Access to Care

Healthy Kansans 2010

Steering Committee Meeting

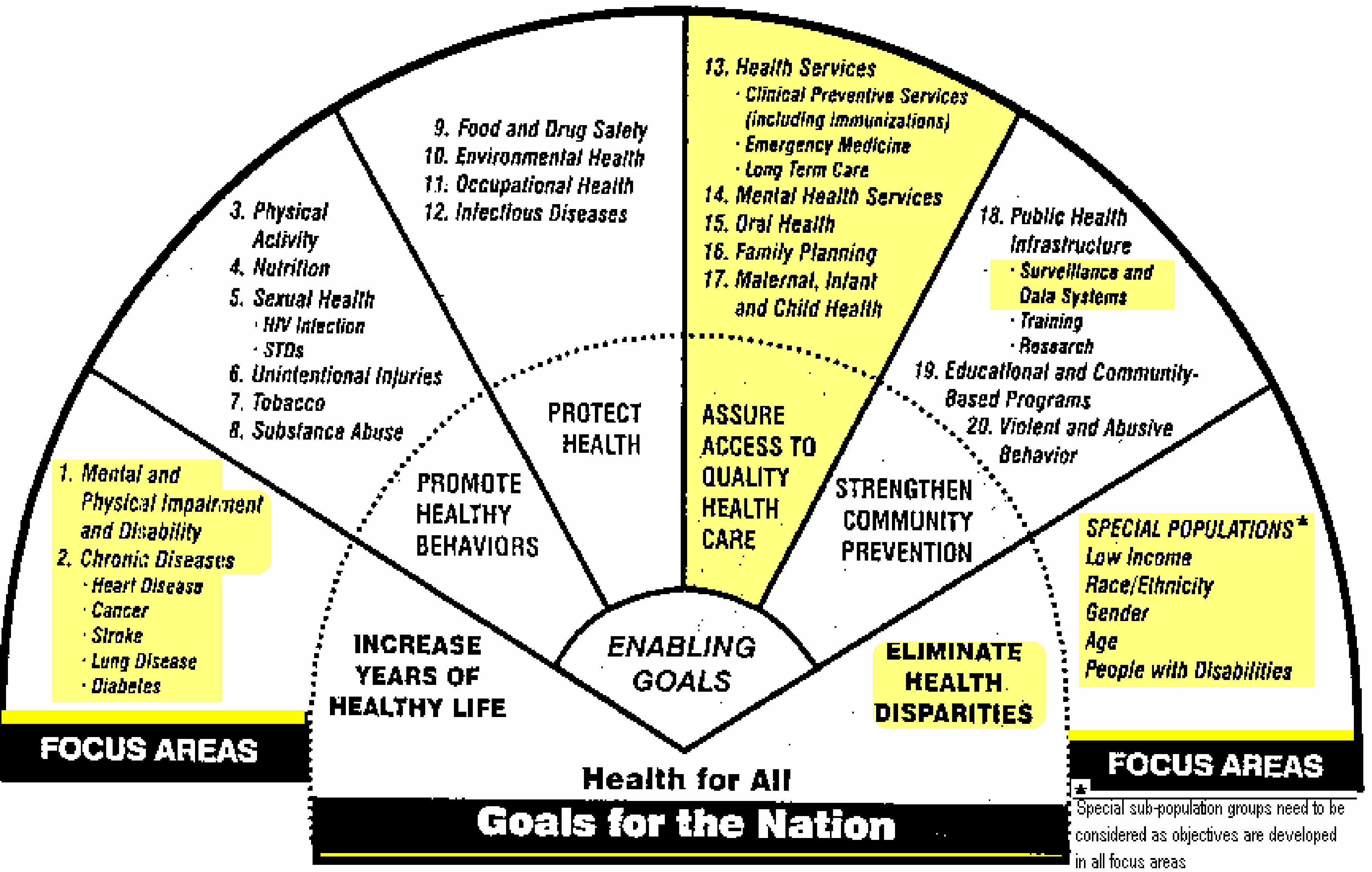
May 12, 2005

Is Access Assurance a Public Health Responsibility?

Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- *Enroll eligible individuals in publicly funded programs including Medicaid, HealthWave, and Medicare.*
- *Provide care directly through public clinics and federally qualified health centers*

Vision of 2010
Healthy People in Healthy Communities



Definition of Access

ACCESS is shorthand for a broad set of concerns that center on the degree to which individuals and groups are able to obtain needed services from the health care delivery system.

Access is the timely use of personal, public, and preventive health services to achieve the best possible health outcomes.

Defining the Concept

- Access is more than insurance coverage and geographic availability of physicians, dentists or hospitals
- For example, increased Medicaid eligibility for pregnant woman and infants, or increased health insurance coverage for working families may result in less than anticipated benefits.
- Even with sufficient health workforce, expanded coverage may not translate increased eligibility for services into appropriate use of services.

Model of Access to Care

Person in need of personal health care services

Barriers

- **Structural**
  - Availability
  - How organized
  - Transportation
- **Financial**
  - Insurance coverage
  - Reimbursement rates
  - Public support
- **Personal**
  - Acceptability
  - Education / income
  - Cultural or language
  - Attitudes / values

Use of Services

Visits

Procedures

Mediators

Appropriateness

- Efficacy of treatment
- Quality of providers
- Patient adherence

Outcomes

Health Status

- Mortality
- Morbidity
- Well-being
- Functioning

Equity of Services

Model of Access to Care

Barriers

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- **Structural**
  - Availability
  - How organized
  - Transportation
- **Financial**
  - Insurance coverage
  - Reimbursement rates
  - Public support
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  - Acceptability
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Use of Services

Visits

Procedures

Model of Access to Care

Outcomes

Health Status
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Equity of Services

Use of Services

Visits

Procedures

Mediators

Appropriateness
- Efficacy of treatment
- Quality of providers
- Patient adherence

