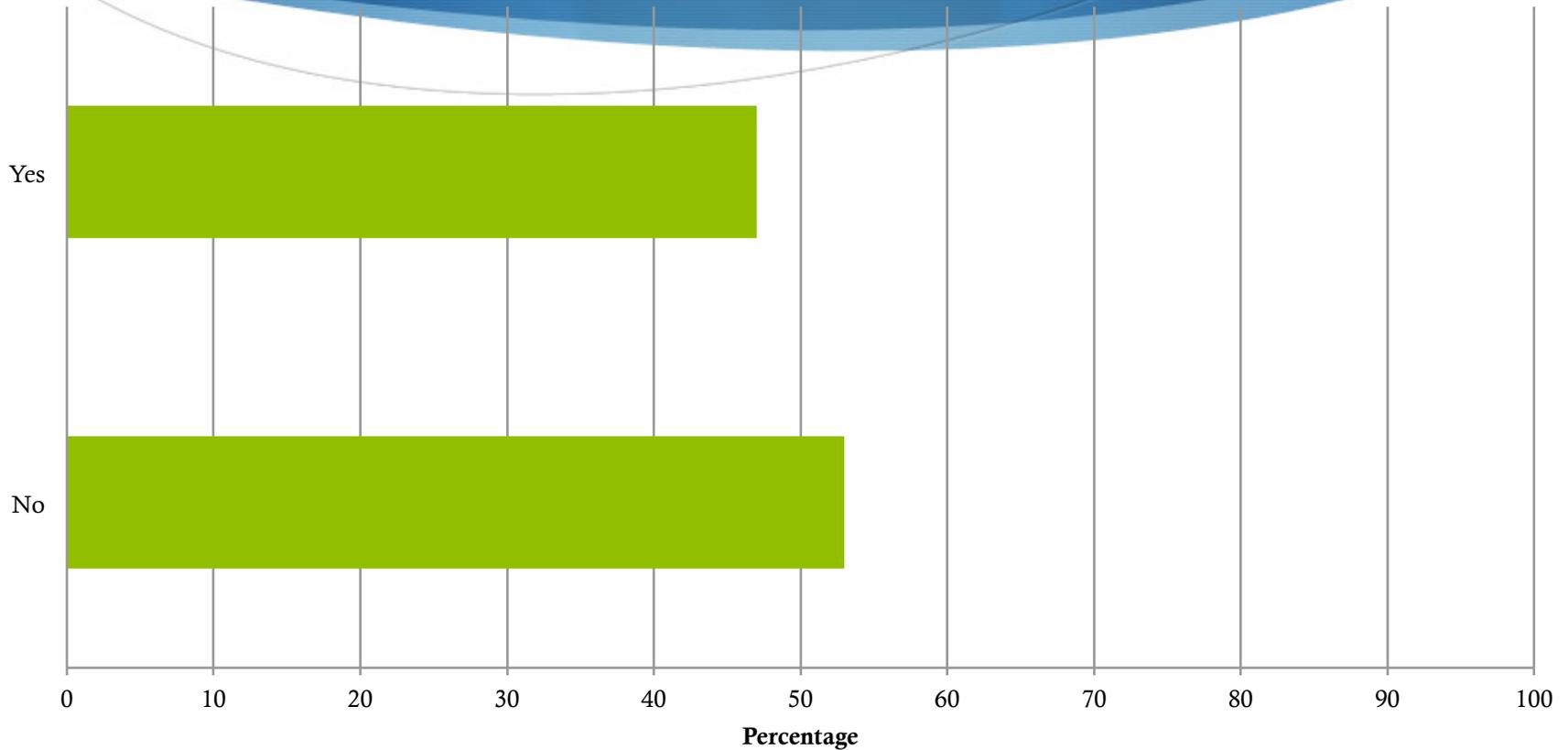
- The number of adults who did not get needed care in the past 12 months because of cost declined from 80 million in 2012, or 43 percent, to 66 million, or 36 percent, in 2014
- This marks the first year the survey has found a decline in this measure since the question was added in 2003. Rates fell to levels reported by adults a decade ago.

