



Secondary Care



Chapter 14



Objectives

- Define secondary care
- Identifies secondary care providers,
- Discuss the a description of access to and utilization of secondary-care services
- Discuss policy issues related to the provision of secondary care



Introduction

- Secondary care may be rendered on either an ambulatory or an inpatient basis.
- Secondary care signals a higher level of intensity, often over a longer period of time, than event-specific primary care.



What Is Secondary Care?

- Secondary care includes special ambulatory medical services and commonplace inpatient hospital acute care.
- Contrasted with primary care, which is also ambulatory care but is centered around episodic, often one-time common illnesses or injuries, secondary care is continuing care for sustained or chronic conditions.



What Is Secondary Care?

- In the oldest age group, people age 75 and older, nearly 50 percent of the males have arthritis and hearing impairments, and more than 50 percent of the females have arthritis.
- The rate of visual impairment for males is twice that of females for all age groups except those 75 and older.



Who Provides Secondary Care?

- Physicians, singly or as leaders of a health services team, are the predominant care providers.
- Data on health services providers and users are not typically collected by the level of care provided – primary, secondary, or tertiary – but by provider specialty, diagnosed condition, or patient demographics, for example.



Who Provides Secondary Care?

- All specialists other than obstetricians/gynecologists account for 41 percent of visits.
 - Visits to general and family practitioners account for 23 percent of visits, followed by 18 percent to internal medicine, and 8 percent pediatricians.



Who Provides Secondary Care?

- In 2000, the majority of visits took place in physicians' office and the fewest in hospital outpatient departments.
- The number of visits increases with age; females have more visits than males, due in part to reproductive health and childbearing.
- Blacks have more visits than whites.



Who Provides Secondary Care?

- Beginning in the late 1970s, a range of specialty centers such as ambulatory surgery, radiology, urgent care, child birthing, and renal dialysis were established by groups of physicians, hospitals, and other sponsors.



Who Provides Secondary Care?

- To illustrate two types of secondary-care facilities that have emerged in recent years, Figure 14.4 shows the distribution of freestanding surgical centers across states and the District of Columbia as of 1996, the most recent year for which data are available.



Who Provides Secondary Care?

- Freestanding indicates that the facilities are not part of a hospital inpatient or outpatient service.
 - Half of the states had between 1 and 20 freestanding surgical centers, with a mean of 11 facilities per state.
 - About 5 percent of the centers were accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).



Access to and Utilization of Secondary Care

- Access to secondary care is bounded by the various dimensions discussed in Chapter 3: geographic, cultural, physical, temporal, and financial barriers.
 - Financial access may be more crucial in obtaining secondary care than other levels of care because secondary care generally involves sustained or chronic conditions that require frequent treatment.



Access to and Utilization of Secondary Care

- By contrast, some primary care needs can be met by public health departments or by providers who will accept sliding-scale payments for episodic services.
 - Some tertiary care needs may be met, on an emergency basis, by hospitals that are required to stabilize patients who arrive in need of emergency care.



Access to and Utilization of Secondary Care

- The proportion of the population in need of secondary care is sizeable: 99 million Americans, more than 33 percent of the nation's 1995 population, had chronic diseases, one of the major reasons why secondary care is sought.
 - Of these, 41 million were limited in their daily activities by chronic conditions and 12 million were unable to go to school, to work, or to live independently (Robert Wood Johnson Foundation 1966).



Utilization of Secondary Services

- The diagnostic and non-surgical procedures done per a population of 1,000 for male and female inpatient in 2000.
 - For both males and females, the total number of such procedures increases significantly when compared with historic data for the prior 20 year period.



Utilization of Secondary Services

- Several factors must be considered in analyzing these data: the need for these diagnostic services is growing as the population ages; the ability to provide such services expands as new technologies are implemented; and the number of some services provided on an inpatient basis declines after 1985, when Medicare's Prospective Payment System (PPS) changed the way in which hospitals were reimbursed for care and created incentives to shift many diagnostic and other services from an inpatient to an outpatient basis.



Utilization of Secondary Services

- A steady decline is shown for this 20-year period.
- Fewer people per 1,000 are being discharged, they are staying fewer days, and their ALOS is shorter.
- Both the shift from inpatient to outpatient care, and the effects of advanced treatment technologies have influenced these declines.



Utilization of Secondary Services

- Females have higher utilization than do males, due in part to reproductive health and childbearing admissions.
- The rate of discharges declines for both genders over this period.



Utilization of Secondary Services

- Changes in the ALOS for the 20-year period are shown:
 - The ALOS is known to vary by geographic area, with shorter stays in the Midwest (4.5 days in 2000) and the West (4.7 days) than in the Northeast (5.6 days) and the South (4.9 days) (USDHHS 2002).



Policy Issues Related to Secondary Care

- First, the move to reorient the delivery system from a focus on specialty care to primary care will likely affect secondary care, but the nature and the direction(s) of these likely effects are not yet clear.
 - One reason for this lack of clarity is that although primary and specialty care are each distinct and recognizable levels, secondary care constitutes the middle ground and may be provided by either primary or specialty providers.



Policy Issues Related to Secondary Care

- Second, and related to the shift from specialty to primary care, is the shift in the provision of many secondary services from a hospital inpatient to an outpatient basis.



Summary

- Secondary care may be crucial to health maintenance and quality of life.
- While the need for secondary care grows as the population ages and the number of people with chronic conditions increases, the ways in which some secondary services are being delivered is changing.



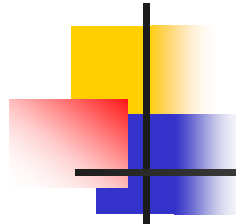
Summary

- Many diagnostic and non-surgical procedures once routinely performed in the hospital are now performed in a range of outpatient settings.
- Technologic advances and pressures to reduce the costs of inpatient care are prompting this shift in the delivery system.



Reference

- Barton, P.L. (2007). *Understanding the U. S. Health Service Systems*,
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Questions

