IMPROVING ACCESS

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January 9, 2017

IMPROVING ACCESS TO…_____?

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IMPROVING ACCESS TO… HEALTH

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Outline for Today's Talk

1. Illustrate access issues by drawing from the experiences of free clinic patients
2. Define "access" and briefly describe how the concept has evolved and is being measured
3. Consider how access is taken up in the social work literature
4. Identify evidence-based interventions that promote access
5. Suggest future directions for social work practice, research, and advocacy
6. Open up for discussion

“Strengthening the Safety Net” Study in Cook Co. IL: Perspectives from Patients of Free Clinics

“I am a single parent…. So, for me to look for some healthcare was always, Should I go to work or to the doctor? because I was losing my money from my work. So, I always chose, No, I am not going to the doctor. I am going to work.”

“It’s difficult getting around….”

“We don’t spend too much time waiting like in the other clinics….”

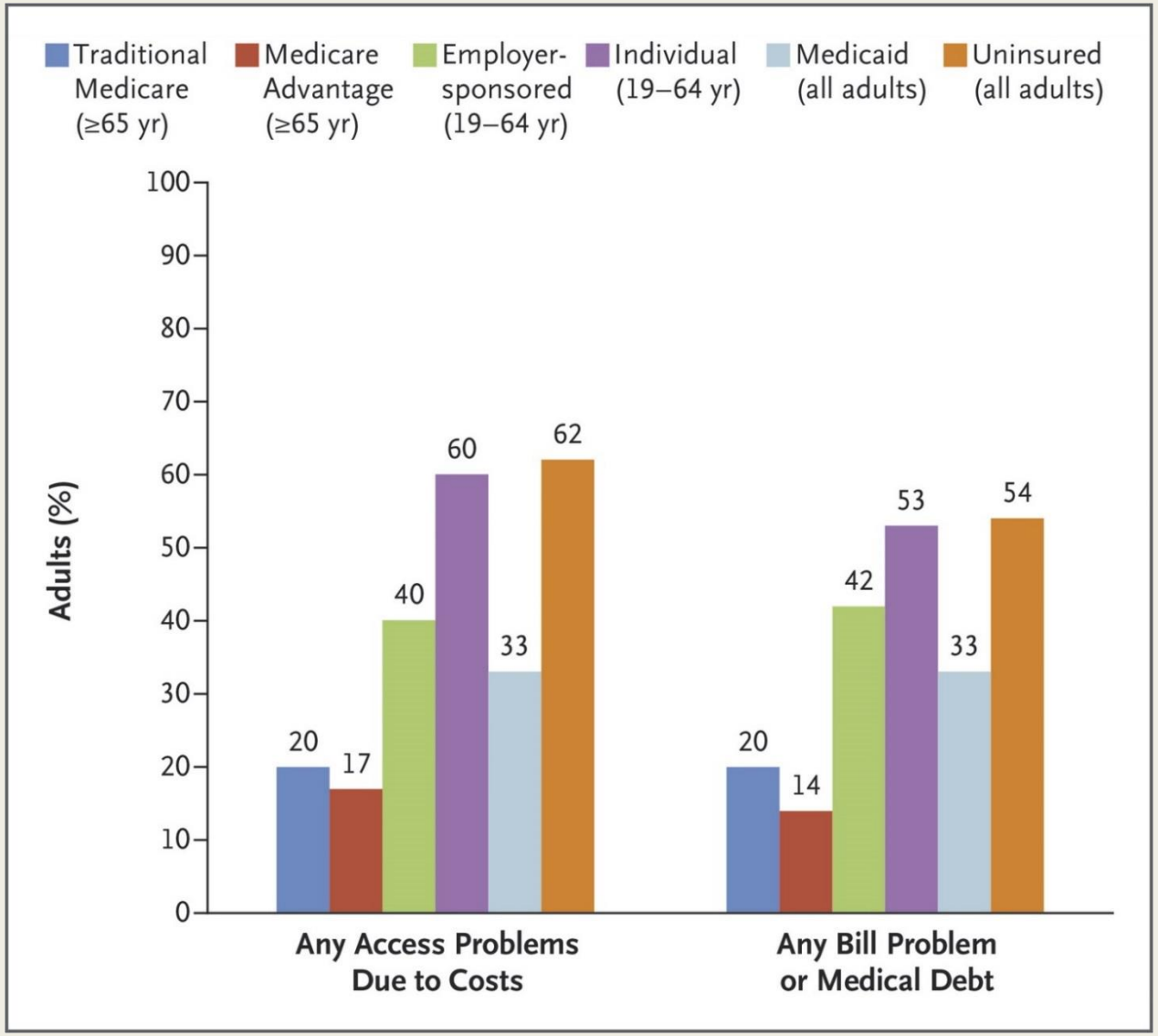
“Medicaid is not that great, a lot of places won’t take you.”

“…but you have to make [an] appointment…and then they’re so long…to the appointment because they a full schedule and it would be too far out…when I’m sick.”

“We’re supposed to be able to afford [insurance] but we can’t afford it because it’s too much.”