Health Literacy

Language Proficiency

Cultural Familiarity

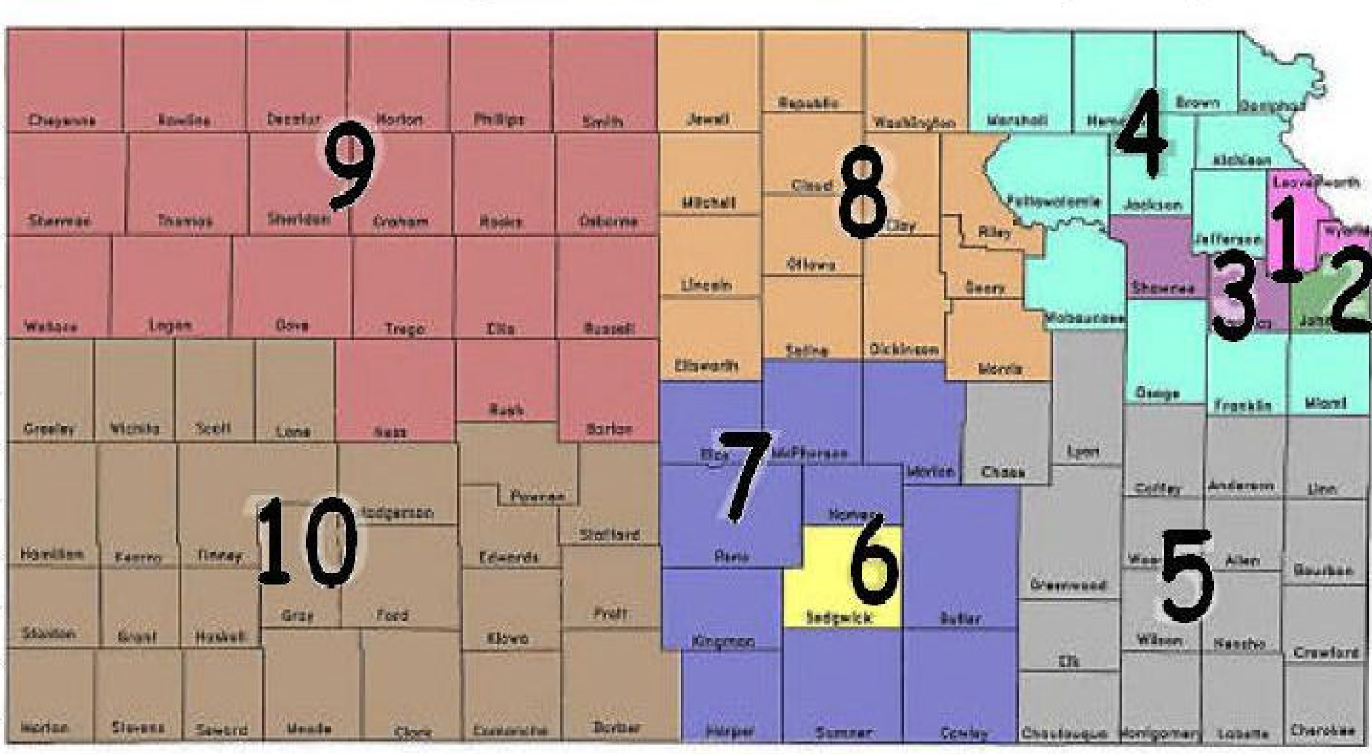
Data Elements

- Insurance rates (10.5% to 15.2% uninsured)
- Coverage by public medical plans (23%)
- Eligibility for categorically funded programs
- Health care professional supply and location
- Accessibility of services
  - financial access to private providers
  - availability of safety-net providers
- Health system utilization rates
- Personal health outcomes

Rates of Uninsurance

Uninsured Kansans under Age 65, Statewide and by Region

Percent Uninsured by Region (2001)	
Kansas	10.5
Region 1	16.4
Region 2	5.4
Region 3	9.3
Region 4	6.7
Region 5	12.8
Region 6	11.5
Region 7	10.9
Region 8	9.9
Region 9	9.4
Region 10	16.8



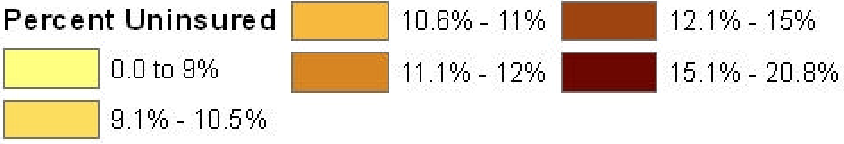
Kansas Department of Insurance

2001 Report http://www.ksinsurance.org/index.php?id=0185

Percent Uninsured by County
Under Age 65 Population

The Lewin Group, 3130 Fairview Park Dr., Suite 800
Falls Church, VA 22042. February 2003

Statewide: 15.2%



Insurance by Source

Population Distribution by Insurance Status, state data 2002-03, U.S. 2003				
	KS #	KS %	US #	US %
Employer	1,582,610	60	156,270,570	54
Individual	168,260	6	13,593,990	5
Medicaid	293,560	11	38,352,430	13
Medicare	326,290	12	34,190,710	12
Uninsured	287,300	11	44,960,710	16
Total	2,658,010	100	287,368,410	100

Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys.

http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi

Uninsured by Age

Kansas: Distribution of Nonelderly Uninsured by Age, state data 2002-2003 U.S. 2003

	KS #	KS %	US #	US %
Children 18 and	53,960	19	9,134,360	20
Adults 19-64	232,140	81	35,539,940	80
Total	286,100	100	44,674,300	100

Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys.

Uninsured by Race and Ethnicity

Distribution of Nonelderly Uninsured by Race/Ethnicity, state data 2002-2003, U.S. 2003

	KS #	KS %	% Pop KS	US #	US %	% Pop US
White	186,220	65	85	21,483,620	48	75
Black	25,870	9	6	6,728,410	15	12
Hispanic	48,870	17	7	13,118,700	29	12
Other	25,150	9	2	3,343,570	7	10
Total	286,100	100	---	44,674,300	100	---

Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2003 and 2004 Current Population Surveys.

Access and Workforce

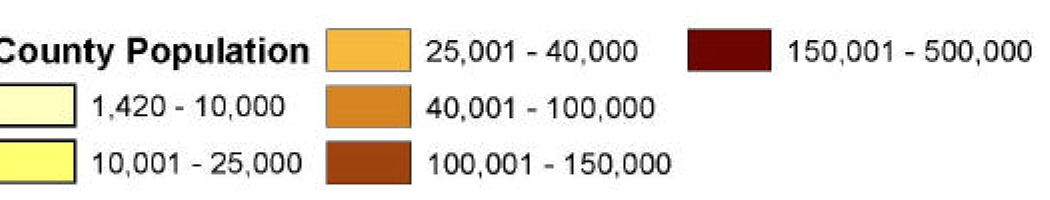
- Adequate health care professional supply
- Equitable geographic distribution
- Accessibility of services
    - financial access to private providers
    - availability of safety-net providers
- Effectiveness and quality of services

Primary Care Physicians Per 100,000 Population
2003

Cheyenne 0.8 27.1
Rawlins 1.0 35.2
Decatur 2.5 75.9
Norton 3.5 60.4
Phillips 3.7 65.4
Smith 2.5 59.8
Jewell 0.7 20.4
Republic 3.5 66.0
Washington 2.9 47.3
Marshall 7.0 66.1
Nemaha 4.9 46.7
Brown 6.6 63.2
Doniphan 3.1 38.0
Sherman 4.7 74.9
Thomas 2.0 25.2
Sheridan 1.9 71.4
Graham 2.2 78.3
Rooks 2.3 42.5
Osborne 2.2 52.6
Mitchell 6.9 102.9
Cloud 4.2 42.6
Clay 5.6 65.3
Riley 29.6 47.5
Pottawatomie 10.9 58.2
Jackson 6.5 49.9
Atchison 7.4 44.2
Jefferson 4.5 23.9
Leavenworth 22.4 31.3
Wallace 0.8 49.4
Logan 1.5 52.5
Gove 3.6 123.7
Trego 2.0 64.5
Ellis 16.7 61.4
Russell 5.6 81.1
Lincoln 1.0 28.6
Ottawa 1.8 29.1
Geary 11.2 42.6
Wabaunsee 1.1 16.3
Shawnee 89.2 52.2
Wyandotte 100.8 64.2
Douglas 45.6 44.3
Johnson 312.1 64.2
Dickinson 9.9 51.4
Saline 35.0 65.1
Ellsworth 1.3 20.5
Morris 3.3 55.0
Osage 5.2 31.0
Franklin 6.5 25.5
Miami 11.2 38.4
Greeley 1.6 112.7
Wichita 2.3 94.0
Scott 2.9 60.3
Lane 1.1 56.5
Ness 2.3 72.8
Rush 2.7 79.0
Barton 16.0 58.3
Rice 3.8 36.5
McPherson 19.1 65.1
Marion 4.8 36.1
Chase 0.3 9.7
Lyon 24.1 67.3
Coffey 3.6 40.8
Anderson 4.5 54.8
Linn 2.1 21.6
Hamilton 1.6 60.0
Kearny 2.1 45.7
Finney 18.5 47.2
Hodgeman 1.6 74.4
Pawnee 3.7 54.4
Stafford 1.9 41.4
Reno 35.7 55.9
Harvey 24.6 73.4
Butler 27.1 44.3
Greenwood 3.8 50.8
Woodson 1.3 35.8
Allen 5.5 39.5
Bourbon 9.0 59.7
Gray 0.9 14.8
Ford 18.9 57.3
Edwards 0.8 24.4
Stanton 3.0 124.8
Grant 3.8 49.1
Haskell 1.1 25.9
Kiowa 0.3 9.5
Pratt 4.4 46.6
Kingman 2.9 34.6
Sedgwick 275.5 59.5
Elk 0.0 0.0
Wilson 5.3 52.6
Neosho 10.1 60.9
Crawford 21.9 57.0
Morton 5.4 162.8
Stevens 2.4 44.5
Seward 12.8 55.4
Meade 1.6 34.3
Clark 2.2 94.3
Comanche 0.4 20.9
Barber 2.9 57.6
Harper 2.9 46.7
Sumner 9.8 38.8
Cowley 20.7 57.7
Chautauqua 0.5 11.9
Montgomery 19.6 56.1
Labette 13.7 61.5
Cherokee 3.6 16.5

