

DETERMINANTS OF ACCESS TO SPECIALTY CARE FOR COMMUNITY HEALTH CLINIC PATIENTS

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THE PURPOSE

To explore the factors that determine access to off-site specialty care services for community health clinic (CHC) patients.

Specific Objectives of this Presentation are to:

1. Identify patient and clinic factors that determine CHC patients' access to specialty care.
2. Describe specialty care referral process

Background: What is Unique about Community Health Clinics (CHC)?

- CHCs make up an important part of the U. S. Health system
- The clinics provide primary care to anyone that walks through their doors
- 7 out of 10 CHC patients live in poverty
- 50% of CHC patients are minorities
- CHC patients on average have higher prevalence of acute and chronic conditions

Background: What is Unique about Community Health Clinics (CHC)?

- The patients often require follow-up care with specialists beyond primary care
- CHCs are limited in their abilities to provide diagnostic and specialty services
- CHC patients have difficulty accessing specialty and diagnostic services that are not provided directly by the clinics

(Cook, et al, 2007; Cook, Ayanian, Orav & Hicks, 2009; & Adashi, Geiger & Fine, 2010)

Methodology

- Design: Descriptive qualitative study
- Study Sample: Convenient sample of 37 *referral coordinators* representing 37 *rural & urban clinics* in Washington State
- “*Referral coordinators*” in this study include:
 - ❖ Referral coordinators
 - ❖ Clinic managers
 - ❖ Clinic directors/Directors of clinical services
 - ❖ Chief operating officers
- Participants’ academic qualifications range from Associate degree to Doctorate

Methodology

- Data collection: Face-to-face & phone interviews
- Data Analysis:

Qualitative content analysis



Interview transcripts/field notes read over and over



Data grouped into units of analysis



Categories and sub-categories



Themes and sub-themes

Clinic Characteristics

- Average # of patients seen (patient volume) varies by clinic size and location
- Average # of patients referred to specialty clinics varies by clinic size
- Several clinics provide on-site specialty services (mental health/psychiatry, Ob-Gyn, pediatrics, dental, naturopathic medicine, podiatry)

Findings:

Specialties in High Demand

- Cardiology
- Orthopedics
- Neurology
- GI
- Rheumatology
- Urology
- Ophthalmology
- Chronic pain management

One participant said, “Neurologists, rheumatologists, and urologists? There are not many of them in WA. There are either so many pts on the waitlist, maxed-out capacity, or they are not taking pt’s insurance or they do not offer charity care”

The most requested specialty Services are Physical therapy, general diagnostic imaging and women’s health imaging!

Findings:

Specialties in High Demand

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- Orthopedics
- Neurology
- GI
- Rheumatology
- Urology
- Ophthalmology
- Chronic pain management

Another participant said, “There is an extreme lack of specialists available to us. It’s very, very hard to find specialists, especially those who need to see a patient in a timely manner. Many times our patients can’t get in for 6-8 months. For example, Pain management – we can’t get a lot of our patients to see”

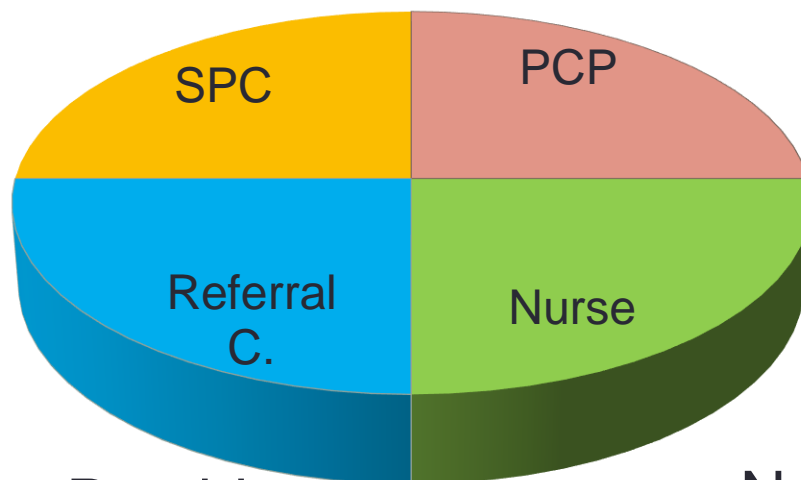
Specialty Care Referral Process -- The Usual Players

1. Patients and family members
2. Primary care providers
3. The referral coordinators at CHCs
4. The referral coordinators at specialty clinics
5. The specialty care providers
6. The insurance companies