# *Have you delayed necessary medical care for any of the following reasons in the past 12 months?*

- ◆ Inconvenient distance to the doctor's office
- ◆ Lack of transportation to the doctor's office
- ◆ Inconvenient scheduling system (phone verses online)
- ◆ You could not get through on the telephone
- ◆ You could not get an appointment soon enough
- ◆ Once you got there, you had to wait too long to see the doctor
- ◆ The doctor's office wasn't open when you needed care
- ◆ Out of pocket cost were too high
- ◆ Lack of trust in clinical care
- ◆ Did not want to seek medical care for personal reasons
- ◆ I did not delay getting medical care in the last 12 months.
- ◆ Other?

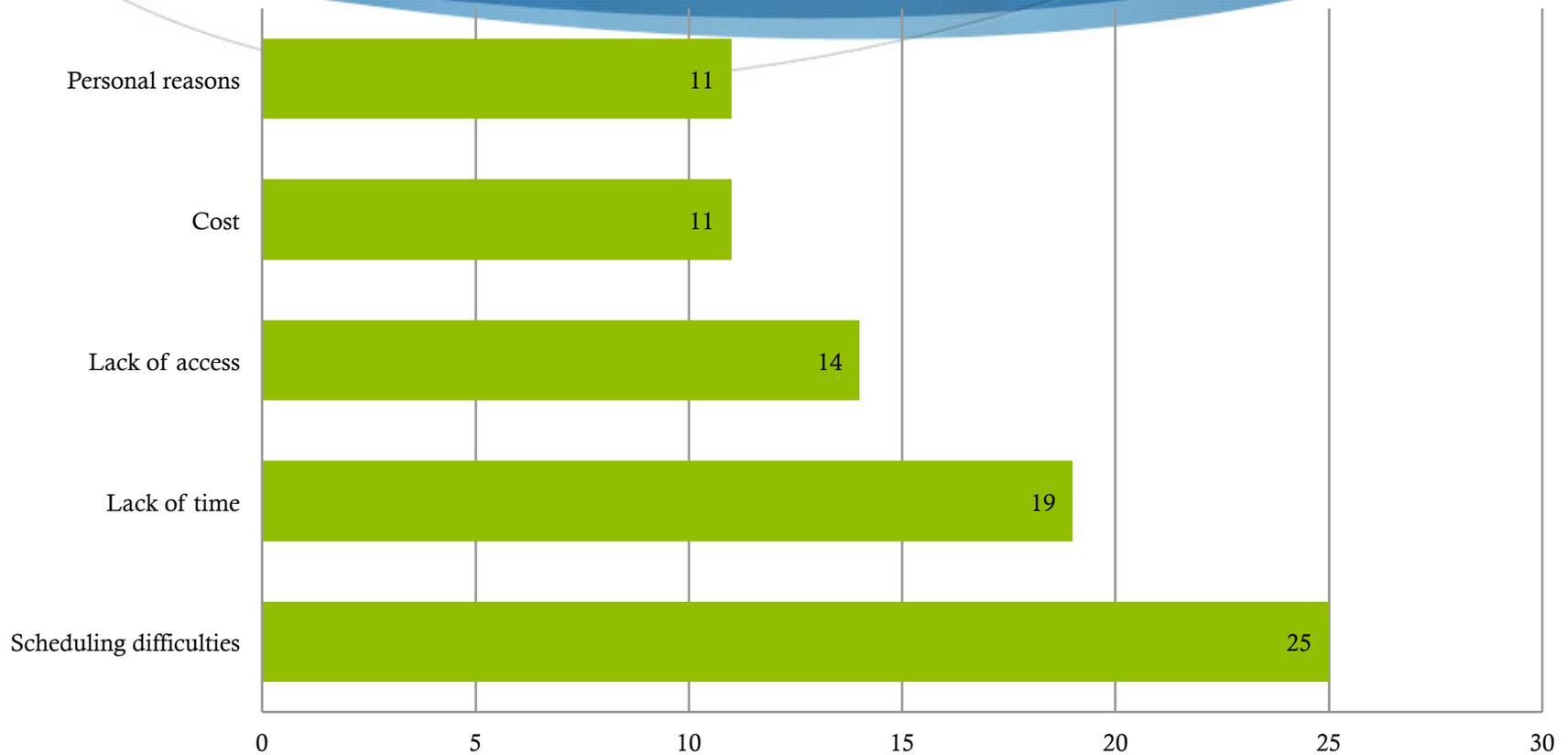
# *Have you delayed medical care?*

Percentage of Respondents who delayed necessary medical care in the past 12 months