Optimal 60/100,000

County with Total FTE
Rate: Physicians /100,000 Population

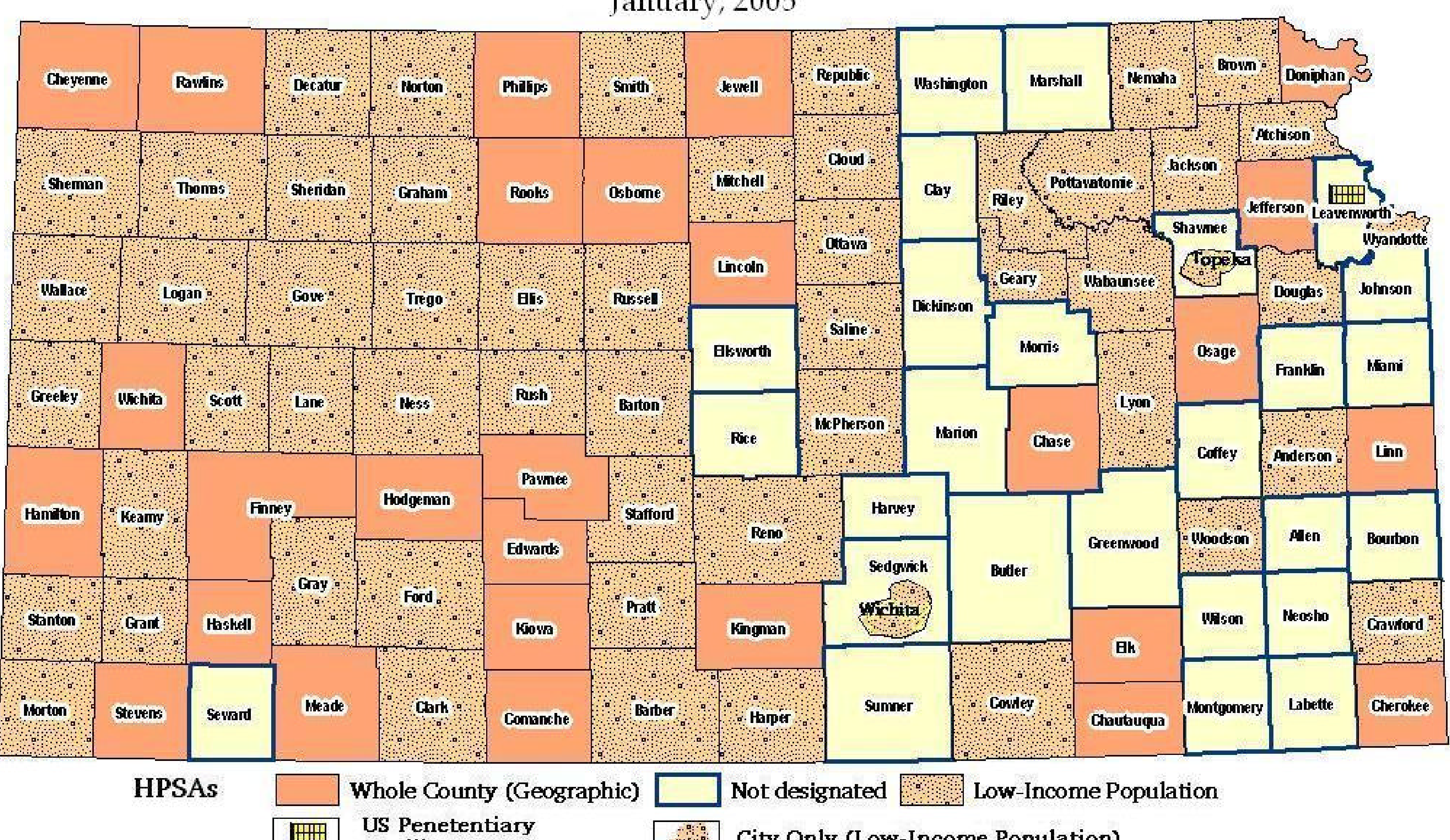


Kansas Department of Health and Environment

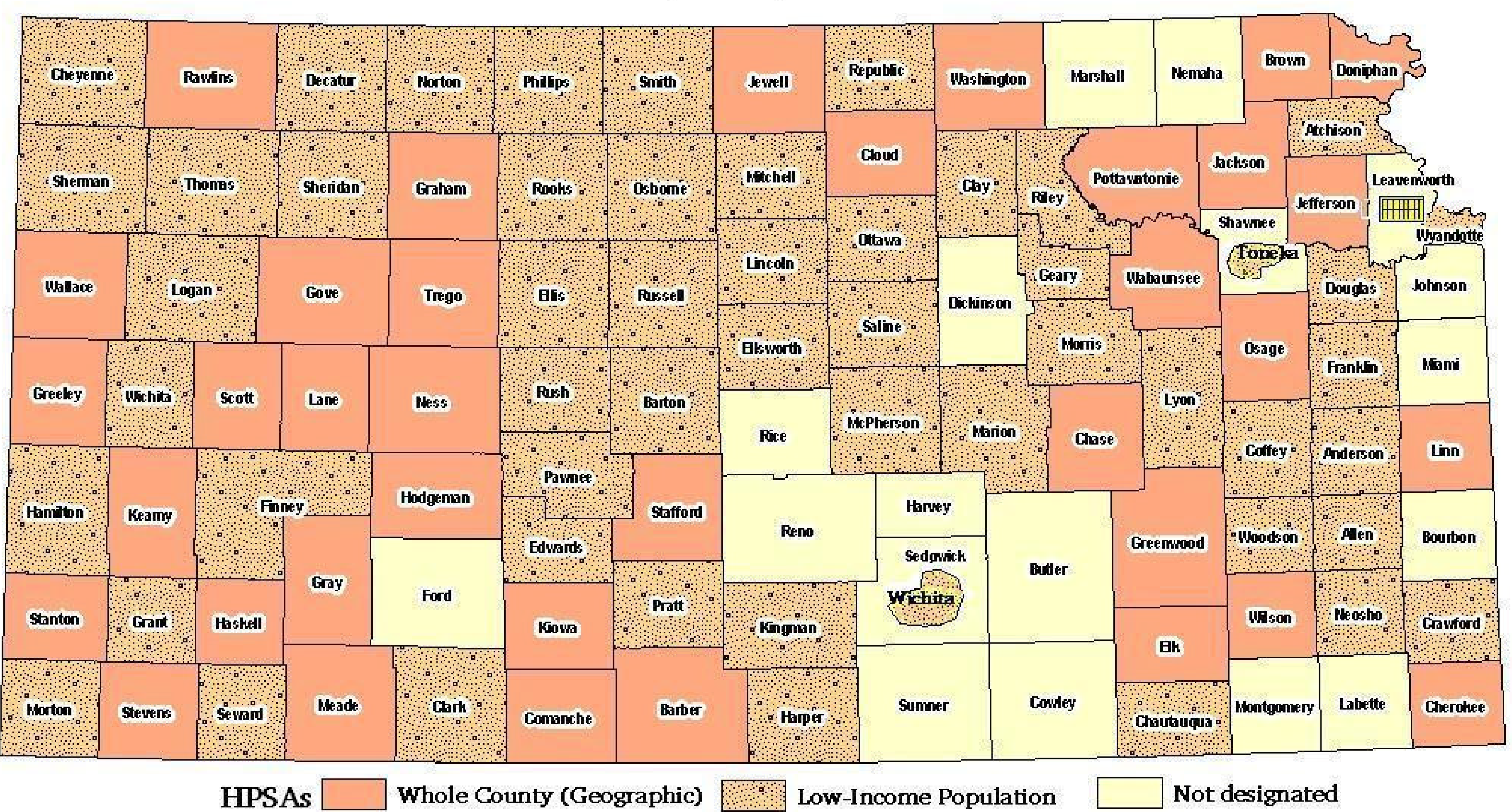
Office of Local and Rural Health

Primary Care HPSAs

January, 2005



Kansas Department of Health and Environment
Office of Local and Rural Health
Dental HPSAs
January, 2005

