Access to Care
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

HOS
- Falls
- Urinary Incontinence
- Mental Health
- Physical Health

CAHPS
- Getting Needed Care
- Getting Appointments and Care Quickly
- Care Coordination

HEDIS
- Annual Screenings
- A1C
- Reduce Readmissions
- Medication Reconciliation
Patient Activation

- Transparent: We know what we are getting.
- High-quality: We are getting the right care when we need it.
- Affordable: We can afford to pay for the care we need.
- Connected: Patient health information is available to all treating providers and patients.
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
<table>
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<tr>
<th><strong>Rob</strong></th>
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<tbody>
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<td><strong>Communication:</strong></td>
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<td><strong>Additional Health Issues:</strong></td>
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<td><strong>Earl</strong></td>
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<td>Additional Health Issues:</td>
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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)
Differences in healthcare and health outcomes are closely linked with social, economic and environmental disadvantage.

Related to race, ethnicity, language, gender, geography, genetics, socioeconomic status, level of education or behavior.

Differences in health outcomes can be avoidable, unjust and unfair.
Working on health equity means:

- A commitment to *improving* equity in health care outcomes
- Understanding the links to disadvantage so we can overcome them
- Ensuring people have *full and equal access* to opportunities that enable them to lead healthy lives (Healthy People 2020)
Social Determinants of Health

- Social determinants of health: 80-90%
- Clinical health care: 10 – 20%

Source: County Health Rankings & Roadmaps 2015
Social Determinants of Health

**Economic Stability**
- Employment
- Income
- Expenses
- Debt
- Medical Bills
- Support

**Neighborhood and Physical Environment**
- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- ZIP code/geography

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

**Community and Social Context**
- Social Integration
- Support systems
- Community engagement
- Discrimination
- Stress

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

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

**Digital**
- Access to digital media
- Access to cell phones, internet and computers
- Digital literacy
African Americans are at least 50 percent more likely to die from heart disease or stroke.

Nationally, African American men live seven years less than other racial groups.

Male / Female Wage Differences.

Latinos are 45 percent more likely to die from diabetes.

Why Is Health Equity Important?

It impacts:

• Health
• Health outcomes
• Longevity and quality of life
• Ability to live healthy & independent lives
The Complete Patient Experience

- Patients moving seamlessly from check-in to clinical areas to check-out
- Providers operating efficiently
- Patients feeling respected and cared for
- Focus on journey
Access to Care

No Journey Is the Same
Remember Who You Are… The Journey

Rob

Earl

Lijuan
<table>
<thead>
<tr>
<th>Rob</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Age:</td>
<td>67</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
</tr>
<tr>
<td>Primary language:</td>
<td>English</td>
</tr>
<tr>
<td>Education:</td>
<td>Graduate school</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Retired lawyer; still consults part time</td>
</tr>
<tr>
<td>Transportation:</td>
<td>Drives a car</td>
</tr>
<tr>
<td>Housing:</td>
<td>Owns four-bedroom suburban home</td>
</tr>
<tr>
<td>Lives with:</td>
<td>Spouse</td>
</tr>
<tr>
<td>Medical Coverage:</td>
<td>PPO insurance</td>
</tr>
<tr>
<td>Communication:</td>
<td>Phone, text, email, patient portal, mail</td>
</tr>
<tr>
<td>Additional Health Issues:</td>
<td>Insulin dependent, mild arthritis, neuropathy, severe blood sugar swings</td>
</tr>
</tbody>
</table>
Rob - Your Journey Begins at Discharge

Things to do after discharge:

- Transportation home from the hospital
- Fill prescriptions
- PCP follow up
- Appointment with specialist

**Diagnosis**

Diabetes Mellitus

**Important things To Do**

<table>
<thead>
<tr>
<th>To Do</th>
<th>Provider</th>
<th>Specialty - Location - Phone</th>
<th>Date and Time or Interval</th>
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<tbody>
<tr>
<td>□</td>
<td>Im a Ketone, M.D.</td>
<td>Diabetes – 123 Scan Blvd. Suite 100 Long Beach, CA 90806 (123) 465-7890</td>
<td>Call now for appointment</td>
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**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**

<table>
<thead>
<tr>
<th>Insulin Type</th>
<th>Units</th>
<th>Time Before MEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin 70/30</td>
<td>5 Units</td>
<td>30-45 minutes Before Breakfast</td>
</tr>
<tr>
<td>Insulin 70/30</td>
<td>5 Units</td>
<td>30-45 minutes Before Dinner</td>
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**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.