Key Players in the Specialty Care Referral Process

Specialty Care Provider

Primary Care Provider

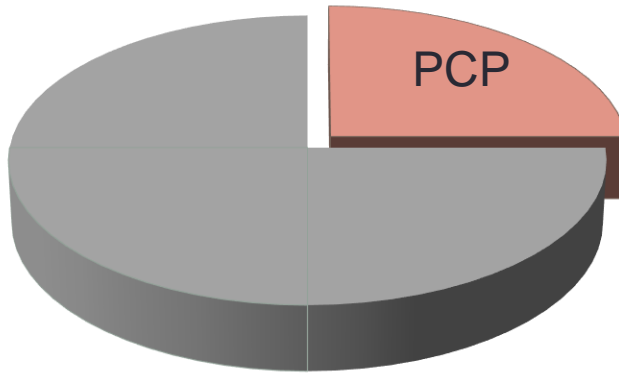


Referral Care Provider

Nurse

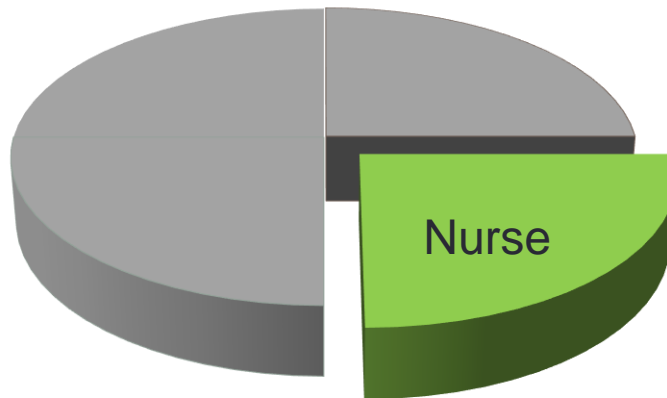
Key Player:

The Primary Care Provider



- Sees patient
- Determines what specialty care/services are needed
- Writes referral order

Key Players:



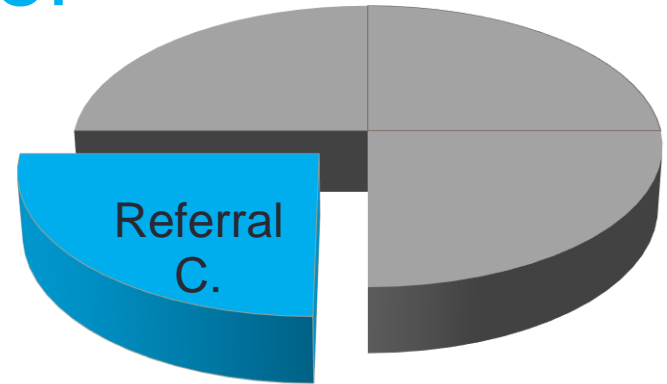
The Nurse

- Reviews referral order and signs off on the order.

Key Player:

Referral Care Coordinator

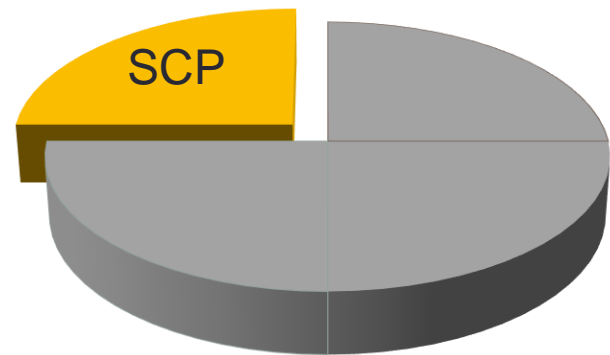
- Reviews order to determine patients' Insurance, appropriate providers, ...
- Obtains pre-authorization
- Contacts patient
- Sends order to specialty clinic



Key Player:

Specialty Care Provider

- Sees patient
- Sends report/summary back to PCP



Patient Factors as Determinants of Access

- Insurance and socio-economic factors
 - Insurance is the biggest factor

“Uninsured patients may be limited in the referral they can obtain. We can refer them but some specialists will not take them or they have to be referred to a practice that is over 100 miles away ... because local specialists are not available, unable, or unwilling to accept patients”

- Socio-economic factor
 - Cost is the underlying factor for all patients

“Insurance is our main issue. 90% of our patients are homeless. And lately we are seeing more Medicaid and Medicare patients”

Patient Factor:

- Transportation

- Discourages a lot of patients
- The second most impactful patient factor
- Most CHC patients do not drive!

“Transportation is a big issue due to our patients’ limited resources. If we can get patients covered to see a specialist and yet they cannot get there, we have not solved the problem of access”

Patient Factor:

- Language
 - Impacts communication and the quality of care
 - Impacts compliance related to not understanding referral instructions.

“Although language is an issue in patient care, no one is denied care based on language. It is against the law, it is discrimination”

Clinic Factors as Determinants of Access

- **Shortage of personnel** -- not enough specialists, nurses and referral coordinators
- **Location of specialty providers** – mostly in the major cities, away from the rural areas.
- **Lack of hospital-clinic affiliations or primary care-specialty care connection**

Other Determinants

- Pro Bono Specialty Providers – *for Example; Project Access*
 - A safety-net specialty care resource that supports non-urgent medical/specialty needs of poor and uninsured patients through volunteer physicians
- Use of the electronic medical records (EMR)
- Implementation of the ACA

Policy Implications/Conclusion

- Increased access to primary care through the ACA has not translated into increased access to specialty care
- *An integrative model of care* that provides automatic link between primary care providers and specialty care providers must be established.

THANK YOU