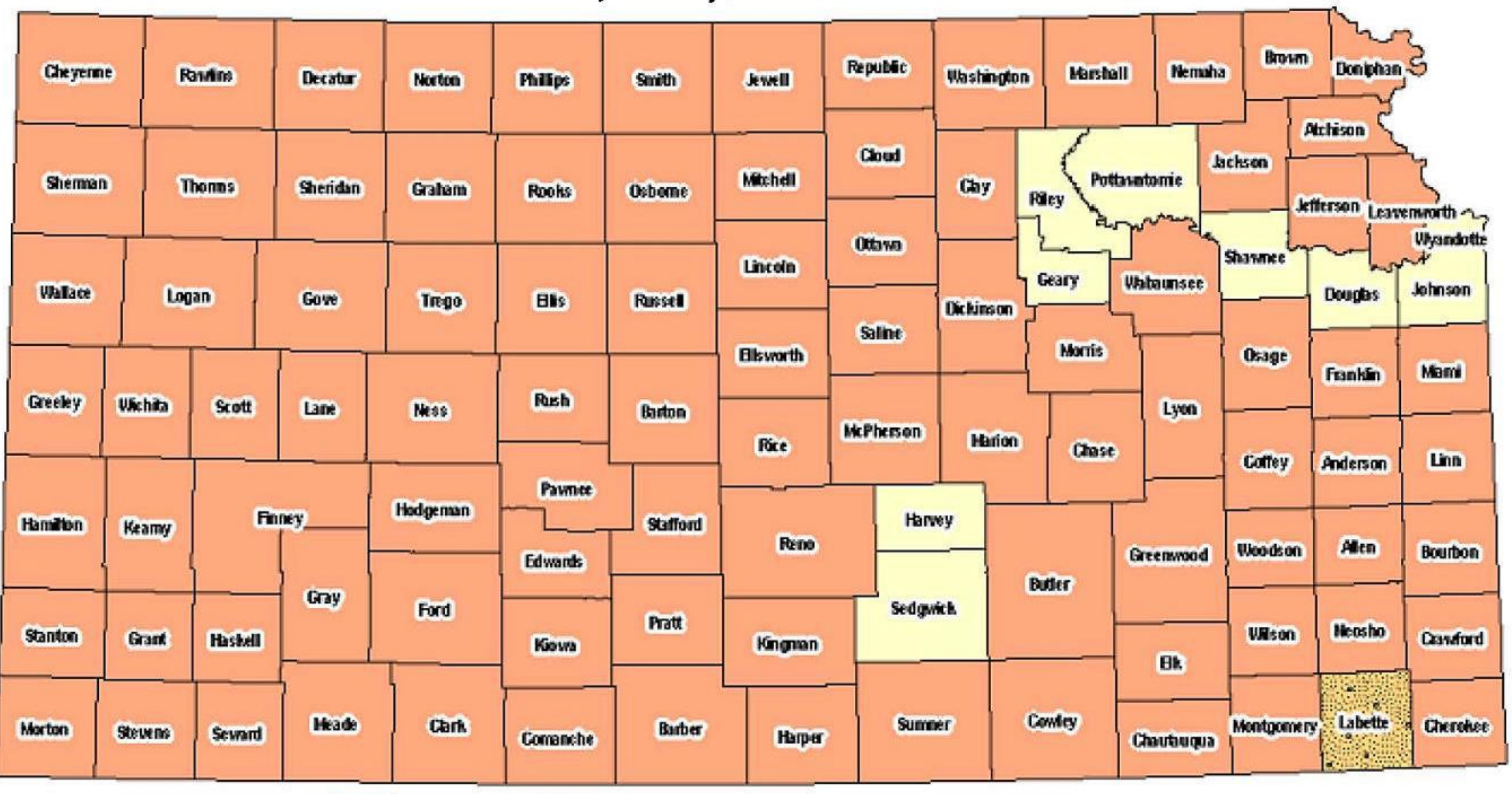


Kansas Department of Health and Environment

Office of Local and Rural Health

Mental Health HPSAs

January, 2005

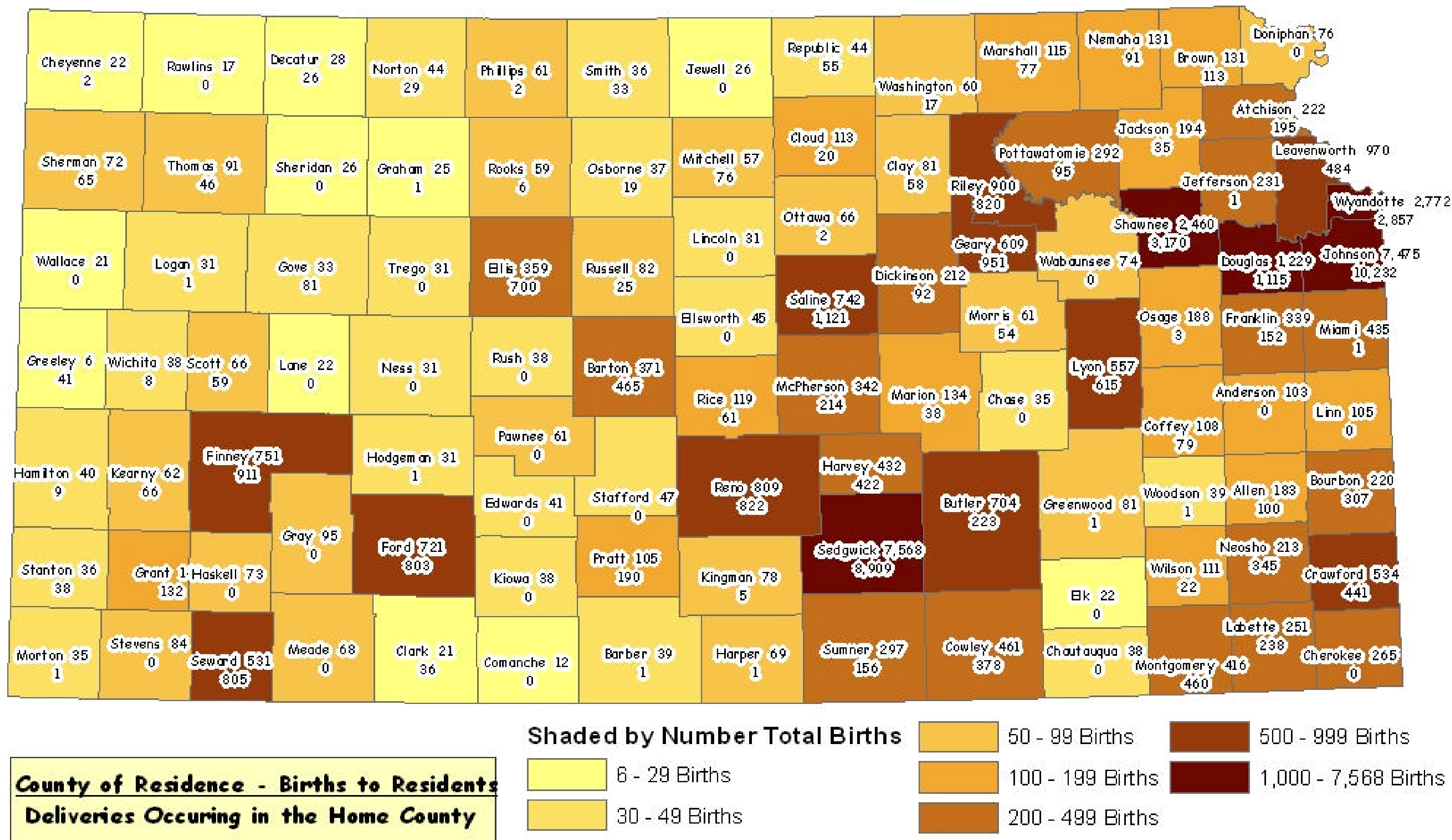


Linking Workforce to Access

EXAMPLE: Prenatal Care Access as an indicator for adequacy of primary care access

- Data source: birth certificates
- Physician survey
- Full-time equivalency (FTE) assessment
- Specialist distribution
- Hospital discharge data

Births by County of Residence 2003



Live Birth Deliveries by County of Service
2003

Cheyenne 2
22
Rawlins 0
17
Decatur 26
28
Norton 29
44
Phillips 2
61
Smith 33
36
Jewell 0
26
Republic 55
44
Washington 17
60
Marshall 77
115
Nemaha 91
131
Brown 113
131
Doniphan 0
76
Sherman 65
72
Thomas 46
91
Sheridan 0
26
Graham 1
25
Rooks 6
59
Osborne 19
37
Mitchell 76
57
Cloud 20
113
Clay 58
81
Riley 820
900
Pottawatomie 95
292
Jackson 35
194
Atchison 195
222
Jefferson 1
231
Leavenworth 484
970
Wyandotte 2,857
2,772
Wallace 0
21
Logan 1
31
Gove 81
33
Trego 0
31
Ellis 700
359
Russell 25
82
Lincoln 0
31
Ottawa 2
66
Geary 951
609
Wabaunsee 0
74
Shawnee 3,170
2,460
Douglas 1,115
1,229
Johnson 10,232
7,475
Saline 1121
742
Dickinson 92
212
Morris 54
61
Osage 3
188
Franklin 152
339
Miami 1
435
Greeley 41
6
Wichita 8
38
Scott 59
66
Lane 0
22
Ness 0
31
Rush 0
38
Barton 465
371
Ellsworth 0
45
Rice 61
119
McPherson 214
342
Marion 38
134
Chase 0
35
Lyon 615
557
Coffey 79
108
Anderson 0
103
Linn 0
105
Pawnee 0
61
Hamilton 9
40
Kearny 66
62
Finney 911
751
Hodgeman 1
31
Stafford 0
47
Reno 822
809
Harvey 422
432
Butler 223
704
Greenwood 1
81
Woodson 1
39
Allen 100
183
Bourbon 307
220
Edwards 0
41
Gray 0
95
Ford 803
721
Stanton 38
36
Grant 132
140
Haskell 0
73
Kiowa 0
38
Pratt 190
105
Kingman 5
78
Sedgwick 8,909
7,568
Elk 0
22
Wilson 22
111
Neosho 345
213
Crawford 441
534
Morton 1
35
Stevens 0
84
Seward 805
531
Meade 0
68
Clark 36
21
Comanche 0
12
Barber 1
39
Harper 1
69
Sumner 156
297
Cowley 378
461
Chautauqua 0
38
Montgomery 460
416
Labette 238
251
Cherokee 0
265

Live Births by Location of Delivery

KDHE March 23, 2005

Obstetricians by County
2003

Cheyenne
Rawlins
Decatur
Norton
Phillips
Smith
Jewell
Republic
Washington
Marshall
Nemaha
Brown
Doniphan
Atchison 1
Sherman
Thomas
Sheridan
Graham
Rooks
Osborne
Mitchell
Cloud
Clay
Pottawatomie
Jackson
Riley 11
Jefferson
Leavenworth 3
Wallace
Logan
Gove
Trego
Ellis 2
Russell
Lincoln
Ottawa
Geary 1
Wabaunsee
Shawnee 17
Wyandotte 12
Dickinson 1
Douglas 6
Johnson 83
Saline 7
Ellsworth
Morris
Greeley
Wichita
Scott
Lane
Ness
Rush
Barton 2
Osage
Franklin
Miami
McPherson
Marion
Chase
Lyon 3
Rice
Coffey
Linn
Pawnee
Anderson
Hamilton
Kearny
Finney 3
Hodgeman
Stafford
Harvey 1
Allen 1
Bourbon 2
Reno 4
Edwards
Greenwood
Woodson
Butler 2
Gray
Ford 4
Sedgwick 57
Stanton
Grant
Haskell
Pratt
Kiowa
Kingman
Wilson
Neosho 1
Crawford 2
Elk
Montgomery 4
Morton
Stevens
Seward 2
Meade
Clark
Comanche
Barber
Harper
Sumner
Cowley 1
Chautauqua
Labette 1
Cherokee