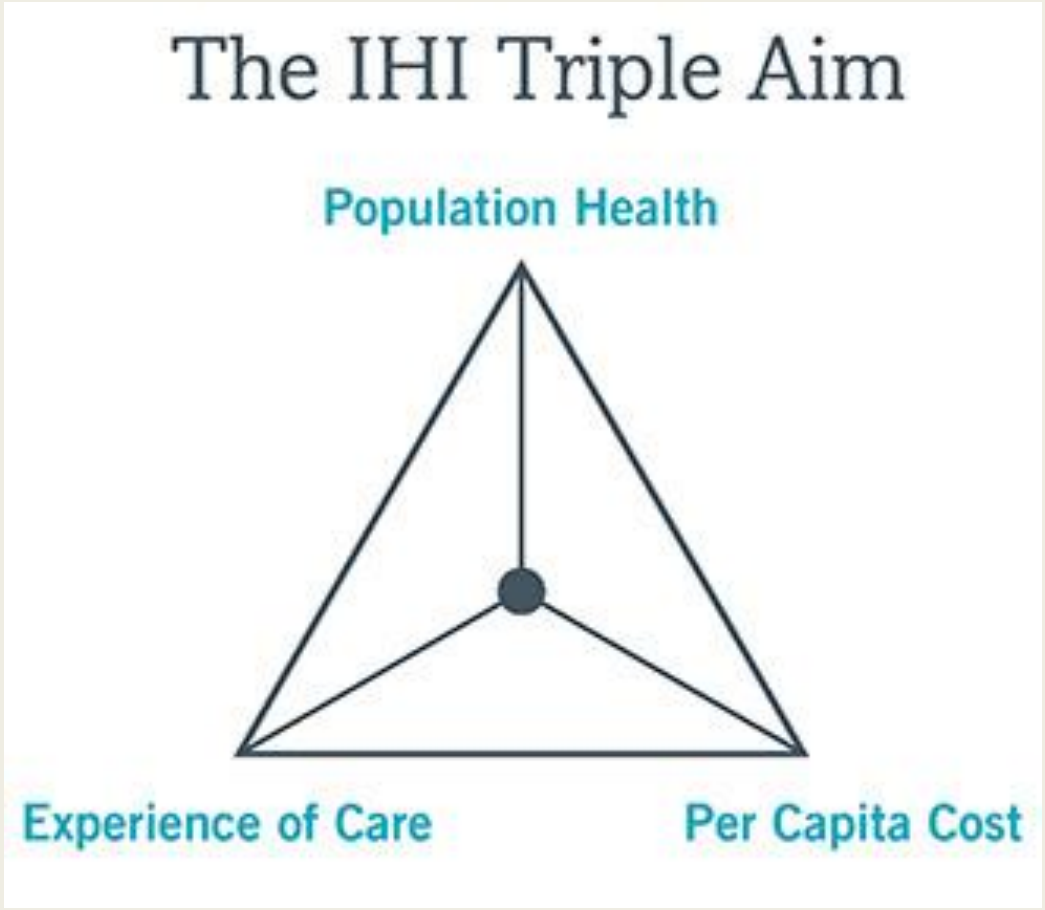
“Yes, because every February, when it is very cold, is when I have the asthma. But since I come here, like 2 or 3 years, last year I did not get sick. I have been fine. **The asthma is better, not as before.**”

Access to Care and Financial Burden among Adults 19+ by Insurance Coverage



Blumenthal D et al. N Engl J Med 2015;372:479-486.