2 tablets by mouth twice daily
Rob - PCP Follow-Up Appointment

Office Experience

Appointment

Treatment

Patient Activation/Adherence

Referral to Specialist

Get labs taken in three weeks
Rob – Specialist

- Specialist: Doesn’t Need a specialist
- Lab Work: Lab were drawn
  - Everything looks good
- Follow up Instructions: Make appointment with PCP
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<tbody>
<tr>
<td><strong>Age:</strong> 73</td>
</tr>
<tr>
<td><strong>Gender:</strong> Male</td>
</tr>
<tr>
<td><strong>Primary language:</strong> English</td>
</tr>
<tr>
<td><strong>Education:</strong> GED</td>
</tr>
<tr>
<td><strong>Occupation:</strong> Army veteran, retired factory worker</td>
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<tr>
<td><strong>Transportation:</strong> Public transportation</td>
</tr>
<tr>
<td><strong>Housing:</strong> No permanent address (unknown)</td>
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<tr>
<td><strong>Lives with:</strong> Friends or family, when possible</td>
</tr>
<tr>
<td><strong>Medical Coverage:</strong> VA</td>
</tr>
<tr>
<td><strong>Communication:</strong> None (no permanent residence or phone)</td>
</tr>
<tr>
<td><strong>Additional Health Issues:</strong> Diabetic retinopathy, frequently misses appointments, medication adherence issues, suffers from PTSD</td>
</tr>
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Earl - Your Journey Begins at Discharge

**Diagnosis**

Diabetes Mellitus

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### Important things To Do

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#### 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:**
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**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.**

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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 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.

2 tablets by mouth twice daily
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
<table>
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<th>Lijuan</th>
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<tbody>
<tr>
<td><strong>Age:</strong> 90</td>
</tr>
<tr>
<td><strong>Gender:</strong> Female</td>
</tr>
<tr>
<td><strong>Primary language:</strong> Chinese; speaks some English but can’t read it</td>
</tr>
<tr>
<td><strong>Education:</strong> Grade school</td>
</tr>
<tr>
<td><strong>Occupation:</strong> Housewife/mother</td>
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<tr>
<td><strong>Transportation:</strong> Relies on family</td>
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<tr>
<td><strong>Housing:</strong> One-bedroom urban apartment</td>
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<tr>
<td><strong>Lives with:</strong> Daughter, son-in-law</td>
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<td><strong>Medical Coverage:</strong> Medi-Medi</td>
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<td><strong>Communication:</strong> Phone (through caregiver), mail</td>
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<tr>
<td><strong>Additional Health Issues:</strong> Hearing impairment, left foot amputee, vision impairment</td>
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Lijuan - Your Journey Begins at Discharge

- Signum te eu liber respectum :
  - Exprobrationis unde diam est disponit
  - Elit praeiudicatum
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  - Instrumentu odi Intulerunt

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**Diabetes Management**

You have Diabetes Type 2

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**Insulin**

Insulin 70/30 5 Units SQ 32-79 troian Veniam Breakfast

**Checking Your Blood Sugar**

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Mutuum proin: 56-000

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Lijuan - Your Journey Begins at Discharge

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- PCP follow up
- Appointment with specialist

<table>
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<th>Admission Date:</th>
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Transportation - Family
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

Specialist

- Labs
- Vision
- Hearing
- DME
Transportation - Family
Specialist

DME

Vision

Hearing

Lab Work

Lab were drawn

Complications from Med Adherence

Follow up Instructions

Re-hospitalization
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

Health equity
Social determinates of health
Transparency
Resources
Access

How does access connect with HEDIS, HOS and CAHPS?

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