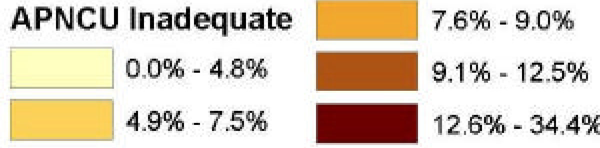
Number of Obstetricians by County

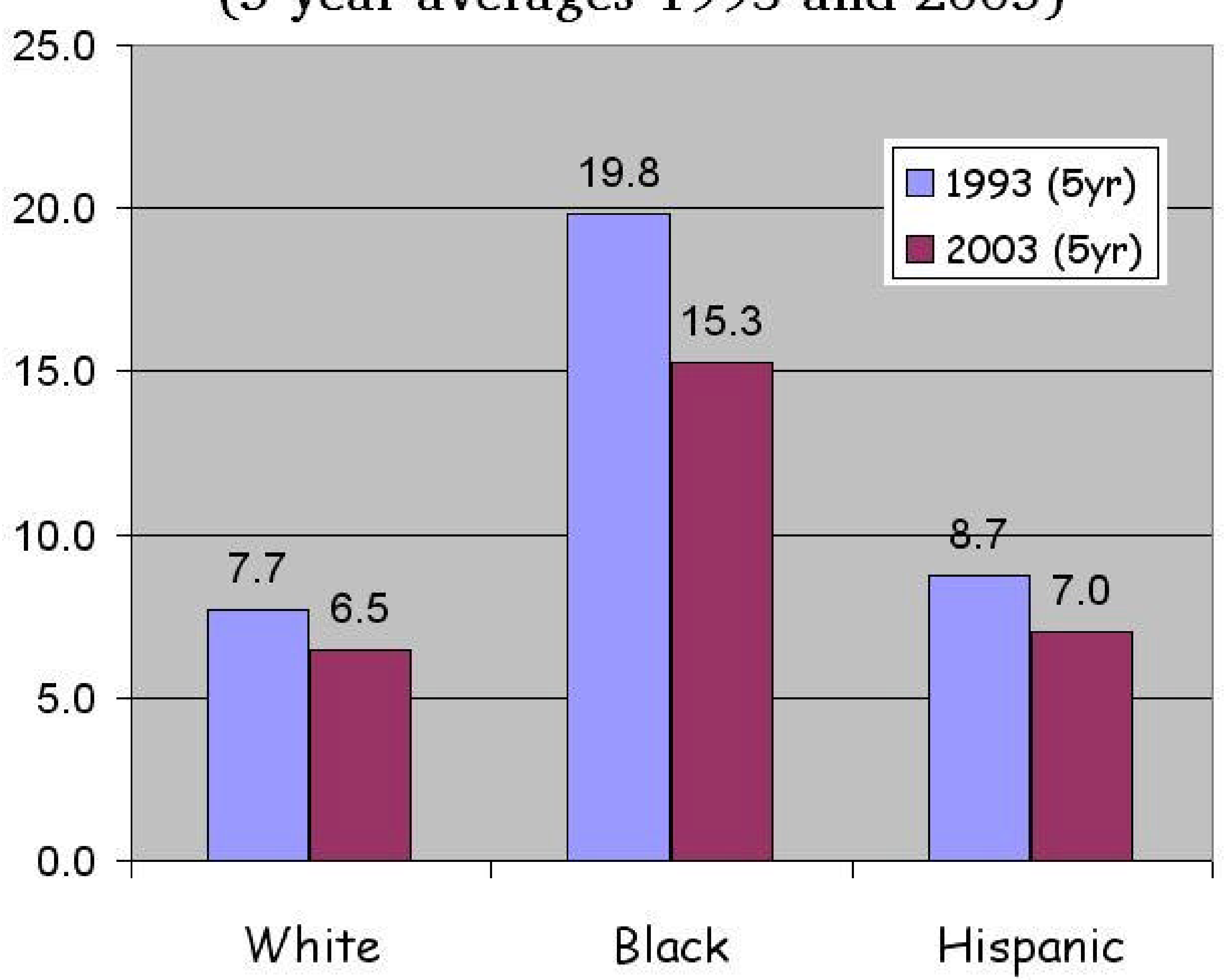
KDHE March 23, 2005

Percent Inadequate Prenatal Care Access - 2003

from Adequacy of Prenatal Care Utilization (APNCU) Index

Cheyenne 9.1%
Rawlins 11.8%
Decatur 7.1%
Norton 0.0%
Phillips 5.1%
Smith 5.5%
Jewell 7.7%
Republic 9.1%
Washington 3.3%
Marshall 9.0%
Nemaha 7.2%
Brown 3.2%
Doniphan 6.6%
Sherman 12.5%
Thomas 5.5%
Sheridan 0.0%
Graham 8.0%
Rooks 8.5%
Osborne 10.8%
Mitchell 5.3%
Cloud 9.7%
Clay 9.9%
Riley 9.8%
Pottawatomie 7.4%
Jackson 3.2%
Atchison 7.2%
Jefferson 4.4%
Leavenworth 6.9%
Wyandotte 14.0%
Wallace 4.8%
Logan 3.2%
Gove 15.2%
Trego 3.2%
Ellis 4.7%
Russell 11.0%
Lincoln 3.2%
Ottawa 4.5%
Dickinson 8.1%
Geary 8.9%
Wabaunsee 4.0%
Shawnee 5.8%
Douglas 5.9%
Johnson 3.9%
Greeley 16.7%
Wichita 7.9%
Scott 27.7%
Lane 27.3%
Ness 16.1%
Rush 5.4%
Barton 9.3%
Ellsworth 6.7%
Saline 5.1%
Morris 11.5%
Osage 7.5%
Franklin 8.7%
Miami 4.4%
Rice 8.5%
McPherson 2.9%
Marion 8.2%
Chase 11.8%
Lyon 11.4%
Coffey 3.8%
Anderson 4.8%
Linn 4.8%
Hamilton 12.5%
Kearny 11.3%
Finney 18.6%
Hodgeman 16.1%
Pawnee 10.2%
Stafford 4.3%
Reno 8.4%
Harvey 9.0%
Greenwood 2.5%
Woodson 7.7%
Allen 9.9%
Bourbon 1.8%
Edwards 10.3%
Gray 15.0%
Ford 17.8%
Butler 5.4%
Sedgwick 8.0%
Stanton 16.7%
Grant 14.4%
Haskell 18.6%
Kiowa 5.2%
Pratt 11.6%
Kingman 10.3%
Wilson 8.3%
Neosho 5.2%
Crawford 6.0%
Elk 9.1%
Morton 34.4%
Text
Stevens 23.7%
Seward 25.2%
Meade 18.8%
Clark 4.7%
Comanche 8.3%
Barber 23.1%
Harper 8.9%
Sumner 4.8%
Cowley 8.5%
Chautauqua 5.3%
Montgomery 8.8%
Labette 8.0%
Cherokee 13.3%





Infant Mortality Rates
(5 year averages 1993 and 2005)
25.0
20.0
15.0
10.0
5.0
0.0
19.8
15.3
7.7
6.5
8.7
7.0
1993 (5yr)
2003 (5yr)
White
Black
Hispanic

Monitoring Population Health and Disparities

QUALITY OF CARE should not differ because of such characteristics as:

- Gender
- Race
- Age
- Ethnicity
- Income
- Education
- Sexual orientation or
- Place of residence
- Other Special Populations

"***Crossing the Quality Chasm***" IOM, 2001

Identifying Goals and Gaps

- Urban Rural differences persist
- Racial, ethnic and income disparities exist
- The workforce does not represent proportionally the population it is expected to serve
- An ageing workforce may not be replaced with an adequate supply of new health professionals now in training
- Federal Medicaid cuts may force states to reduce benefits or limit eligibility

What shall we do?