# Reasons for delaying medical care

Percentage of Respondents by Reason for Delaying Medical Care



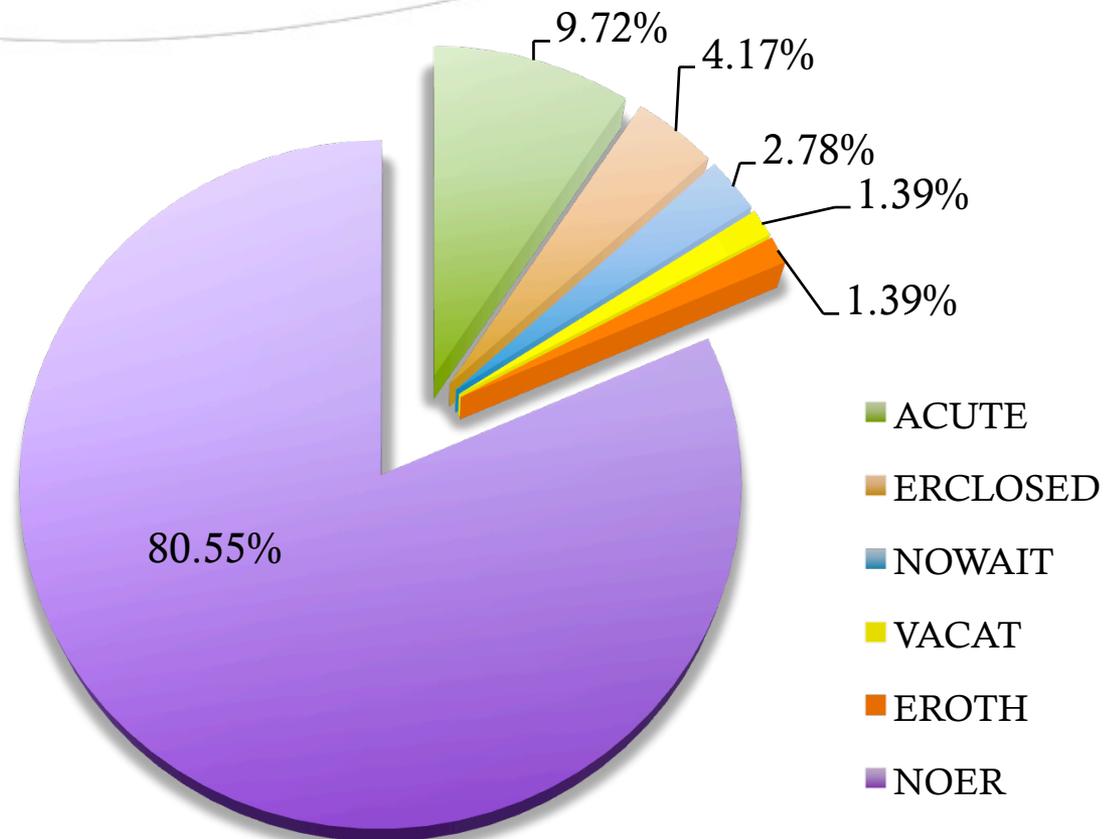
# Emergency Room Use

According to 2011 study conducted by the National Center for Health Statistics of adults aged 18-64 who had visited an ER within the previous 12 months but were not admitted, the top reasons for visiting the ER were:

- Lack of access to other providers
- Seriousness of medical problem
- Only hospital could help
- Doctor's office not open
- No other place to go
- Emergency Room was closest provider
- Healthcare provider said to go
- Arrived by ambulance

## Reasons for visiting ER in the last 12 months

- If you visited the emergency room in the last 12 months, that did not require an admission, what was the reason for this visit?