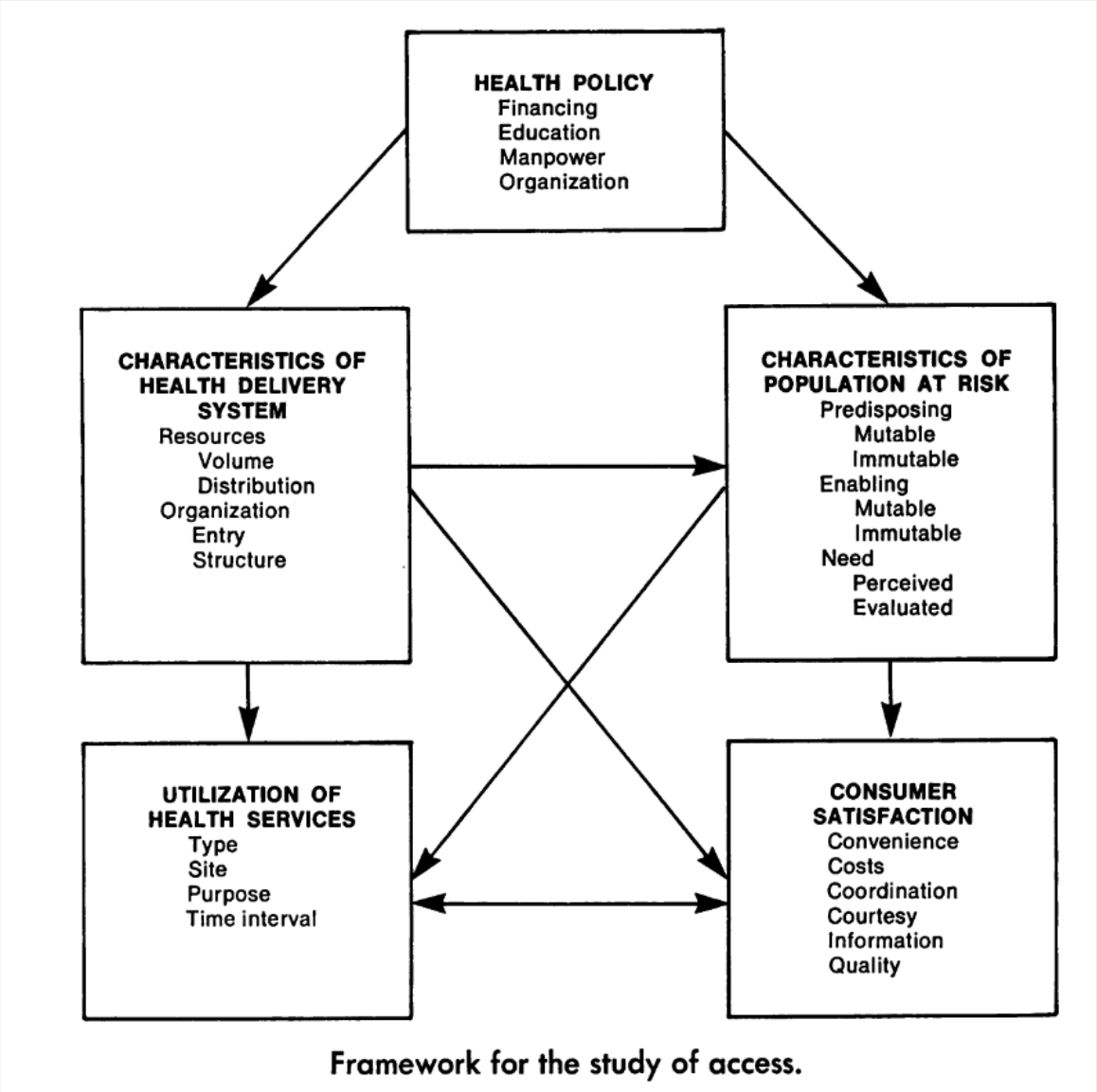
Access is a “precondition” of The Triple Aim



http://www.ihi.org/engage/initiatives/tripleaim/pages/default.aspx; Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. Health Affairs. 2008 May 1;27(3):759-69.

WHAT DOES ACCESS MEAN?

What does “access” mean?

