

# Access to Care



## Chapter 3



# Objectives

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- Define “access” to health care
- Compare universal access in the United States with other countries
- Identify 5 dimensions in access to care
- Identify factors affecting access to health services
- Identify the characteristics of the uninsured in the United States
- Discuss the reasons why people are uninsured
- Identify initiatives to improve financial access to health services



# Overview

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- Until the breakup of the Soviet Union, only two major industrialized countries; South Africa and the United States, did not provide universal access to health services.
- Neither South Africa and the United States have a national health system such as Canada's or national health services such as Great Britain.



# Access

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- Access may be defined by factors influencing entry or use of services.
- Access has a direct bearing on the two dimensions of health service systems: ***cost and expenditures*** and ***quality***.



# Access has many dimensions

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- Geographic
- Physical
- Temporal
- Sociocultural
- financial



# Geographic Access

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- Transportation is a factor in geographic access.
  - Public transportation do not serve all areas where people live, and private transportation systems may not be available to the care seeker.



# Physical Access

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- Persons with physical mobility and mental competence may have difficulties reaching a provider's facility.
  - Telemedicine through remote monitoring of chronic disease is a new emerging means of physical access.



# Temporal Access

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- The care seeker is unable to obtain care during the hours it is provided because of inflexible work schedule, the unavailability of care for young and other dependents, or other time constraints.
- Multicultural barriers- the provider and caregiver may speak a different language.



# Financial Barriers

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- United States is largely governed by the individual's access to health coverage, either *private* or *social insurance*.



# Factors Affecting Access to Health Services

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- Factors affecting access to health services are:
  - Individual factors- inherited, (genetic), characteristics and individual behaviors that reflect a person's belief, attitudes, and values.
  - Physical environmental factors include air, water quality as well as the present of disease vectors. A person's friends and social relationships are societal environmental factors that may not influenced by access to personal health services.



# Predisposing Factors

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- **Demographic characteristics**
  - Gender
  - Education level
  - Occupation
  - Age
  - Race and ethnicity



# Needs Factors

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- A range of needs factor- perceived health, interpretation of illness, and other health status measures - - affect access to care.
- Individuals who perceive their health as poor or fair are more likely to access care.
- A patient's understanding and interpretation of his or her illness affect access.
- Health status measures such as levels of disability and functioning also affect access to care.



# Enabling Factors

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- Convenience
- Income
- Insurance coverage
- System characteristics



# Financial Access to Health Services

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- Private health insurance is the *greatest source of health insurance coverage* for people *under 65*.
- Medicare and Medicaid are two governmental sponsored program initiated as amendments to Social Security Act (titles XVIII and XIX, respectively).



# Medicare

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- *People aged 65 and over, retired; later people with **ESRD** and **long-term disabilities**.*



# Medicaid Program

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- A welfare program, was established to pay for mandated set of health services to low income children and their caretakers who were recipients of, or eligible to received, public assistance funds from the Aid to Families with Dependent Children (AFDC) program.



# Private Pay for Health Services

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- Private, out of pocket payment for health services
- In 2000, 15 percent of health services revenues came from private out-of-pocket payments



## Government-Sponsored Program that Provide Access to Health

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- A range of government-sponsored programs provide direct access to health service for special populations
  - TRICARE
  - The Indian Health Services
  - Prison Health Services



# U.S. Department of Veteran Affairs

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- Provide inpatient, outpatient, and long-term care services to veterans with military connected conditions.



# Department of Defense (DOD)

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- DOD is an important provider of health services to active military and their dependents.
- TRICARE serves more than 8.4 million beneficiaries in 76 military hospitals and 460 around the world.



# Indian Health Services (IHS)

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- First established as a unit of the War department in 1802. It is now a part of the Department of Health and Human Services (HHS).
  - Provide health services to an estimate 1.5 million of the estimated 2.6 million American Indians and Alaska Natives enrolled in more than 557 tribes, villages, bands, and pueblos throughout the United States.



# Prison Health Services

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- Prison inmates are described by some as having the closest right to care of any population
  - Inmate lawsuits- claiming the right to care; the Eight Amendment to the United States' Constitution which prohibits "cruel and unusual punishment.



# Potential Adverse Outcomes Associated with Lack of Access

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- The access-to-health model incorporates the potential adverse health outcomes associated with lack of access and excessive access.



# Access to Health Services for Uninsured

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## Who are the Uninsured?

- Often in the workforce
- Dependent of someone in the workforce
- 15% of the uninsured are in households with 2 full-time workers
- 56% are in household with 1 full time worker
- 1/3 comes from household 100% less than the poverty level
- More than 3 quarters of the uninsured are white 56 % are males



# Access to Health Services for Uninsured

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- **Who are the uninsured?**
- The group most likely to include those 19 to 34 year old.
- 1/3 grade school education
- 10% college education
- 10% of married people
- 20 percent widows
- 24 % divorce or separated
- 17 % never married
- 35 % in firms with fewer than 25 employees
- 80% employed in private sectors
- 28% employed in wholesale or retail industries, and 1/3 in service industries.



# Reasons Why People are Uninsured

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- Their employer does not offer insurance
- They are not in the workforce
- They may not be able to afford the premium
- They may not be eligible for Medicaid or Medicare
- Decline sponsored coverage
- Declining real income
- Increasing costs of insurance
- Rising employee contributions to health insurance premiums, and expansions in Medicaid coverage



# Initiatives to Improve Financial Access to Health Services

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- Expanding Medicare
- Expanding Medicaid
- Providing Health Insurance for Coverage for Children
- Creating Single- Payer System
- Reforming the Health Insurance Industry
- Creating Risk Pools for Uninsurable
- Establishing Statewide Insurance



# Reference

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- Barton, P.L. (2007). *Understanding the U. S. Health Service Systems*,
- 3<sup>rd</sup> edition, Health Administration
- Press.



# Questions

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