## *Definition of the Variables*

***ACUTE*** - Went for an acute emergency – non-life threatening (e.g., sprained ankle, stomach pain, etc.)

***CONVEN*** - Emergency Room was closest provider to me.

***ERCLOSED*** - Doctor's office or clinic was closed.

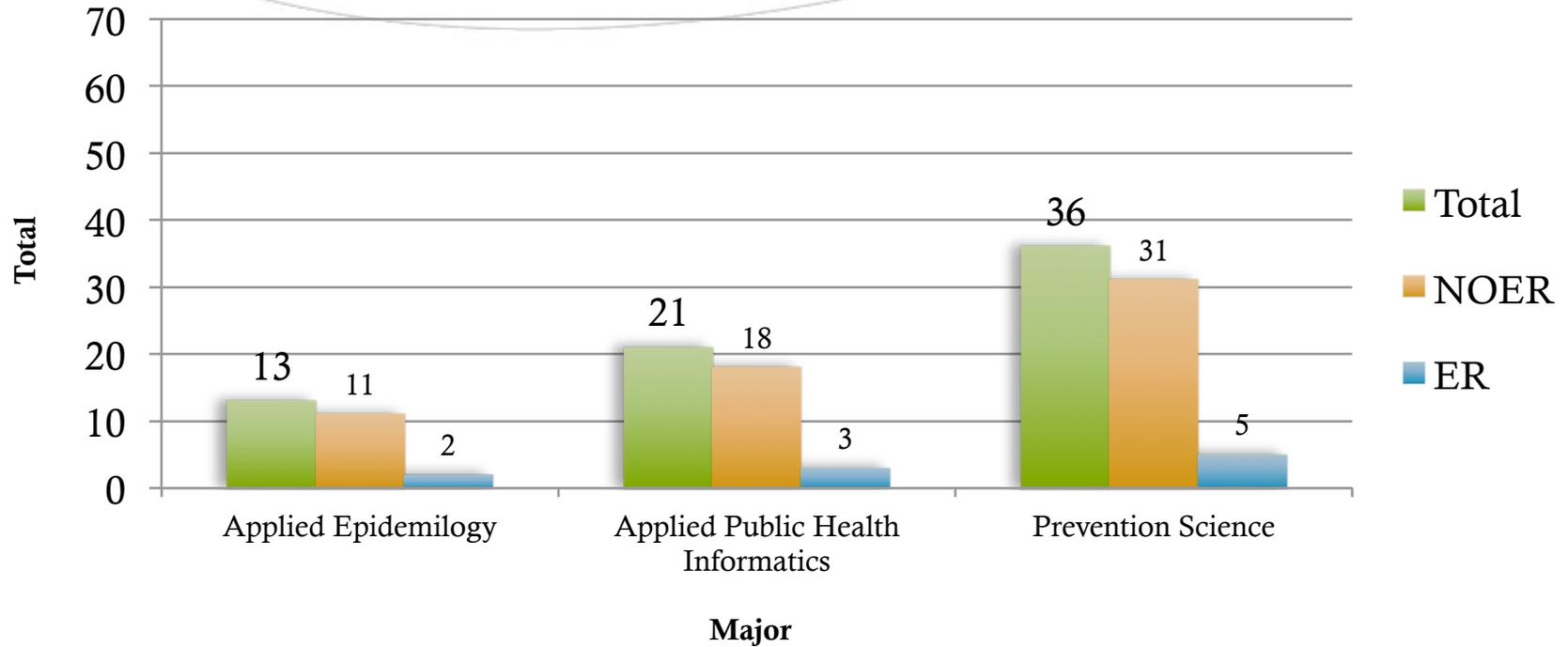
***EROTH*** - Other

***NOER*** - Did not visit the emergency room in the last 12 months.

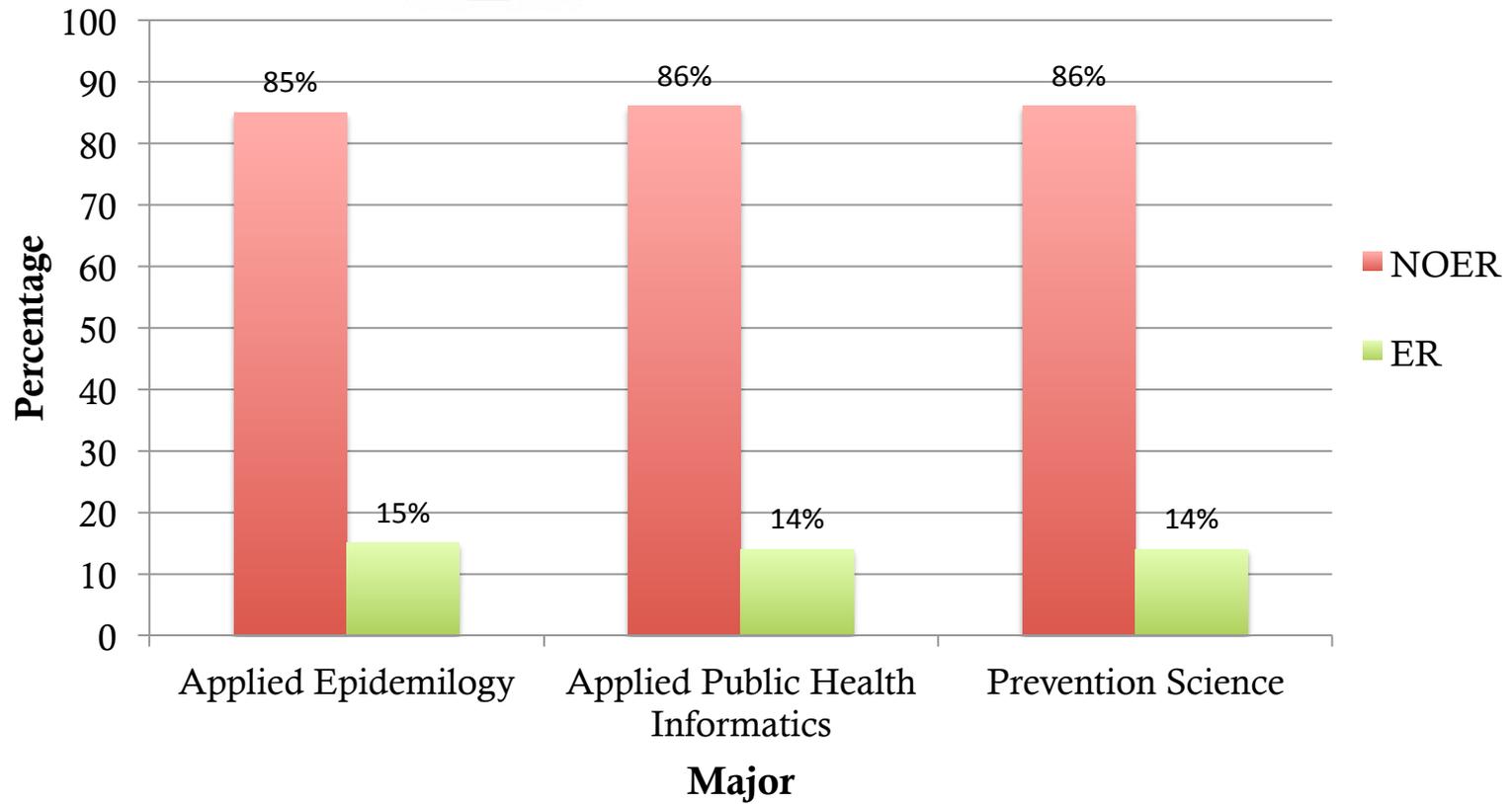
***NOWAIT*** - Could not wait for doctor's appointment.