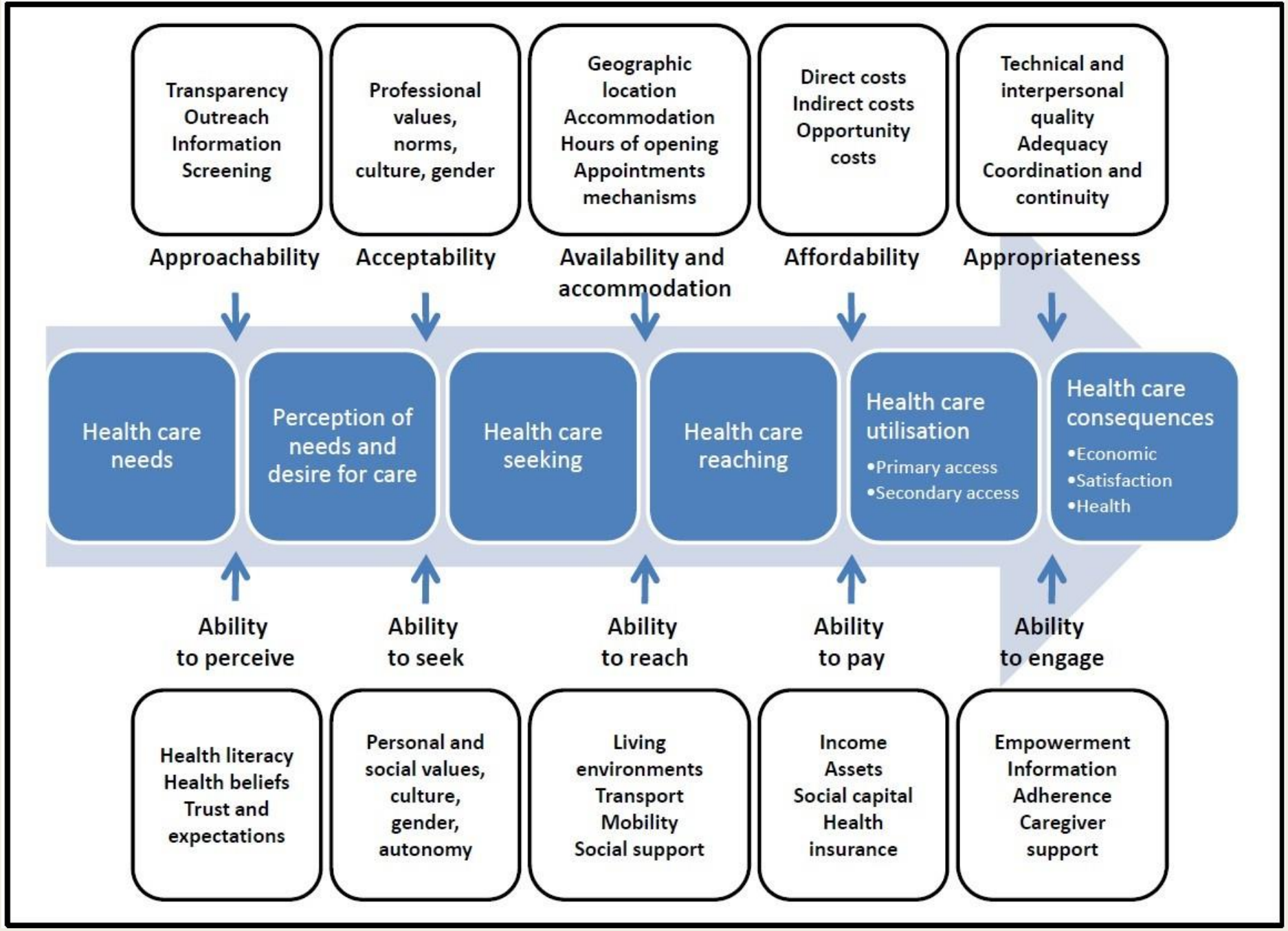


Framework for the study of access.

Source: Aday and Andersen, 1974

- “**Gaining** access”: initiation into the process of utilizing a service
  - *e.g., medical insurance*
- “**Having** access”: potential to utilize a required service
  - *e.g., # of doctors*

Source: Gulliford et al., 2002, *J Health Serv Res Policy*



Source: Levesque et al. (2013). "Patient-centred access to health care: conceptualizing access at the interface of health systems and populations." *International Journal for Equity in Health*.

Healthy People 2020 Leading Health Indicators:

Access to Health Services

Overview

Access to and utilization of quality health care greatly affects a person's health. Increasing access to both routine medical care and medical insurance are vital steps in improving the health of all Americans. Regular and reliable access to health services can prevent disease and disability, detect and treat illnesses or other health conditions, and increase life expectancy.

Progress in Numbers*

✓ Target met[1] | + Improving[2] | ○ Little or no detectable change[3] | – Getting worse[4]

Status	Leading Health Topic and Indicator: Access to Health Services	Baseline (Year)	Most Recent (Year)	Target	Progress Toward Target[5]	Movement Away From Baseline[6]
○	AHS-1.1 Persons with medical insurance (percent, <65 years)	83.2% (2008)	83.1% (2012)	100.0%	—	0.1%
○	AHS-3 Persons with a usual primary care provider (percent)	76.3% (2007)	77.3% (2011)	83.9%	13.2%	—

Source: https://www.healthypeople.gov/sites/default/files/HP2020_LHI_Acc_Hlth_Svcs.pdf

WHAT DOES THE SOCIAL WORK LITERATURE HAVE TO SAY ABOUT **ACCESS**?

“Access” in the Health-Related Social Work Literature

- Methodology:
  - Searched *Social Work Abstracts*
  - Search terms in title/abstract: accessibility, access to care, access to health services, access to social services, access to medical care, improving access, affordability, acceptability, appropriateness AND health or medical
  - Time period: 1/1/2010 – 1/1/2017
  - U.S.-based, peer-reviewed articles

Results

- Small number of studies (n=59)
- Heavily descriptive
  - *11 articles providing perspectives/commentary, literature reviews*
  - *48 research studies:*
    - 21 use qualitative methods (interviews, focus groups)
    - 6 use surveys
    - 18 use statistical modeling
    - 3 unknown
- Emphasis on vulnerable populations: immigrants & refugees, homeless, HIV/AIDS, racial/ethnic minorities, LGBTQ, mentally ill & disabled, alcohol or substance abusers, foster care children
- >1/3 focused on mental health/substance use disorders

Results

- Hodge-podge of articles
  - ***Describing access problems*** *of, say, diabetic homeless persons, Mexican-Americans seeking pediatric palliative care, or foster care caregivers*
  - ***Designing and evaluating interventions*** *to get the right care to those in need, such as online therapy for the treatment and prevention of adolescent anxiety and depression or computerized rather than face-to-face counseling for HIV testing in emergency departments*
  - ***Explaining the effect of policy changes on program participation or participants****, such as how the introduction of cost-sharing influenced disenrollment in the SCHIP program or how Medicare beneficiaries with mental illness are responding to the donut hole*

RESEARCH PRIORITY: SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Evidence Suggesting Improvements in Health by Making Connections to Community Resources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Housing, Transportation, And Food: How ACOs Seek To Improve Population Health By Addressing Nonmedical Needs Of Patients

Expand

Taressa Fraze[1,*], Valerie A. Lewis[2], Hector P. Rodriguez[3] and Elliott S. Fisher[4]

