Access to Health Services

HP 2020 Goal
Improve access to comprehensive, quality health care services.

HP 2020 Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target</th>
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<tbody>
<tr>
<td>Increase the proportion of persons with a usual primary care provider.</td>
<td>Target: 83.9%</td>
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<tr>
<td>Increase the proportion of persons with health insurance.</td>
<td>Target: 100%</td>
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Summary
Access to the health care is essential to obtain full benefits from the nation’s health care system.\(^\text{1}\) The two factors, having a usual source of care by having a health care provider and having health insurance coverage, play an important role in facilitating individuals’ access to care.\(^\text{4}\) All individuals need a consistent and continuing relationship to the primary care system by way of a health care provider. Access to primary health care and having a personal doctor or nurse has shown to substantially improve health-related outcomes. Having health insurance coverage enables access to care by providing a medical care plan. Thus, health insurance facilitates entry into the health care system.\(^\text{1}\) Individuals with no or limited insurance coverage are less likely to get needed medical attention and are more likely to have poor health status.\(^\text{1,7}\)

Only about 76 percent of Americans have a personal health care provider. Disparities are seen in various population subgroups as higher percentages of younger adults, uninsured persons, African Americans, Asians, Hispanics and those with lower income do not have a personal health care provider.\(^\text{1,8}\) About 15.1 percent (46.3 million) of Americans do not have health insurance. In addition, disparities are also seen in the insurance coverage status among various population subgroups as higher percentages of younger adults, African Americans, Asians, Hispanics, those with lower income, and those with lower education do not have health insurance.\(^\text{9}\)

In Kansas, about 1 in 7 (14.3\%) Kansans 18 years old and older do not have a personal doctor or health care provider.\(^\text{10, 11}\) About 1 out of 10 Kansans 18 years old and older (12\%)
do not have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare. Disparities in the percentages of these two factors are also seen in various population subgroups in Kansas. In addition, there is a shortage of primary care health professionals in Kansas. Out of 105 counties in Kansas, 92 counties are considered partial or whole primary care health professional shortage areas. Similarly, there is a shortage of dental health professionals in Kansas with 95 counties considered partial or whole dental health professional shortage areas.

It is important to ensure access to health care services for all Kansans, which requires strategies directed toward increasing the number of Kansans with a personal health care provider and health insurance coverage.

Definition and Introduction

The U.S. health care system is designed to provide services that prevent, diagnose and treat disease, and improve the physical and mental well-being of all Americans. These services are essential to ensure that those without disease remain healthy and those with disease or disability receive prompt accurate diagnosis, appropriate treatment and improvement in quality of life. These services are required to be delivered in ways that are safe, timely, patient centered, efficient and equitable. Though many Americans receive the health care they need, some do not receive needed care or they do not receive quality care. Sometimes the health care is not delivered in a timely manner or without full consideration of a patient’s preferences and values. For many Americans lack of health care is a persistent barrier to good health. Many times, the health care system distributes services inefficiently and unevenly across populations. These disparities may be due to differences in access to care, provider biases, poor provider-patient communication or poor health literacy.

Access to the health care is essential to obtain full benefits from the nation’s health care system. The term “access to care” is frequently used to describe a broad set of concerns centering on the degree to which people are able to obtain needed services from the health care system. The United States Institute of Medicine (IOM) defined access as the timely use of personal health services to achieve the best possible health outcomes. An important characteristic of this definition is its reliance on both the use of health services and health outcomes when judging whether access has been achieved. Research has shown that racial and ethnic minorities and people of low socioeconomic status (SES) are disproportionately represented among those with access problems.

The two factors, having a usual source of care by having a health care provider and having health insurance coverage, play an important role in facilitating individuals’ access to care.
shown to substantially improve health-related outcomes. People who have a personal health care provider also indicate that they receive appropriate preventive care, have their problems identified, pay lower hospitalization costs due to timely diagnostic tests, have fewer prescriptions and have fewer emergency room visits.\textsuperscript{6} About 76 percent of Americans have a personal health care provider. Disparities are seen among various population subgroups as higher percentages of younger adults, uninsured persons, African Americans, Asians, Hispanics, and those with lower income do not have a personal health care provider.\textsuperscript{1}