National Objectives

Strategy 1: Eliminate Barriers to Care

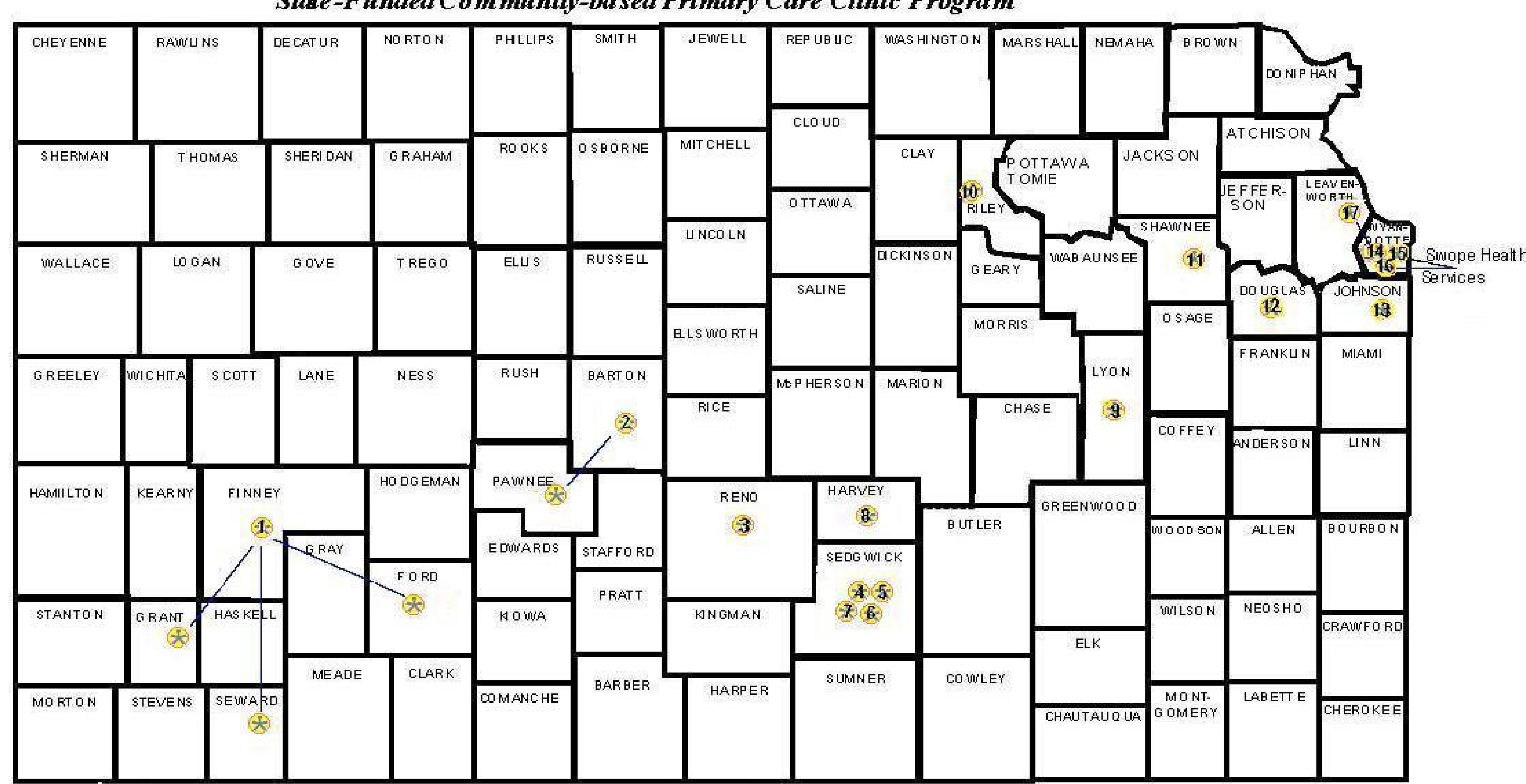
Strategy 2: Eliminate Health Disparities