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doi: 10.1377/hlthaff.2016.0727
Health Aff November 2016 vol. 35 no. 11 2109–2115

» Abstract
Figures Only
Full Text
PDF

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Original Investigation

November 7, 2016

Effects of Social Needs Screening and In-Person Service Navigation on Child Health
A Randomized Clinical Trial

Laura M. Gottlieb, MD, MPH[1,2]; Danielle Hessler, PhD[1]; Dayna Long, MD[3,4]; et al

» Author Affiliations

JAMA Pediatr. 2016;170(11):e162521. doi:10.1001/jamapediatrics.2016.2521

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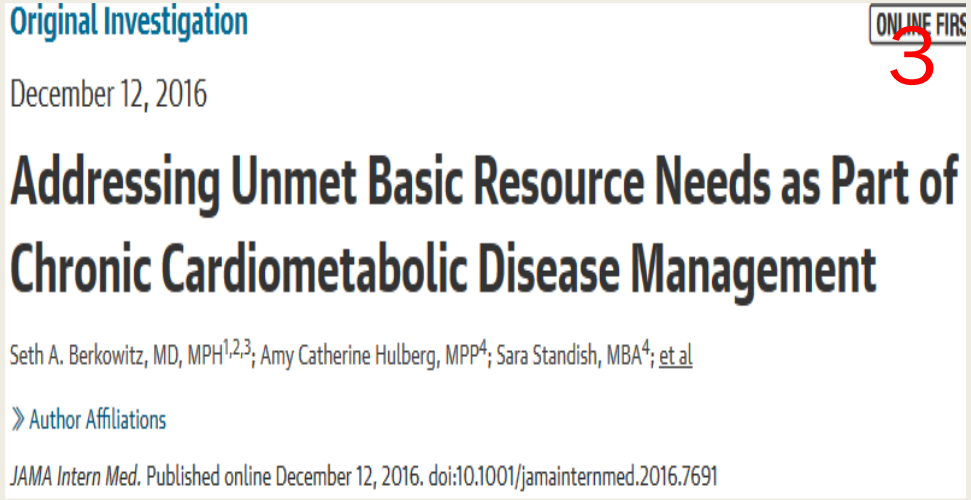
Original Investigation

December 12, 2016

Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management

Seth A. Berkowitz, MD, MPH[1,2,3]; Amy Catherine Hulberg, MPP[4]; Sara Standish, MBA[4]; et al

» Author Affiliations

JAMA Intern Med. Published online December 12, 2016. doi:10.1001/jamainternmed.2016.7691

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CommunityRx: A Population Health Improvement Innovation That Connects Clinics To Communities