Having health insurance coverage enables access to care by providing a medical care plan. Health insurance facilitates entry into the health care system.\textsuperscript{1} Individuals with no or limited insurance coverage are less likely to get needed medical attention and are more likely to have poor health status.\textsuperscript{1,7} Uninsured individuals report more problems getting care, are diagnosed at later disease stages and get less therapeutic care. They are sicker when hospitalized and more likely to die during their stay.\textsuperscript{1,8} About 15.1 percent (46.3 million) Americans do not have health insurance. Disparities are seen in various population subgroups as higher percentages of younger adults, African Americans, Asians, Hispanics, those with lower income, and those with lower education do not have health insurance.\textsuperscript{9}

### Access to Health Care Services in Kansas

#### Having a Personal Health Care Provider

About 1 in 7 (14.3\%) Kansans 18 years old and older does not have a personal doctor or health care provider.\textsuperscript{10,11}

#### Kansans Ages 18 Years and Older Who Do Not Have A Personal Health Care Provider

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\begin{tabular}{|c|c|}
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Have a personal health care provider & 85.7\% \\
\hline
Do not have a personal health care provider & 14.3\% \\
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\end{tabular}
\caption{Kansans Ages 18 Years and Older Who Do Not Have A Personal Health Care Provider}
\end{table}

Source: 2010 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE.
Percentage of Kansans with a Personal Health Care Provider Among Socio-Demographic Groups

Disparities in the percentage of Kansans 18 years old and older who have a personal health care provider are seen among various socio-demographic sub groups. About 1 in 6 males does not have a personal health care provider as compared to 1 in 10 females. Higher percentages of the following Kansans do not have a personal health care provider:

- Younger adults (those 18-54 years old as compared to those 55 years old and older).
- Hispanics as compared to non-Hispanics, African Americans and other races as compared to whites.
- Unemployed and those who are unable to work as compared to employed and retired adults.
- Adults with lower education as compared to those with a college degree.
- Those with lower annual household income (<$35,000 income groups) as compared to those with higher annual household income (≥ $35,000 income groups).
- Uninsured adults as compared to adults who have health insurance.

No differences are seen among population density geographic peer groups (rural versus urban).

Percentage of Kansans with a Personal Health Care Provider by Chronic Disease Status, Chronic Disease Risk Factors Status and Disability Status

Disparities in the percentage of Kansans having a personal health care provider are seen among those without chronic diseases, those with chronic disease risk factors and among those living without a disability. Higher percentages of adults without diabetes or arthritis do not have a personal health care provider as compared to those with diabetes or with arthritis. Higher percentages of current cigarette smokers and those who do not participate in leisure time physical activity do not have personal health care provider as compared to nonsmokers and those who participate in leisure time physical activity. A higher percentage of adults living without a disability do not have a personal health care provider as compared to those living with a disability.

Health Care Coverage/Insurance

About 9 out of 10 Kansans 18 years old and older (88%) have some kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare. Thus, 12 percent of Kansans 18 years old and older do not have any kind of health care coverage. The percentage of adults having some type of health care coverage has remained constant for last several years.
In 2009 and 2010, about 54 percent of Kansans had employer-based health insurance coverage, 12 percent had Medicaid coverage, 14 percent had Medicare coverage and about 13 percent had no insurance.12

Source: 2010 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE.

In 2009 and 2010, about 54 percent of Kansans had employer-based health insurance coverage, 12 percent had Medicaid coverage, 14 percent had Medicare coverage and about 13 percent had no insurance.12

Source: The Henry J. Kaiser Family Foundation. www.statehealthfacts.org
Health Care Coverage/Insurance Status Among Socio-Demographic Groups

Disparities in the percentages of adults ages 18 years and older with health care coverage/insurance are seen among various socio-demographic sub groups. Higher percentages of the following Kansans do not have health care coverage/insurance:

- Younger adults as compared to older adults (those 18 to 24 years old as compared to older adults).
- Hispanics as compared to non-Hispanics, African Americans, other races and multi-racial adults as compared to whites.
- Unemployed (out of work) as compared to employed and retired adults.
- Those with lower education as compared to those with a college or higher degree.
- Those with lower annual household income (<$50,000 income groups) as compared to those with higher annual household income (≥ $50,000 income groups).

No differences in the health care coverage/insurance status are seen among population density geographic peer groups (rural versus urban).

Health Care Coverage/Insurance Status among Adults with Chronic Diseases, Chronic Disease Risk Factors and Those Living with a Disability

Few disparities are seen with regard to health care coverage/insurance status among adults with chronic diseases and those living with a disability. A higher percentage of adults without arthritis does not have health care coverage/insurance as compared to those with arthritis. Higher percentages of current cigarette smokers and those who do not participate in leisure time physical activity do not have health care coverage/insurance as compared to nonsmokers and those who participate in leisure time physical activity. No difference is seen in the health care coverage/insurance status among those living with and without a disability.