***VACAT*** - Did not to take off from work for medical care.

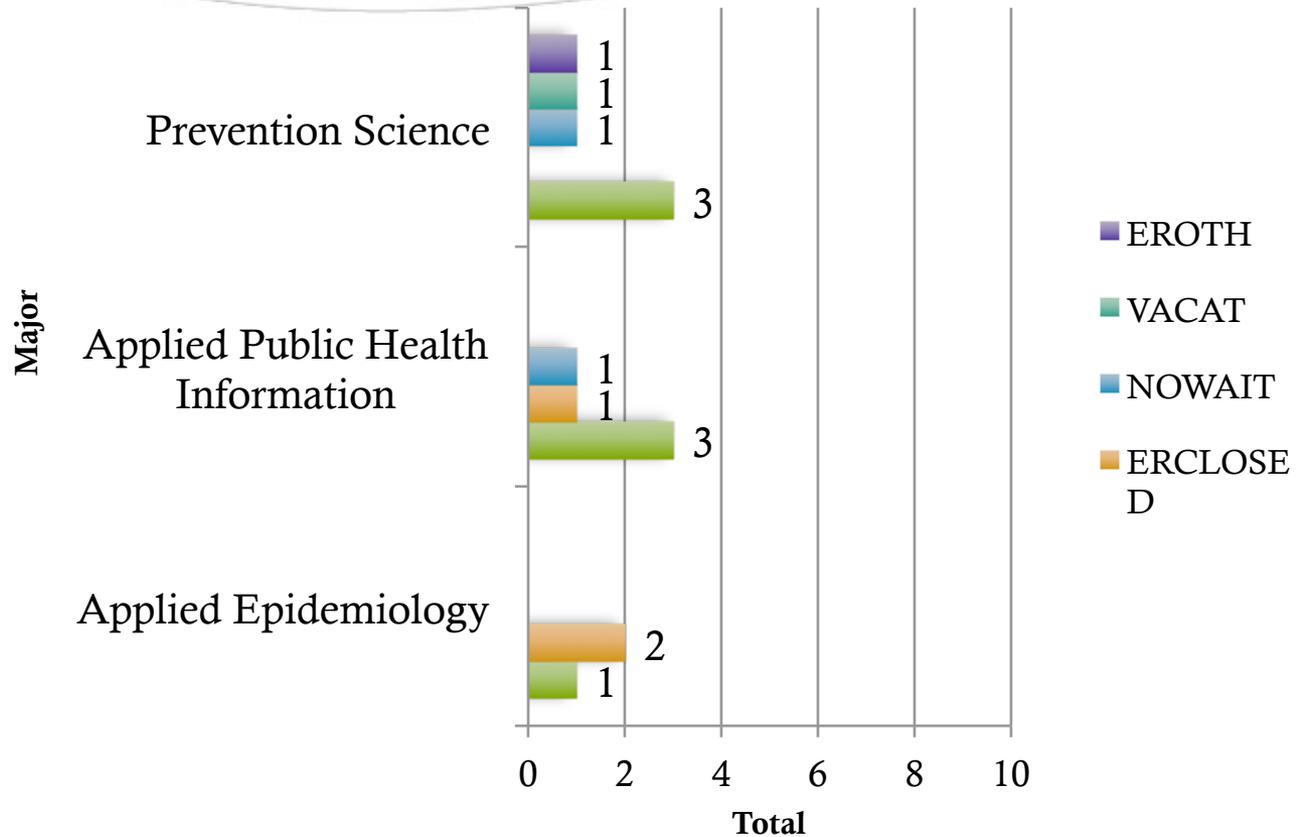
*Total of EMPH students who visited ER in the last 12 months  
(by Major)*



*Percentage of EMPH Students who visited ER in the last 12 months  
(by Major)*



# Reasons EMPH students visited ER in last 12 months (by Major)



# *So when should you go the ER?*



## **Reasons to go to the Emergency Room:**

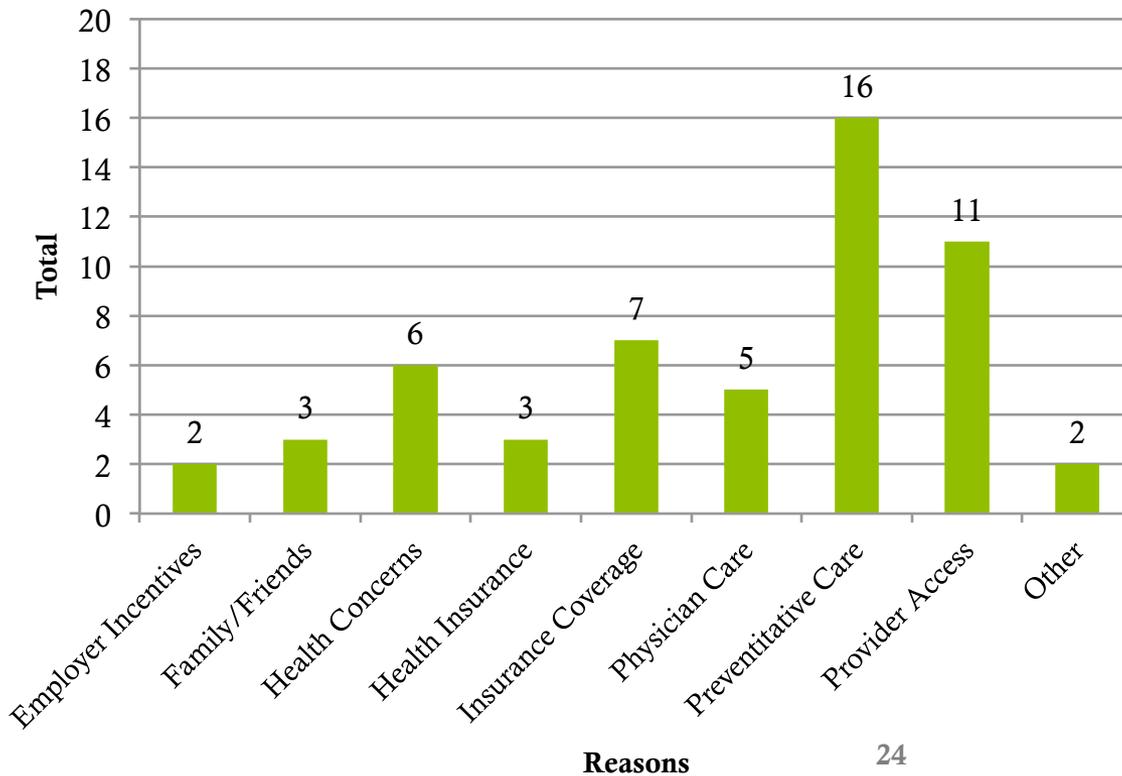
- Major injuries, such as broken bones
- Severe head trauma
- Sudden severe pain, chest pressure
- Severe Uncontrolled bleeding
- Severe reaction to an insect bite or sting or medication, especially if breathing is difficult
- Coughing up or vomiting blood
- Fainting or Loss of consciousness
- Difficulty breathing