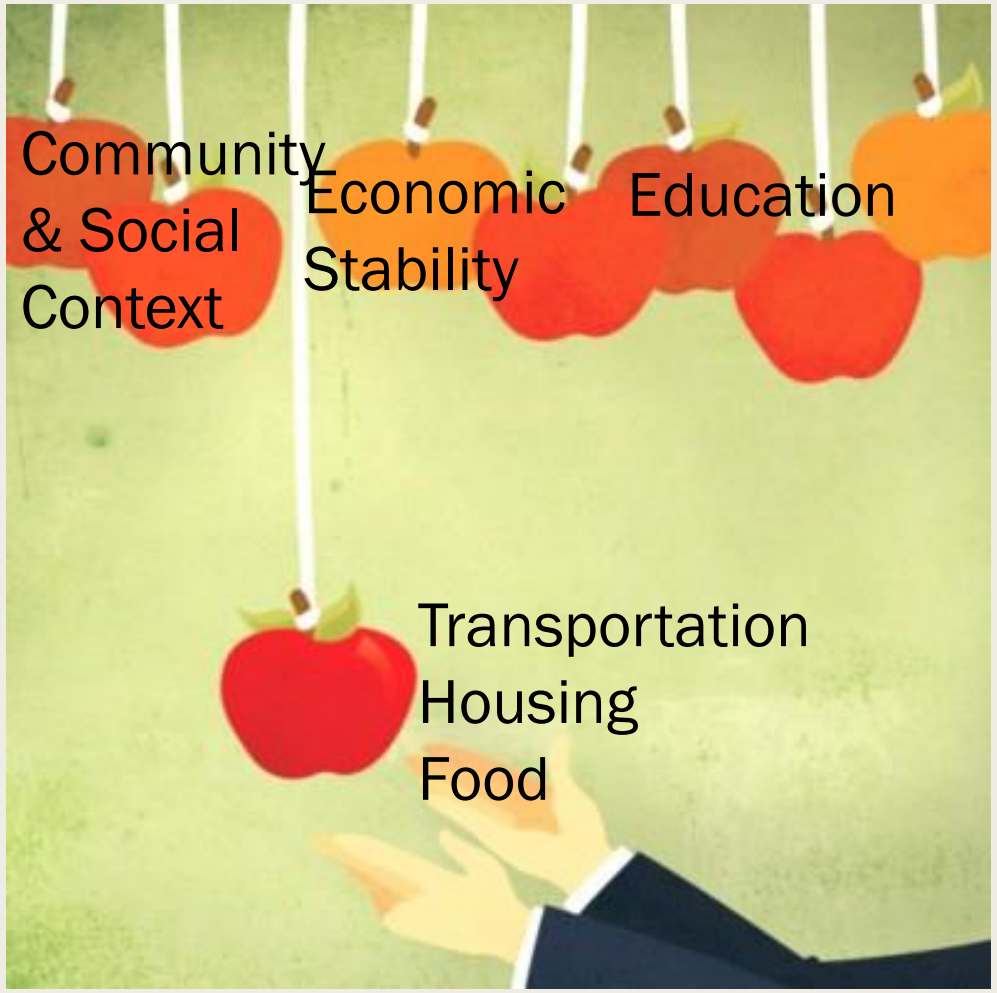
Expand

Stacy T. Lindau[1,*], Jennifer Makelarski[2], Emily Abramsohn[3], David G. Beiser[4], Veronica Escamilla[5], Jessica Jerome[6], Daniel Johnson[7], Abel N. Kho[8], Karen K. Lee[9], Timothy Long[10] and Doriane C. Miller[11]

4

Berkowitz SA, Hulberg AC, Standish S, Reznor G, Atlas SJ. Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management. *JAMA Intern Med.* Published online December 12, 2016; Fraze T, Lewis VA, Rodriguez HP, Fisher ES. Housing, transportation, and food: how ACOs seek to improve population health by addressing nonmedical needs of patients. *Health Affairs*. 2016 Nov 1;35(11):2109-15.Gottlieb LM, Hessler D, Long D, Laves E, Burns AR, Amaya A, Sweeney P, Schudel C, Adler NE. Effects of Social Needs Screening and In-Person Service Navigation on Child Health A Randomized Clinical Trial. *JAMA Pediatr.* 2016;170(11). Lindau ST, Makelarski J, Abramsohn E, Beiser DG, Escamilla V, Jerome J, Johnson D, Kho AN, Lee KK, Long T, Miller DC. CommunityRx: A Population Health Improvement Innovation That Connects Clinics To Communities. *Health Affairs*. 2016 Nov 1;35(11):2020-9.

Gap: SDH Social Needs Being Addressed



Social and Mental Health Needs Screening Questionnaire Among the Total Sample of 1809 Participants

Item	No. (%) Endorsing Need	
	Active Control Arm (n = 937)	Navigation Intervention Arm (n = 872)
Running out of food before you had money or food stamps to buy more	357 (38.1)	389 (44.6)
Not having enough money to pay your utility bills	361 (38.5)	383 (43.9)
Trouble finding a job	271 (28.9)	290 (33.2)
Not having a place to live	248 (26.5)	280 (32.1)
Unhealthy living environment	195 (20.8)	216 (24.8)
Medical bills	208 (22.2)	171 (19.6)
No health insurance	149 (15.9)	170 (19.5)
Other concerns with housing	137 (14.6)	161 (18.5)
Cut off or denied from programs that provide income support	128 (13.7)	130 (14.9)
No primary care or regular general doctor	130 (13.9)	119 (13.7)
Disability-related impairment interfering with ability to work	86 (9.2)	90 (10.3)
Accessing mental health care for yourself/caregiver in household	60 (6.4)	72 (8.3)
Problems with a current or former job	55 (5.9)	56 (6.4)
Concerns about pregnancy-related work benefits	25 (2.7)	20 (2.3)

Source: Gottlieb et al., *JAMA Pediatr.* 2016;170(11).

Gap: **Types of Individuals** Screening for Social Needs & Making Community Connections

1. ACO Study, *Health Affairs*: **patients, navigators, staff members such as social workers and care managers**
2. Child Health Social Needs Screening & Navigation RCT Study, *JAMA Pediatrics*: **college students**
3. Social Needs & Cardiometabolic Outcomes Study, *JAMA Internal Medicine*: **patients, undergraduate student volunteers**
4. CommunityRx Study, *Health Affairs*: **patients, physicians, nurses and other staff members**

Future Directions for Research

1. Synthesize literature:

   --barriers/facilitators relating to access to care for vulnerable populations

   --(social work) interventions designed to increase access

2. Test the effectiveness (and cost effectiveness) of **social workers** (vs. self-identified or other kinds of workers) in identifying social needs, facilitating connections with community resources, and improving (various) outcomes
3. Evaluate methods to strengthen ties between clinics and community resources, increase accountability, and improve patient engagement (referral completion)
4. Critically evaluate self-assessment tools used by patients to self identify social needs
5. Develop “less-intensive, more efficient, easily adaptable ways of addressing social needs that can be easily adaptable in the work flow of busy clinics” (Halfon, 2016)

Source: Halfon, N. (2016). More Precisely Targeting the Coal Mine of Social Adversity. *JAMA pediatrics*, *170*(11).