GOAL:
100% ACCESS
&
0 DISPARITIES

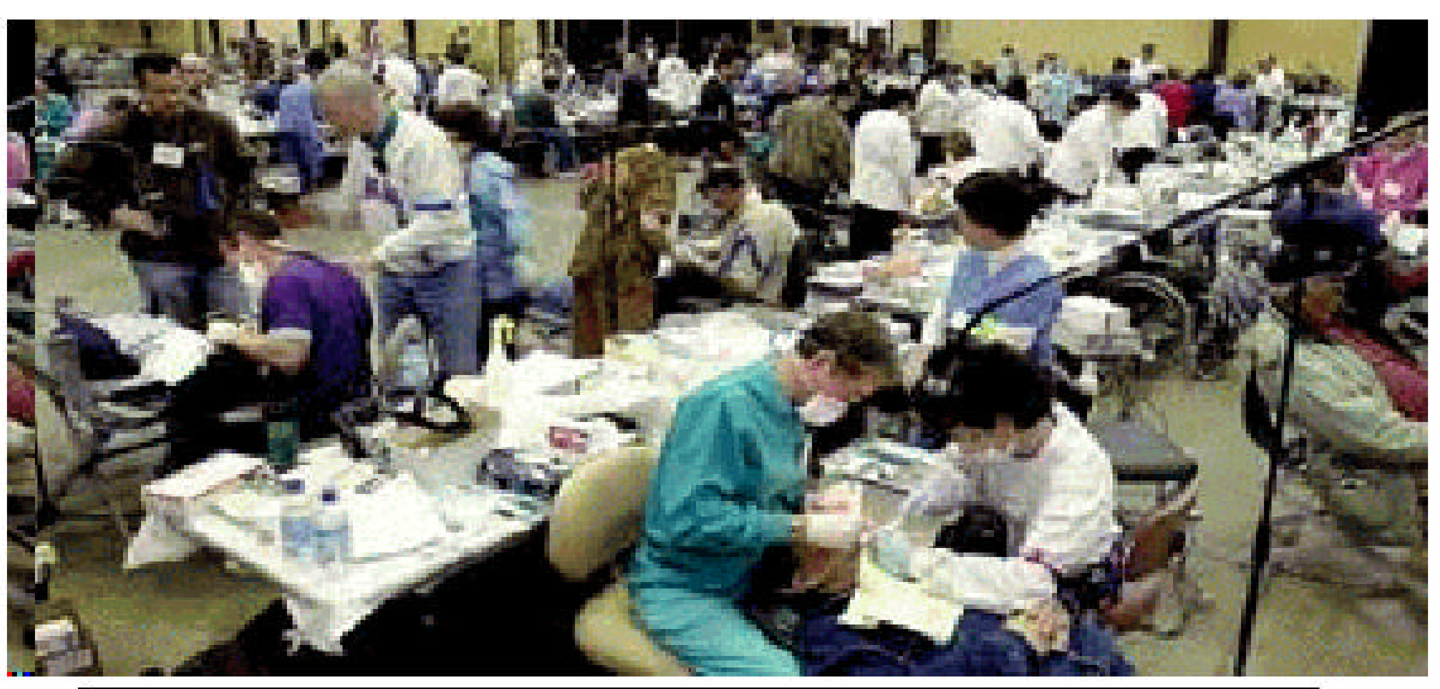
Strategy 3: Assure Quality of Care

Strategy 4: Improve Public Health and Health Care Systems

Primary Care Clinics



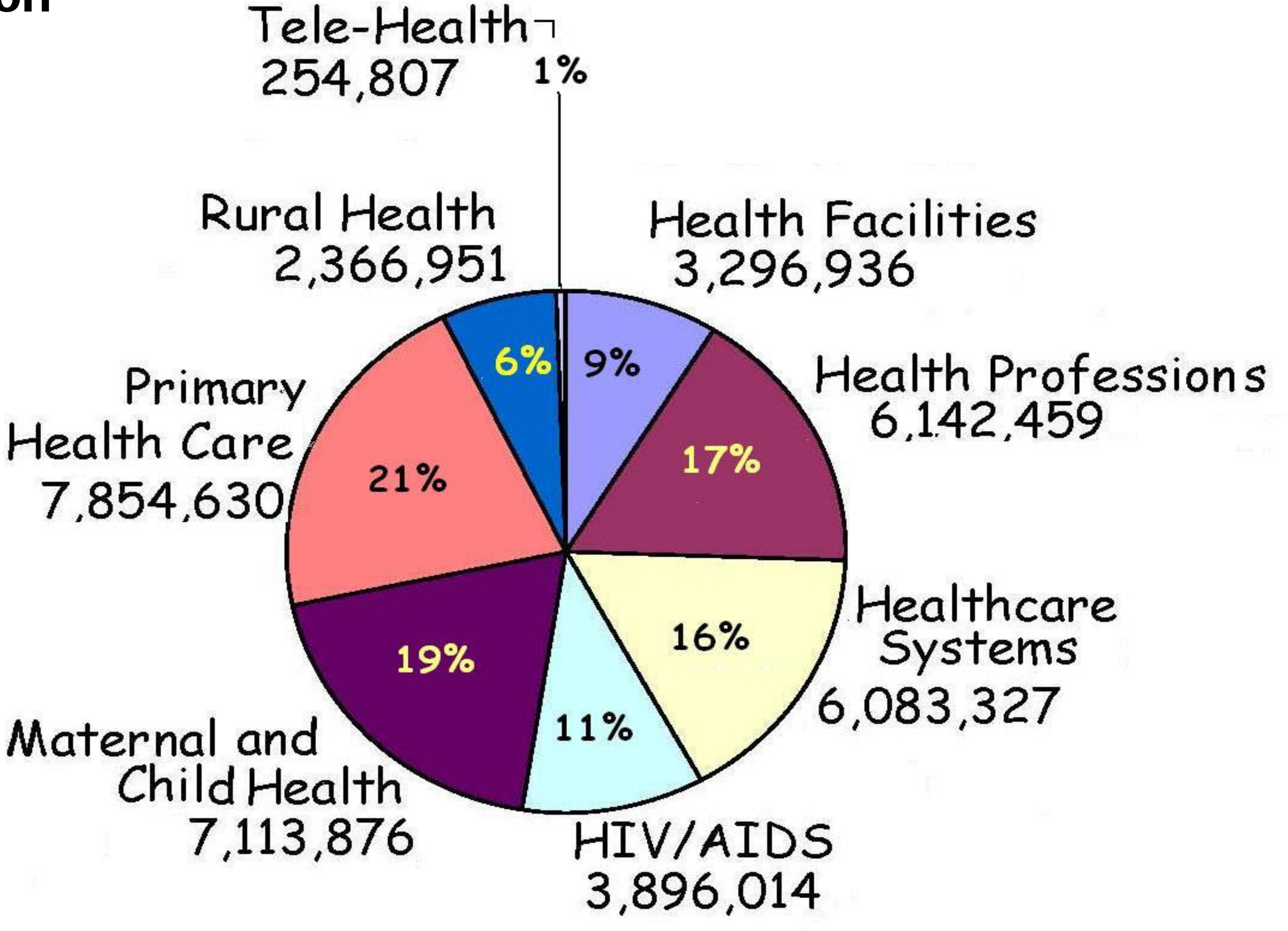
Charitable Health Care Provider Program Grows



Dentists and dental hygienists perform free-dental work on area residents in an assembly line fashion Friday during the first day of the Kansas Mission of Mercy program at the Finney County Fairground. Kansas is the third state to implement the program, along with Virginia and Texas

HRSA Grants to Kansas 2004

37 Million



http://datawarehouse.hrsa.gov/ReportTool.htm March 17, 2005

Monitoring the Safety Net

- Defining health care “safety-net”
- Identifying the Safety Net Providers
- Supporting information and referral needs of the population
- Supporting workforce supply and development needs of the safety-net
- Evaluating performance, capacity and stability of the safety-net

Workforce Issues

- Evaluate and obtain federal shortage designations for underserved areas
- Produce Annual Medically Underserved Areas Report
- Assist underserved communities with recruitment and retention resources
- Establish and maintain partnerships to coordinate statewide recruitment activities

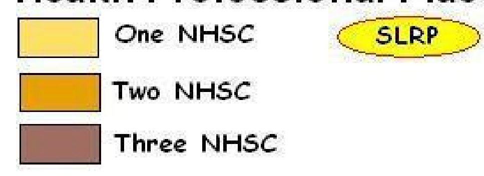
National Health Service Corps Members

April 2005

Cheyenne
Rawlins 1 0 0
Decatur
Norton
Phillips
Smith
Jewell 0 1 0
Republic
Washington
Marshall
Nemaha
Brown 0 1 0
Doniphan
Sherman
Thomas
Sheridan 1 0 0
Graham
Rooks 1 0 0
Osborne
Mitchell
Cloud 0 2 0
Clay
Riley
Pottawatomie 3 0 0
Jackson
Atchison 1 0 0
Jefferson
Leavenworth 0 2 0
Wyandotte 0 0 2
Wallace
Logan 1 FP
Gove 0 0 2
Trego 1 FP
Ellis 1 2 0
Russell
Lincoln
Ottawa
Dickinson
Geary 1 0 0
Wabaunsee
Shawnee 1 0 0
Douglas
Johnson
Greeley
Wichita
Scott 1 0 0
Lane
Ness
Rush
Barton 1 0 0 1 FP
Ellsworth
Saline 0 3 0
Rice
McPherson 0 3 0
Marion
Morris
Chase
Lyon 1 1 0 1 DDS
Osage
Franklin 0 1 0
Miami
Coffey
Anderson 1 1 0
Linn 0 1 0
Hamilton 1 0 0
Kearny 1 0 0
Finney 0 1 0
Hodgeman
Pawnee 1 0 0
Stafford
Edwards
Reno
Harvey
Gray
Ford
Butler
Greenwood
Woodson 0 1 0
Allen 0 2 0
Bourbon 0 1 0
Stanton
Grant
Haskell 1 0 0
Kiowa
Pratt
Kingman
Sedgwick
Elk
Wilson
Neosho 0 1 0
Crawford
Morton
Stevens