## **Reasons NOT to go to the Emergency Room:**

- Minor injuries, such as a sprain, back pain
- Earache, migraines
- Low-grade fever or flu
- Minor cuts (controlled bleeding)
- Insect stings or delayed swelling from a sting
- Colds and cough, sore throat
- Chronic conditions (diabetes, hypertension, asthma attack)
- For your convenience

# Reasons to access Healthcare

Reasons EMPH students were encouraged to access healthcare



◆ Top points of encouragement

◆ What didn't we find with this question?

# Reasons to access Healthcare – Qualitative Response Examples

“I typically only go to the doctors for annual preventative services, such as an annual physicals where my blood pressure, weight, and cholesterol levels are checked. I go to a gynecologist for yearly pap smears. I just want to make sure I stay healthy.”

*“An excellent doctor who spends time with me discussing things, knows my name, calls me personally with results, sees me same day if I’m sick, provides care for my entire family and is incredibly caring.”*

“My insurance plan provides a reduction in my deductible if I have a physical. That motivated me to take the time to fit a visit in my busy schedule even though I had no specific medical need.”

*“Illness encouraged me to seek care.”*

“Patient Portal, but it still lacks scheduling and connection with billing.”

*“Enrolling in a public health program reminded me that if I am constantly preaching the value of preventative care for others I should probably use it myself.”*

“Assistance from family to help cover the costs have allowed me to seek additional care I might have put off longer until I could afford it better.”

# Conclusions

- ◆ Respondents exhibit a high-level of health seeking behaviors.
  - ◆ There is a high emphasis on prevention with 85.92% utilizing preventative services.
  - ◆ Although an estimate 14% of EMPH students visited the ER in the last 12 months for a non-emergency, a majority of them did not (86%). Therefore, it appears that any barriers to using healthcare as a professional working student when seeking preventative has not resulted in a large number of visits to the ER.

# Lessons Learned

- ◆ A table run on childhood immunization before school and preventative services was only table with strong Chi-square association and low probability of the numbers being attributed to chance at .07.
  - ◆ However, in this instance, and many others an association cannot be drawn.
  - ◆ It could be that one variable influences the other or an external factor influences both variables.
  - ◆ Many other tables throughout the assignment have a high likelihood of the numbers being attributed to chance.
- ◆ Recommend qualitative questions do not allow for open ended answers if method of analysis is Epi Info.
  - ◆ Missing one space or misspelling can lead to a lengthy process of checking coding for errors.
- ◆ Analyses were run to isolate frequencies by gender.
  - ◆ Any gender distinction was not significant as there were only 5 male respondents and 62 female respondents.
- ◆ Distinct commands can commute the same outcome in Epi Info.
  - ◆ This serves as method to test and verify analysis.