Potential Roadblocks

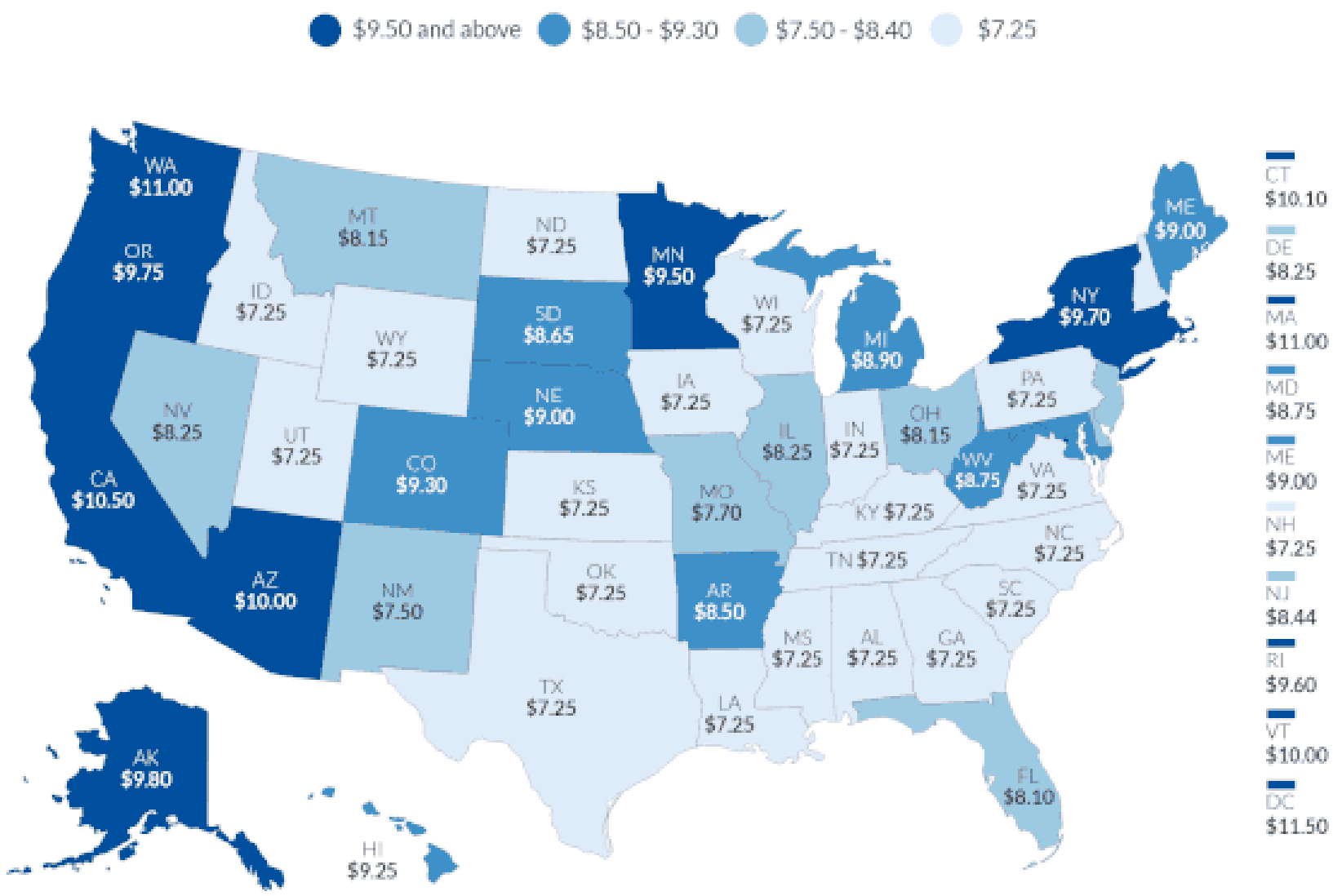
- Resistance from **social workers**, who may undervalue the importance of making community connections or presume it's already happening more routinely
  - *JAMA Pediatrics: only 18% of study participants reported being asked about nonmedical needs in a health setting in the last year*
- Resistance from **payors** who are seeking cost efficiencies
- Resistance from **providers** who may perceive that social workers' time is better reserved for clinical/mental health concerns
  - *"Advocates from Health Leads* help offload the work faced by many social workers…so that they can focus on those patients who need clinical help."*

    (McMullen and Katz, "Targeting Unmet Social Needs—Next Steps Toward Improving Chronic Disease Management," JAMA Internal Medicine, 2016)

*referring to Social Needs & Cardiometabolic Outcomes Study: Berkowitz et al. *JAMA Intern Med.* Published online December 12, 2016;

ADVOCACY:
INCREASE WORKER EARNINGS

2017 MINIMUM WAGE BY STATE



Sources: National Conference of State Legislatures and state government websites
http://www.bankrate.com/finance/jobs-careers/state-minimum-wage.aspx

Bankrate

Potential health gains from increases in the minimum wage

- **Obesity**: $1 decrease in the minimum wage was associated with a 0.06 increase in BMI.