Other Measures

Medical Cost – A Barrier for Health Care Access

The Medical Expenditure Panel Survey (MEPS) results indicated that rising out-of-pocket expenses and stagnant incomes increased the financial burden of health spending for families during 2001 to 2004, especially for the privately insured. High increases in financial burden were seen among those with non-group coverage.

About 1 in 10 Kansans ages 18 years and older (11%) are unable to see a doctor when needed because of cost. Higher percentages of females as compared to males, Hispanics as compared to non-Hispanics, African Americans as compared to whites, those with less than high school education as compared to college graduates, and those with low annual household income as compared to high income are unable to see a doctor when needed because of cost.
Primary Care Health Professional Shortage Areas in Kansas

Out of 105 counties in Kansas, 92 counties are considered partial or whole primary care health professional shortage areas.¹⁴
Dental Health Professional Shortage Areas in Kansas

Out of 105 counties in Kansas, 95 counties are considered partial or whole dental health professional shortage areas.14

References


Strengths and Assets

Strengths

Kansas has a history of developing multi-sector collaborations to address health. Hospitals, health departments, primary care providers and other stakeholders are working at the local level to define and plan for both county level and multi-jurisdictional public health accreditation. The Kansas Health Institute was recently selected by the Robert Wood Johnson Foundation to lead the Center for Sharing Public Health Services.

Electronic Health Records

The Kansas Health Information Exchange (K-HIE) moved into KDHE, which increased access to electronic medical records, making it more affordable for Kansas providers, and saving hundreds of thousands of dollars. The Electronic Health Records Medicaid Incentive program is providing funding to assist eligible providers and hospitals to implement the use of EHR. During the first six months of the program, $25,190,638 was paid to eligible hospitals and eligible professionals.

Health Care for Kansans with Low Incomes

KanCare, the Kansas Medicaid integrated care model, was implemented January 1, 2013. Kansas continues to develop resources for health service delivery to the medically underserved with a broad system of 15 Federally Qualified Health Centers, 23 Safety Net Clinics and 172 Rural Health Clinics serving 91 of the 105 counties.

The Sunflower Foundation offers bridge grants that help expand primary care services for uninsured and underserved populations. These grants are designed for primary care safety net providers working in community-based settings.

The REACH Healthcare Foundation is focused on improving access to and quality health services in the Kansas City metropolitan area and surrounding region. The Foundations first goal is to increase the number of people in the Foundation’s service area who have access to quality, affordable health care services and health coverage. The second goal is to improve the quality of health services by promoting integration of services, supporting patient-centered care and advancing cultural competency.

Critical Access Hospitals

Kansas is home to 83 Critical Access Hospitals (CAHs), more than any other state in the country. CAHs comprise two-thirds of the state’s 125 community hospitals. More than half of these facilities are government or publicly owned (compared to about 25% of rural hospitals nationally), and very few are part of larger health care systems. Of Kansas’ 105 counties, 71 contain CAHs and 65 (62%) have only a CAH or multiple CAHs in the county. Nine counties in Kansas already lack a hospital of any kind, and without these CAHs in those additional 65 counties, residents in 74 Kansas counties (71%) would be forced to travel to neighboring communities or hospitals for even routine diagnostic and laboratory services.
Compared with many CAHs around the country, Kansas CAHs tend to be small and serve markedly rural and frontier communities. The average Kansas CAHstaffs 23 beds and serves a county of 8,682 population (more than 25% are in counties with less than 6 residents per square mile). The median Average Daily Census (acute care) of Kansas CAHs is 2.61, far lower than the national CAH Average Daily Census of 4.43 (Flex Monitoring Team, Summer 2009).

**Level IV Trauma Centers**

In 2012, the Kansas trauma care network expanded to include four Kansas hospitals at a “Level IV” trauma center designation. This brings the total number of designated trauma centers (Level I-IV) in Kansas to 13.

**Assets**

- Federally Qualified Health Centers (FQHCs)
- Critical Access Hospitals (CAHs), rural health networks
- Health foundations in Kansas
- Developing system of electronic health records (EHRs)
- Strong medical professional education programs
- Increasing interest in patient centered medical home model
- Collaborative work
  - Progress in collaborative work and eliminating barriers at the local level, especially around community health assessments
  - History of working together at the state level (KMS, KHA, KDHE, EMS Board, etc.)
- Multiple efforts and key stakeholders across the state promoting quality