Seward 0 1 0
Meade
Clark
Comanche
Barber
Harper
Sumner
Cowley 0 3 0
Chautauqua
Montgomery
Labette
Cherokee

County Name # Primary Care
Mental Health # Dental

Total Field Strength	NHSC	SLRP
Primary Care Professionals	19	3
Mental Health Professionals	30	
Dental Professionals	4	1
Total Field Strength	53	4



State Loan Repayment Program

- Size of the Program   The goal will be to assist ten communities by supporting loan repayment for 10 to 13 primary health care providers.
- Eligible professions: primary care physicians, nurse practitioners, physician assistants, dentists, dental hygienists, clinical psychologists, clinical social workers, mental health counselors, licensed professional counselors, and marriage and family therapists.

Sliding Fee Schedule of Discounts

The following table provides an example of a sliding-fee schedule

EXAMPLE

Sample DISCOUNT - SLIDING-FEE SCHEDULE

	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
Discount	100%	75%	50%	25%	0%
Sliding-Fee	Free care	Pay 25% of Charges	Pay 50% of Charges	Pay 75% of Charges	Pay Full Charges
Accounting Code	P_0	P_1	P_2	P_3	P_4

Agency for Health Research and Quality

Workforce and Delivery System Performance

1. Effectiveness
2. Patient Safety
3. Timeliness
4. Patient Centeredness

http://www.qualitytools.ahrq.gov/qualityreport/state/spf.aspx

Recommendations

- Increase the proportion of persons with health insurance
- Increase the proportion of persons who have a specific source of ongoing care
- Increase the number of locations where uninsured low wage families can find a source of ongoing care
- Increase the capacity and stability of the primary care safety-net

Recommendations

- Continue development of efficient models of primary care practice
- Maintain state practice acts that maximize the functioning of primary care teams
- Improve data systems for collecting and assessing medical, nursing, dental and behavioral health professional workforce information and practice characteristics

Recommendations

- Increase career recruitment, training and distribution of under-represented minorities into the health care professions
- Collaborate with stakeholders to monitor and improve access to high quality health care services

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