Meltzer, D. O., & Chen, Z. (2011). The impact of minimum wage rates on body weight in the United States. In *Economic aspects of obesity* (pp. 17-34). University of Chicago Press.

- **Hypertension**: Doubling the minimum wage was associated with 25–30% lower chances of hypertension for persons aged 25–44 years.

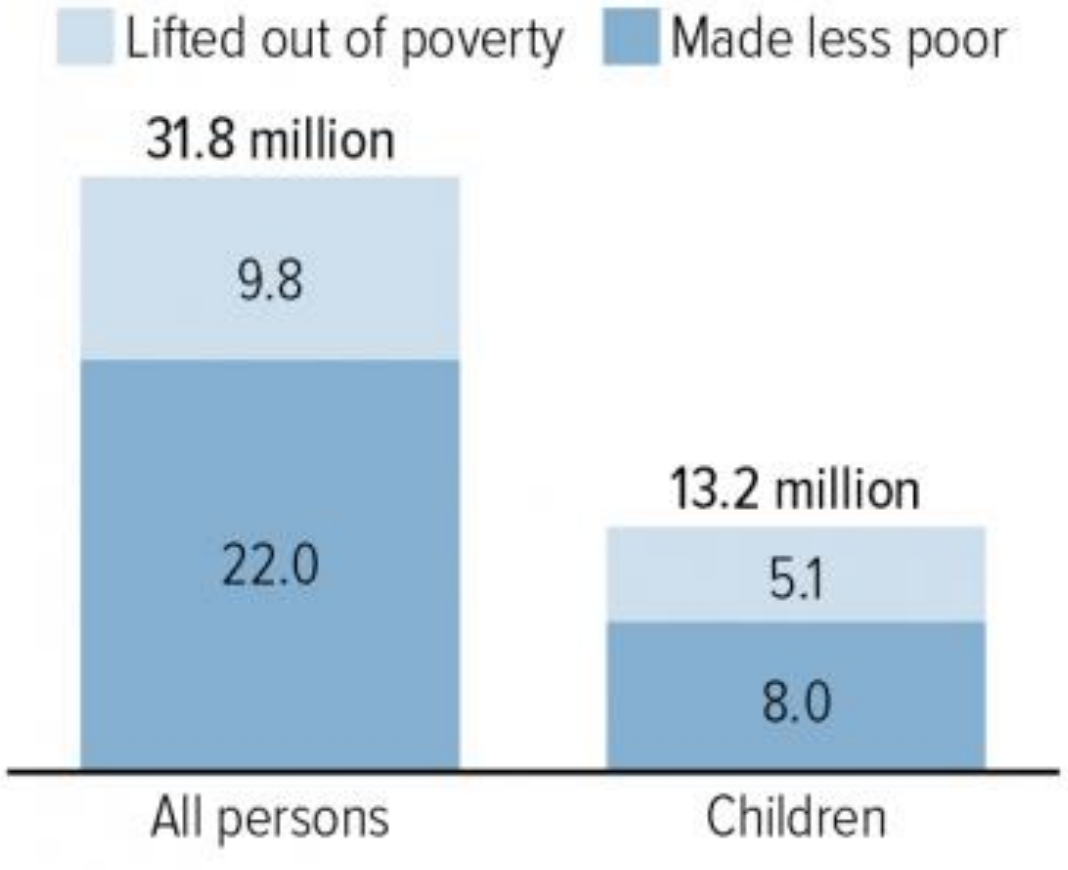
Leigh, J. P., & Du, J. (2012). Are low wages risk factors for hypertension?. *European journal of public health*, *22*(6), 854-859.

- **Access to care**: The level of the minimum wage was associated with a 14% lower odds of experiencing cost-related unmet medical needs.

McCarrier, K. P., Zimmerman, F. J., Ralston, J. D., & Martin, D. P. (2011). Associations between minimum wage policy and access to health care: evidence from the Behavioral Risk Factor Surveillance System, 1996-2007. *American journal of public health*, *101*(2), 359-367.

Earned Income Tax Credit and Child Tax Credit Have Powerful Antipoverty Impact

Millions of persons lifted out of poverty or made less poor (using Supplemental Poverty Measure) by EITC and CTC, 2015



http://www.cbpp.org/research/federal-tax/policy-basics-the-earned-income-tax-credit

Closing Thoughts

- **Practice**:
  - *Recommit social workers to role of resource mobilizers*
- **Research**:
  - *Connect the study of access to outcomes*
  - *Build upon the social determinants of health enterprise; press for expansion beyond transportation, food, and housing needs; utilize social workers to screen/connect*
- **Advocacy**: Increase worker earnings

- Words of free clinic patients:

"I do think that an advocate would be very helpful here, someone who knows what is available in the community for people who don't have money. Maybe they know about a program that we don't know about. They could lead us in that direction."

"Because when I came here I [didn't] know what going to happen to me. I have to control my blood pressure and my blood, my heart, my thyroid, oh my gosh, so many problems. ***And now I feel so good."***

"Because **if you don't have the money, you can't go to the doctor** because that's the first [thing] they…ask you."

THANK YOU

DISCUSSION