



Module 8: Access to Health Services

Part 3: Health Services

We're going to talk now about health services, which is a second component of access to health care under Healthy People 2020.

Getting health services, of course, requires our ability to have a regular source of care. When we think about a regular source of care we want to ideally have someone who is a primary care provider, someone who we trust and communicate with.

What do we mean by primary care provider? A lot of the seminal thinking about primary care providers was research done by Dr. Barbara Starfield at Hopkins where she talked about the concept of first contact, longitudinality, coordination, and comprehensive services. These four criteria help define the idea of primary care.

If you as an individual need to get access to health care services, you need someone who you can first contact, and that is often a primary care provider. You could also say that about an emergency room. One of the key differences is the ability to have someone who follows you over a period of time through thick and thin in sickness and in health, if you will. This concept of continuity of care, or longitudinality over a long period of time, is a key factor that differentiates primary care from emergency care, and then our ability to coordinate that care and maybe within the context of a primary care office offer comprehensive services, all of that is a key part of primary care.

When we look at having a regular source of care we can see that health insurance makes a big difference. Of those people who have health insurance, less than 10% of them actually lacked a regular source of care. Of those people who are chronically without health insurance for more than a year, more than 50% of them had no regular source of care. Insurance status is a key factor, again, for our ability to have a regular source of care.

This brings us to the second of our major Healthy People 2020 goals, and that is to increase the proportion who have a specific source of ongoing care. Our goal for year 2020 is to have 95% of Americans have a specific source of ongoing care. Of course, that goes hand in hand with our goal of having 100% of Americans having health insurance.

One of the challenges in America about primary care is less than half of the doctors are primary care doctors. In fact, something like 60% of physicians are specialists in some fashion. We have fewer numbers of primary care doctors in America than in most other countries in the world. This impacts our ability to get first contact services.

It raises the third of our Healthy People 2020 goals to increase the proportion who have a usual primary care provider. Our 2020 goal is that 84% of Americans have access to a primary care provider.



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What happens once you get into the primary care office? Once you get in, do we get appropriate care? Well, maybe is the answer. It turns out that a classic study by Beth McGlynn and her colleagues showed that Americans only get 55% of actually what's recommended in terms of quality indicators.

Interestingly enough, those things that we do better at, those things like interventions and medications, are among the most expensive things that we can do in our health care system. Those things that we don't do as well at, like taking a history or counseling individuals, those things we do poorly at even though they are among the most inexpensive things in our health care system. Clearly, we could do a better job in delivering the health care services in our country.

Among the things that we have to consider are barriers to health care services based on insurance status. To reiterate, those people without health insurance had a much higher probability of having no usual source of care, postponing seeking care due to cost, going without needed care due to cost, or not affording their prescription drugs.

Even having Medicaid, even though it pays poorly, dramatically improved your ability to get those types of services. Medicaid itself is an important factor in improving access to preventive services. In a randomized clinical trial in Oregon those who were on Medicaid were much more likely to get preventive services like mammograms, Pap smears, glucose checks, or cholesterol checks.

One of the great advantages of this research and its impact on the Affordable Care Act is that maybe we can actually deliver our health care services in a much more appropriate way. We have much more emphasis now on health information technology where it's important for us to measure what we value and, conversely, we will value what we measure.

An old idea that's gained a lot of important emphasis is something called patient centered medical homes. This is basically a team approach to taking care of patients, meaning that you don't necessarily always have to see the doctor, but it's important for you to always be in contact with someone who's part of the health care medical home team who can help provide advice to you and counsel you for health care services.

Finally, under the Affordable Care Act is a new idea, accountable care organizations, where large physician groups and hospitals can work together in a coordinated fashion, primary care with specialists, in an effort to try to provide better care services to you.